



The Comprehensive Health Coverage Commission’s Work to Date: A perspective from the Cover Georgia coalition



Overview	2
Understanding Georgia’s Coverage Gap	2
Commission Meeting Highlights: Progress and Gaps	3
July 25, 2024.....	3
September 5, 2024.....	4
November 14, 2024.....	5
Program Summaries: Georgia’s Current Programs	6
Commission’s first report identifies meaningful opportunities but overlooks proven solution	6
A Proven Path Forward	7
Conclusion	8
Appendix.....	8

Overview

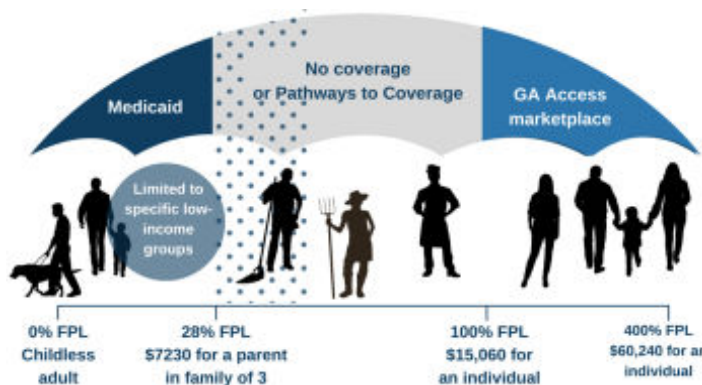
In the 2024 legislative session, Georgia lawmakers passed legislation creating the Comprehensive Health Coverage Commission (CHCC). Charged with exploring issues related to access and quality of health care for Georgia's low-income and uninsured populations, the CHCC will convene over two years (ending in December 2026). The Commission will advise the Governor, General Assembly, and Department of Community Health on its findings and potential solutions to improve health care access in Georgia through semi-annual reports.

The Commission published its initial report last week after three meetings between July and November this year. The Commission's first report summarizes the work undertaken thus far, which primarily focused on educating members about the coverage programs Georgia currently oversees and several policy areas for exploration and further study.

While the report offers an encouraging start to the Commission's work, it overlooks a straightforward, responsible, and affordable policy opportunity: decreasing the number of uninsured Georgians by closing Georgia's coverage gap.

In this review, we cover the Commission's meetings so far, explain their discussions, highlight positive recommendations from their first report, and draw attention to a critical yet overlooked solution that could transform access to care for Georgia's low-income and uninsured residents.

Understanding Georgia's Coverage Gap



The coverage gap affects 280,000 Georgians who earn too much to qualify for Medicaid but too little to afford private health insurance through the Affordable Care Act marketplace. These individuals are typically between the ages of 19 and 64 and earn at or below 100% of the federal poverty level—approximately \$31,000 or less per year for a family of four.

Many in the coverage gap have at least one person in the family employed in an essential but low-paying job, such as food service or construction. These jobs often do not come with the option of health insurance.

Commission Meeting Highlights: Progress and Gaps

[July 25, 2024: Laying the Foundation](#)

During its inaugural meeting, Commission members heard presentations from the Georgia Department of Community Health (DCH) about Medicaid, including the Georgia Pathways to

Coverage program. Commission members also heard from Georgia’s Department of Insurance (DOI) about Georgia’s new state-run health insurance marketplace, Georgia Access.

Key Points from CHCC Meeting #1	Commentary from Cover Georgia
<p>Medicaid Overview: DCH’s Chief Health Policy Officer, Lynnette Rhodes, provided an overview of Medicaid in Georgia and shared recent program changes such as continuous eligibility for children and postpartum coverage.</p>	<ul style="list-style-type: none"> • Georgia’s Medicaid enrollment processes have improved, but stringent eligibility requirements and administrative hurdles make it difficult for eligible individuals to enroll and stay enrolled. • Simplifying these processes could expand coverage and access to care.
<p>Georgia Pathways to Coverage enrollment: As of the CHCC’s first meeting, only 4,000 Georgians were enrolled in the program.</p>	<ul style="list-style-type: none"> • Pathways current enrollment numbers are far below original projections. DCH originally predicted 30,000 enrollees in the first program year. • The program’s strict work verification requirement limits enrollment. A lack of consistent work schedules or access to DCH’s reporting system keeps people from successfully enrolling and staying enrolled.
<p>Georgia Access Launch: DOI Commissioner John King previewed the November 2024 launch of Georgia Access, the state-based insurance marketplace replacing healthcare.gov.</p>	<ul style="list-style-type: none"> • Enrollment in private insurance through the Affordable Care Act marketplace doubled between 2021 and 2024, growing from 517,000 to 1.3 million enrollees. • However, Georgia Access serves the same groups previously eligible under healthcare.gov. It does not expand coverage to new populations or address Georgia’s uninsured.
<p>600,000 Georgia Medicaid members lost their Medicaid coverage due to the Medicaid unwinding. Between March 2023 and March 2024, 60% (366,000) of those Georgians were enrolled in private marketplace plans.</p>	<p>While 60% of the 600,000 Georgians who lost Medicaid coverage transitioned to private marketplace plans, many of these transitions were only possible due to enhanced financial assistance provided by the American Rescue Plan Act (ARPA). This extra financial help lowered premiums for Americans across the country.</p>
<p>Reinsurance: OCI reported a 12% average reduction in premiums statewide due to the reinsurance program, which stabilizes costs for insurers and consumers.</p>	<p>Premium reductions largely reflect national trends driven by federal subsidies, not solely state-driven policies. Reinsurance does not expand access to uninsured populations.</p>
<p>Planning for Healthy Babies: Rhodes mentioned that the program provides limited access to care for 81,000 Georgia women, targeting uninsured women who are not otherwise eligible for Medicaid or CHIP.</p>	<p>The program’s limited scope addresses a specific group of uninsured Georgians but leaves out broader populations in need of comprehensive coverage.</p>

[September 5, 2024: The Pathways program, uninsured Georgians, and coverage challenges](#)

The Commission’s second meeting centered on the challenges faced by uninsured Georgians, with a particular focus on the shortcomings of the Pathways program. Designed to provide coverage to low-income Georgia adults earning up to 100% of the federal poverty level (FPL), the program has struggled with low enrollment, burdensome participation requirements, and inadequate outreach, particularly in rural and under-resourced areas. Commissioners also explored how Georgia’s various health coverage programs intersect and their collective impact on addressing the state’s coverage gap.

Key Points from CHCC Meeting #2 Facts Shared	Commentary from Cover Georgia
<p>Pathways enrollment challenges: Thirteen months after the Pathways program launched, enrollment reached 4,300, far below expectations. State officials blamed this underperformance on delays from lawsuits, and increased administrative workloads due to Medicaid redeterminations.</p>	<ul style="list-style-type: none"> • Pathways’ strict work requirements exclude many eligible Georgians, such as caregivers and those in jobs with inconsistent schedules or seasonal work. Administrative hurdles within the program also further deter participation. • Even if Pathways hits its full enrollment goal of 100,000 individuals by late 2025—a figure that is 22 times higher than current enrollment—the program would still cover less than half of uninsured Georgians with low incomes (according to the state’s own data).
<p>Outreach efforts: The administration emphasized marketing as the primary strategy to increase Pathways enrollment but did not address systemic barriers to access.</p>	<p>Marketing alone cannot overcome significant barriers that Georgians face when trying to participate in the Pathways program, like lack of internet access, transportation issues, or administrative complexities.</p>
<p>Rural challenges: Commissioners highlighted higher uninsured rates in rural areas and noted that many patients lack computers, making enrollment difficult.</p>	<p>Addressing rural challenges requires more than digital outreach. Boots-on-the-ground strategies and local in-person support systems are necessary for increasing enrollment.</p>
<p>Express Lane Eligibility (ELE): Commissioners discussed ways to expand continuous coverage for children, particularly through express lane eligibility linked to programs like SNAP.</p>	<p>Policies like ELE and continuous coverage for children protect against unnecessary coverage losses and should be adopted by Georgia Medicaid to reduce coverage gaps.</p>

November 14, 2024: A Framework for Solutions

During the third meeting, Commission members and public participants were introduced to a team from Ernst & Young (EY), the consulting firm engaged to provide the Commission with research and analysis support. EY outlined a two-phase plan for information and data gathering, and policy analysis:

1. **Increasing Coverage Options for Uninsured Low-Income Georgians.** To be carried out from Nov. 2024-Dec. 2025. This phase includes identifying coverage strategies from other states, analyzing the impacts of the strategies on health outcomes and state finances, and summarizing the findings for Commission members to consider.
2. **Improving Quality and Coordination of Service Delivery.** To be completed from Jan. to Dec. 2026. This phase will include an analysis of how Georgia’s Medicaid members interact with various state agencies to identify gaps in service delivery and identification of improvements and better coordination among state agencies to better meet the health needs of these Georgians.

Key Points from CHCC Meeting #3	Commentary from Cover Georgia
<p>Ernst & Young (EY) outlined their two-phase research plan for the Commission:</p> <ol style="list-style-type: none"> 1. Phase 1 (2024–2025): Analyze other states’ coverage models and recommend strategies. 2. Phase 2 (2026): Improve quality and coordination of service delivery across state agencies. 	<p>The timeline for actionable results from EY’s plan extends into late 2025 and beyond, delaying immediate solutions to address the current coverage gap. Proven solutions like Medicaid expansion, which has been effective in 40 other states, could address the coverage gap now.</p>
<p>Stakeholder Engagement: EY plans to conduct interviews and focus groups with CHCC members and stakeholders to gather insights.</p>	<p>Community input should prioritize hearing from those directly impacted by coverage gaps to ensure that proposed solutions are inclusive and effective.</p>
<p>State Policy Review: EY will analyze policies from 10 states and propose three coverage options for Georgia.</p>	<p>Despite its effectiveness, Medicaid expansion was not explicitly recognized in the preliminary discussion of policies to analyze.</p>

Program Summaries: Georgia’s Current Programs

In addition to “traditional” Medicaid, the Commissioners have focused primarily on four key health coverage initiatives in Georgia. Here’s a closer look at what these programs do and where they fall short.

Program	What It Does	What It Doesn’t Do
Pathways to Coverage	Offers health insurance (Medicaid) to Georgia adults earning less than the poverty level if they meet strict work or activity requirements	<ul style="list-style-type: none"> Covers only a fraction of eligible individuals due to burdensome requirements Costs significantly more per enrollee than Medicaid expansion
Reinsurance	Reduces premiums for existing private insurance members by subsidizing high-cost claims	Stabilizes costs but does not expand coverage to new groups
Georgia Access	Serves as Georgia’s state-based health insurance marketplace, replacing healthcare.gov	Does not expand coverage to any new groups or address the uninsured population

While these programs provide some benefits to Georgians, they fail to close Georgia’s coverage gap. More comprehensive solutions are needed to address the unmet needs of low-income and uninsured residents.

Commission’s first report identifies meaningful opportunities but overlooks proven solution

Commission members, led by Chair Caylee Noggle, have begun essential and important discussions about the strengths and flaws of Georgia’s health coverage and care systems, and the research-based approach to their work is promising.

The group’s initial work is summarized in their first report. (They are expected to deliver five reports total by Dec. 2026.) Cover Georgia coalition members are particularly encouraged that the report calls out several policy changes that Georgia leaders could take up as early as January that would improve access to and quality of care for low-income and uninsured Georgians, like:

- **Simplifying Medicaid enrollment and reducing gaps in coverage, especially for children.** Continuous Medicaid eligibility for children from ages zero to six (0-6) would minimize gaps in health coverage for very young children, ensuring that they can access mental and physical health care during their critical early years.
- **Right-sizing the Planning for Healthy Babies program** to allow mothers of Low-Birth-Weight (LBW) babies to qualify for more comprehensive health services. The program currently restricts eligibility for fuller health services to mothers of Very-Low-Birth-Weight (VLBW) babies. (LBW babies weigh less than 5 lb. 8 oz,

compared to VLBW babies which weigh less than 3 lb. 5 oz.) By expanding the eligibility criteria, Georgia could better address drivers of maternal death and other poor health outcomes.

- **Enabling Georgians living with HIV to qualify for Medicaid coverage** to improve early access to treatment and related health services. The Georgia General Assembly has previously considered this policy opportunity because of its [expected benefits](#) for improving our state's HIV epidemic and the financial savings it would produce.
- **Examining improvements to the Georgia Pathways to Coverage program.** The Georgia Budget & Policy Institute, a founding member of the Cover Georgia coalition, carefully studied the first year of the Pathways program. [In a recent publication](#), GBPI summarizes that work and identifies opportunities to simplify, streamline, and broaden Pathways so that it covers more Georgians. Their recommendations conclude with a call to close Georgia's coverage gap.

Unfortunately, the Commission's report overlooks a popular, affordable, and responsible policy opportunity that is available to our state now.

A Proven Path Forward



State leaders' ongoing decisions to not allow low-income adults to enroll in Medicaid leaves an estimated 280,000 Georgia adults in the health insurance coverage gap, according to data presented to the Commission by state officials. The Commission's report suggests that programs like Pathways do not sufficiently address this need, yet it stops short of endorsing Medicaid expansion or similar solutions that would close Georgia's coverage gap.

Medicaid expansion would extend Medicaid eligibility to low-income adults earning up to 138% of the federal poverty level, providing them access to affordable health care. It is funded primarily by the federal government, which covers 90% of the costs, making it a cost-effective solution for states.

Medicaid expansion would:

- Cover 500,000 low-income adults who are currently uninsured and without meaningful access to affordable health care
- Reduce uncompensated care costs for hospitals
- Use federal money to help pay for the program, saving state dollars

- Produce more than [50,000 new jobs across the state and boost personal incomes for Georgians by \\$900 per household](#)
- Improve the health and well-being of Georgians. Outcomes that our state is likely to see include:
 - Cancer diagnosis at earlier stages and fewer cancer deaths
 - Increased insurance coverage among adults and teenagers with diabetes (and other chronic conditions)
 - Increased access to mental health and addiction recovery services, so fewer Georgians are separated from their families by suicide, overdose, incarceration, or other negative consequences

While some policy opportunities need careful study and consideration, closing Georgia’s coverage gap by expanding Medicaid is already a proven solution. Forty other U.S. states have rightly expanded Medicaid so that low-income adults in their states are covered and can access affordable health care and medications. For more than a decade, experts have studied those expansions and produced clear, compelling evidence that it is the right policy choice to improve access to and quality of care; is affordable and financially responsible for states; and produces economic benefits that extend to all parts of a state’s economy.

Conclusion

By establishing the Commission, Georgia’s lawmakers quietly acknowledged the need to find solutions for low-income and uninsured Georgians that open up access to affordable, quality health care. Medicaid expansion clearly fulfills the charges given to the Commission and should be one of their earliest and loudest recommendations to state lawmakers.

Appendix

Reference: Income chart

Family size	100% FPL (Pathways Income Limit)	138% FPL (Income limit for Medicaid expansion)
1	\$15,060	\$20,782
2	\$20,440	\$28,207
3	\$25,820	\$35,631
4	\$31,200	\$43,056
5	\$36,580	\$50,480
6	\$41,960	\$57,904

*Based on 2024 federal poverty limits