





Georgia



State and Local Health Equity Policy Checklist

APRIL 2021




KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		Although Atlanta and Decatur do not require Health Impact Assessments to be attached to certain proposed ordinances and include equity considerations, they have conducted Health Impact Assessments to guide planning decisions around transportation and other infrastructure improvements that consider the impact of proposed actions on racial and ethnic minority groups. ¹

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>One or more cities/counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.</i>	The DeKalb County Board of Commissioners and Fulton County Board of Health declared racism a public health crisis and are taking steps to address it. ^{2,3} In 2021, legislators introduced a bill (HR 78) that would declare racism a public health crisis in Georgia. ⁴ As of April 2021, the bill has not been passed.
Develop a 'Health in All Policies' strategy at the state or local level.		
Establish Health Equity Zones to better address social determinants of health.		


Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.






State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>Georgia’s FY19 Strategic Plan Update outlined objectives and strategies for reducing health disparities for specific health conditions, such as reducing disparities in the diagnosis and control of chronic disease and maternal and infant mortality.⁵</p>
<p>Fund community-driven health equity action plans.</p>		<p>Of note, Decatur’s Better Together Community Action Plan is a citizen-led, government-supported effort to build a more inclusive and equitable city. Although this plan is not health focused, the final policy and implementation guide will inform decisions made by the city commission.⁶</p>
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		<p>Atlanta launched its first participatory budgeting initiative in 2019. Local residents submitted more than 110 transportation project proposals and decided which projects will receive funding from the city government.⁷ The scope of the initiative did not focus on health or social determinants of health.</p>
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.</p>		<p>Georgia’s FY19 Strategic Plan Update identified health equity as a guiding framework. The Department of Public Health sought to develop an action plan around health equity, convene an internal health equity committee to lead health equity efforts and ensure divisions, sections and programs advance health equity in their initiatives.⁸</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>		<p>Georgia’s Equity Fund provides grants and loans to local governments (municipalities and counties) for projects that promote the health, welfare and economic security of residents.⁹ In addition, Georgia uses the Community Services Block Grant from the U.S. Department of Health and Human Services to provide funding to 20 community action agencies and four county governments. These agencies directly support low-income individuals and families and address social determinants of health in local communities.¹⁰</p> <p>From 2008-2009, the Georgia Department of Community Health oversaw the Georgia Health Equity Grant Initiative, which funded community-based organizations working with minority populations to improve health and address health disparities.¹¹</p>
<p>Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.</p>		<p>Georgia’s FY19 Strategic Plan Update included strategies to improve health outcomes and eliminate disparities related to asthma, infant mortality and hypertension, among other conditions.¹²</p> <p>In addition, Georgia’s Planning for Healthy Babies (P4HB) program provides family planning and interpregnancy care services to women who previously delivered a low-birth-weight infant, with the goal of decreasing racial disparities in maternal and infant health outcomes.¹³</p>





State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.</p>		<p>The City of Decatur participates in GARE.¹⁴</p>


Data & Reporting

POLICY	SCORE	NOTES
<p>Create equity reporting requirements for state and local government agencies.</p>		
<p>Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.</p>		<p>Georgia’s Online Analytical Statistical Information System (OASIS) summarizes statistics for health outcomes such as maternal deaths and infant mortality by age, race, ethnicity and sex.¹⁵</p> <p>As part of the Georgia Health Equity initiative, the Department of Community Health’s Office of Health Improvement produced a 2008 Health Disparities Report and hosted town hall meetings to review the findings and discuss strategies for eliminating racial and ethnic health inequalities in healthcare across the state.¹⁶</p>
<p>Require non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals’ Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.</p>		
<p>Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.</p>		
<p>Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.</p>		<p>According to the APCD Council, Georgia is in the process of implementing an APCD. A timeline of when the APCD will be implemented was not available as of April 2021.¹⁷</p>

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Georgia has not adopted or implemented Medicaid expansion as of April 2021 . ¹⁸
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		In November 2020, Georgia received federal approval from the Centers for Medicare & Medicaid Services to implement a reinsurance program for up to five years starting in performance year 2022. ¹⁹
Provide one-year continuous eligibility for Medicaid and CHIP.		
Provide coverage options to undocumented and recent immigrants.		Medicaid covers emergency services for individuals who meet all eligibility criteria for Medicaid except they are undocumented or do not meet qualifying immigration criteria; however, this option provides coverage only in extreme situations. ²⁰

Health Reform – Delivery


POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		<p>The Georgia Department of Community Health requires Medicaid MCOs to develop and implement a cultural competency plan to ensure that the MCO provides culturally competent services to all its members, including those with limited English proficiency, disabilities and diverse cultural and ethnic backgrounds. The plan must include staff and provider trainings on culturally and linguistically appropriate service delivery and implementing interventions for high-risk health conditions more prevalent in certain cultural groups.²¹</p> <p>The Department of Community Health also supplies Medicaid MCOs with demographic information—including age, sex, race, ethnicity, disability status and primary language spoken—as part of members’ eligibility files. MCOs are required to use the data in their efforts to identify and overcome health disparities and to effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual members and protects and preserves the dignity of each member. Beginning in 2021, the Department will stratify information from CAHPS surveys, claims data and HEDIS measures that could be used to identify disparities by age, race, ethnicity, gender and geographic location to inform quality improvement initiatives designed to reduce health disparities by MCOs.</p>

Health Reform – Delivery *(continued)*






POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities. <i>(continued)</i></p>		<p>Additionally, the Department of Community Health is working with MCOs to address health-related social needs by:</p> <ul style="list-style-type: none"> • screening members for food insecurity, housing instability, transportation needs and interpersonal violence; • providing resources and assistance in securing health-related services and resource navigation to members identified with unmet health-related needs; • supporting public-private interventions designed to reduce costs and improve health by addressing eligible Medicaid members’ housing instability, transportation insecurity, food insecurity and interpersonal violence; and • identifying areas with high disparities to guide the distribution of resources.²²
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>Georgia does not have ACOs or CCOs in the Medicaid program.²³</p>
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>Georgia has used 1915 waivers to address social determinants of health for individuals who have intellectual disabilities, physical disabilities and/or developmental disabilities, as well as individuals with mental illness ages 18-21 and children with serious emotional disturbance ages 4-17. Services include transportation, supported employment, care management and other personal supports.²⁴</p> <p>The state also implemented the Georgia Planning for Healthy Babies program through a 1115 waiver, which provides benefits to uninsured women ages 18-44 with family incomes at or below 211% of the federal poverty level who are not eligible for Medicaid or CHIP. Benefits include family planning services and supplies, case management and a peer services program called Resource Mother Outreach.²⁵</p>
<p>Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.</p>		<p>Quality metrics for Medicaid MCOs include increasing telemedicine visits for members residing in select Medically Underserved Areas by 10% by the end of 2022.²⁶</p>

Health Reform – Delivery <i>(continued)</i>		
POLICY	SCORE	NOTES
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		Medicaid MCOs that perform well on quality metrics , including the one stated above, are eligible to receive an incentive payment. ²⁷
Create or expand Accountable Communities for Health with a focus on increasing health equity.		Tift Regional Medical Center in Tifton, Georgia is participating in CMS' Accountable Health Communities Model . Over a 5-year period (2017-2022), the model is providing federal funding to link high-risk beneficiaries with community-based resources. ²⁸
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.		The state established the Georgia Broadband Initiative in 2018 to provide resources and technical assistance to local governments and organizations working to increase broadband access in underserved areas, especially rural areas. ²⁹ In 2019, Georgia finalized a plan to subsidize building high-speed internet lines in underserved areas. ³⁰
Subsidize internet access to expand opportunities for telehealth.		
Expand coverage for telehealth services.		Georgia has a coverage parity requirement that prohibits health insurers from restricting or denying coverage of healthcare services because they are delivered through telehealth rather than in-person. ³¹
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.		Georgia has a reimbursement parity requirement that requires diagnosis, consultation and treatment services delivered through telehealth to be reimbursed at the same rate as comparable in-person services. ³²
Establish cost-sharing parity for telehealth services.		Georgia has a cost-sharing parity requirement that prohibits health insurers from charging a deductible, copayment or coinsurance for healthcare services delivered via telemedicine that exceeds the deductible, copayment or coinsurance for the comparable in-person service. ³³
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		<p>Georgia MCOs are required to include staff and provider trainings on culturally and linguistically appropriate service delivery as part of their mandatory Cultural Competency Plans (described on page 4).³⁴</p> <p>In 2021, legislators introduced a bill (HB 722) that would require perinatal facilities to implement evidence-based implicit bias programs for healthcare professionals and provide a refresher course every two years thereafter. As of April 2021, the bill had not been passed.³⁵</p>

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		<p>Georgia collects and reports COVID-19 case data by age, gender, race and ethnicity. Georgia does not report racial equity data for COVID-19 vaccine administration.³⁶</p> <p>In addition, the Georgia Department of Health created a COVID-19 Health Equity Council to ensure equity in the COVID-19 vaccine distribution and administration process and improve outreach and communication with vulnerable communities in the state.³⁷</p>
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		<p>In response to COVID-19, Georgia eliminated deductibles, copayments, coinsurance and other cost sharing charges in Medicaid.³⁸</p>
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		<p>Georgia’s Office of Insurance and Safety Fire Commissioner issued a directive urging health insurers to reduce cost-sharing for COVID-19 testing and treatment; however, it is not required.³⁹</p>
Provide COVID-19 testing to residents free of charge.		<p>The Coastal Health District Health Department, Fulton County and other local jurisdictions in Georgia provide free COVID-19 testing to residents.^{40,41}</p>

Notes

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ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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