Healthcare Affordability State Policy Scorecard

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This scorecard identifies areas where Georgia is doing well and areas where it can improve.

STATE: GEORGIA

RANK: 41 out of 42 states + DC

Georgia has relatively low healthcare spending per person, yet many residents report affordability problems and recent spending growth is high. Immediate policymaker attention is required.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
EXTEND COVERAGE TO ALL RESIDENTS	**2 OUT OF 10 POINTS** Single adults are not eligible for Medicaid and parents are only eligible if their incomes are below 35% of FPL.	**3 OUT OF 10 POINTS** In 2018, GA was in the bottom third of states in terms of covering the uninsured, ranking 49 out of 50 states, plus DC, for this measure.	*Close the coverage gap by expanding Medicaid to all very low income state residents; consider options that help families that make too much to qualify for Medicaid, like Basic Health Plan, reinsurance or supplementary premium subsidies; and consider adding affordability criteria to insurance rate review.*
MAKE OUT-OF-POCKET COSTS AFFORDABLE	**0 OUT OF 10 POINTS** GA has enacted none of the measures that might ease out-of-pocket cost-sharing burdens for consumers.	**4 OUT OF 10 POINTS** 45% of adults report healthcare OOP affordability burdens. GA ranks 35 out of 49 states, plus DC, for this measure.	*In light of grave affordability problems, GA should consider a suite of measures to ease consumer burdens, starting with SMB protections — a proven measure for helping consumers.*
REDUCE LOW-VALUE CARE	**2 OUT OF 10 POINTS** GA requires some forms of patient safety reporting. GA is ranked average for hospital antibiotic stewardship and has not measured the provision of low-value care.	**3 OUT OF 10 POINTS** GA ranks poorly in terms of reducing C-sections for low risk mothers (42 out of 50 states plus DC). GA ranks 29 out of 50 states, plus DC, in terms of per capita antibiotic prescribing.	*Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. GA should use claims & EHR data to identify unnecessary care & enact a multi-stakeholder effort to reduce it. Stop paying for 'never events,' use other techniques to reduce medical harm, and increase efforts to address antibiotic overprescribing.*
CURB EXCESS PRICES IN THE SYSTEM	**0 OUT OF 10 POINTS** As is common in many states, GA has done little to curb the rise of healthcare prices.	**7.5 OUT OF 10 POINTS** GA's private payer price levels are close to the national median, ranking 24 out of 42 states, plus DC, for this measure.	*Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Even states with lower private payer price levels (like GA) should consider establishing strong price transparency requirements. GA should consider creating a robust APCD; establishing a health spending oversight entity; and creating health spending targets.*

APCD = All-Payer Claims Database   **FPL** = Federal Poverty Level   **EHR** = Electronic Health Records   **OOP** = Out-of-Pocket Costs   **SMB** = Surprise Medical Bill   **STLD** = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at **www.HealthcareValueHub.org/Affordability-Scorecard/Georgia**

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GEORGIA NOTES

Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see healthcarevaluehub.org/affordability-scorecard/methodology.

The Problem:

Georgia residents report grave healthcare affordability problems — the state is in the bottom third of states in terms of high healthcare affordability burdens. Forty-five percent of Georgia adults report healthcare OOP affordability burdens, giving the state a rank of 35 out of 49 states, plus DC, for this measure. The most common burden reported was 'trouble paying medical bills' (34% of adults), followed by 'made changes to medical drugs because of cost.' According to the BEA, healthcare spending in Georgia totalled $6,061 per person in 2018.* Moreover, between 2013 and 2018, healthcare spending per person grew 28.2%.* While spending per person is comparatively low, residents are struggling to afford needed healthcare, in part due to high rates of uninsurance among the population. Georgia has much work to do to ensure wise health spending and affordability for residents.

Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 11.3% per year in Georgia*.

Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to "never events," serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.

Eighty-five percent of Georgia's hospitals have adopted the CDC's 'Core Elements' of antibiotic stewardship — short of the goal of 100% of hospitals.

Curb Excess Prices in the System:

NOTE: The very high healthcare prices seen in Alaska (relative to the national median), means that most other states received a relatively good outcome score for this category.

* Informational data, not used in state score or ranking.   **DOI** = Department of Insurance   **BEA** = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020

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