GEORGIA'S CHILD HEALTH LANDSCAPE

The success of the future depends wholly on the success of our children and youth. A child's ability to grow socially, emotionally, academically and economically all rely on good health.

For the majority of children in our state, Medicaid creates the only access to prevention, early intervention, and quality health maintenance, all of which are crucial for healthy growth. These elements support each other in the context of a child's health, and, like children themselves, exist in a complex matrix of interdependence between systems, providers, and co-occurring levels of care.

Since the Great Recession, Georgia has navigated and improved our Medicaid systems using data, analysis, and innovation to make the most of our federal and state dollars for the majority of our children. In fact, we are now seeing improvements in high school graduation rates[1], improved public safety[2] and declines in pre-term births[3]. More than a small amount of that success is a result of improved attendance, behavioral health services and prenatal care thanks to Medicaid.

Our concern is this: Significantly curtailing or eliminating Medicaid services for our children and youth could have devastating consequences for those children, the economy and the wellbeing of our state.

We at Voices for Georgia's Children see Medicaid and health insurance as a means to an end. With proper implementation, oversight and funding, this program has the potential to continue to change the trajectory of our state for the better. We also believe that the effort to develop, consider and adjust policies for child health is a group effort, requiring data-driven analysis, creativity and trust, and we stand ready to help.

With that in mind, please consider the following information when creating and implementing health policies for children and youth.

63% OF GEORGIA'S CHILDREN BENEFIT FROM MEDICAID AND CHIP EACH YEAR.[4]

- Medicaid is the single largest insurer of children in Georgia.
- Nearly 60% of all Georgia Medicaid enrollees are children. This is in addition to children with disabilities.

POLICY CONSIDERATION:

In Georgia, 1 in 4 of our children live at or below the federal poverty level. Unlike states that did expand Medicaid, Medicaid in Georgia is primarily a children's program.

GEORGIA IS RANKED 47TH IN MEDICAID PER CAPITA SPENDING.[8]

- In order to promote efficiency, innovation and access to care, Georgia has used Care Management Organizations to serve children in Medicaid and CHIP since 2006.[9]

POLICY CONSIDERATION:

Georgia has worked diligently for 11 years to innovate, refine and incentivize improved health systems and care for children. A significant restructuring of the Medicaid funding formula could severely limit Georgia's ability to continue these efforts and to effectively address our children's needs.

HOSPITALS ARE OFTEN THE CLOSEST HEALTHCARE ACCESS POINT FOR CHILDREN IN RURAL AREAS. LIMITED FUNDING HAS ALREADY FORCED THE CLOSURE OF MANY HOSPITALS IN GEORGIA.

- 61 Georgia counties lack a pediatrician.[10]
- Four large rural Georgia hospitals shut down between 2012 and 2014.[11]
- Eight acute care rural hospitals have shut down since 2010, in addition to the closures of parts of multiple hospitals, such as emergency room wings.[12]

POLICY CONSIDERATION:
Limited funding, elimination of presumptive eligibility, and elimination of retroactive enrollment policies would likely further impede access to healthcare for children, especially in rural areas.

166,000 CHILDREN IN GEORGIA ARE NOT ENROLLED IN EITHER PUBLIC OR PRIVATE INSURANCE.[13]

- There were 238,000 uninsured children in 2013 (30% decrease in uninsured children from 2013 to 2015).[14]

POLICY CONSIDERATION:
Uninsured children are more likely to burden Georgia's health systems (especially rural hospitals) as those children are less likely to receive care in a timely fashion, making prevention and early interventions less successful overall and more expensive.

THOUSANDS OF GEORGIA CHILDREN ENCOUNTER SIGNIFICANT HEALTH OBSTACLES AS A RESULT OF PREEXISTING CONDITIONS, SUCH AS CANCER, ASTHMA, AND DEVELOPMENTAL DISABILITIES.

- Most of these conditions are not considered "medically complex," yet render significant dangers or impediments to healthy growth and development for a child.

POLICY CONSIDERATION:
Implementing expensive private insurance premiums for coverage of children's pre-existing conditions or limiting health benefits for children, who may be born with or develop such conditions will likely render insurance or services unattainable. Such prohibitions on services can put a child's life and development at risk.

"MEDICALLY COMPLEX" IS NOT A DIAGNOSIS.

- A child can be medically complex for a month or for a lifetime.
- "Medically fragile children" are not always considered "medically complex," yet still require intensive services.
- In Georgia, 55-60% of parents of children with medical complexity (such as chronic, severe health conditions often co-occurring) cannot maintain full-time employment. Over half do not have sufficient resources to support their households. 46% of the parents lack basic community support services and 61% receive no care coordination. Parents must juggle multiple medical specialists and travel frequently to health facilities, often without the ownership of a car.[15]

POLICY CONSIDERATION:

1. It would be nearly impossible to devise a system that would carve in and discharge an individual based upon care requirements over time. 2. Cohorts of medically complex children will become medically complex adults, still dependent upon the same family caregivers and the same daily support requirements. 3. Medicaid is crucial for these children, improving their quality of life and, often, keeping them alive. For these families especially, Medicaid improves the functionality of the family as a whole.[16]

PROJECTIONS SHOW GEORGIA WILL HAVE A SIGNIFICANT INCREASE IN THE AGED POPULATION OVER THE NEXT THIRTY YEARS.

- The number of people aged 65 and over in Georgia is expected to increase 105% between 2012 and 2032, and 176% between 2012 and 2050, making Georgia the 4th fastest growing older population in the United States.[17]
- In 2010, 72% of nursing home residents in Georgia used Medicaid as the primary means of payment. The national average is 63%, which makes Georgia the 5th highest-ranking state in using Medicaid as primary payment for nursing facility care.[18]

POLICY CONSIDERATION:

Looking forward, curtailing Medicaid funding could inadvertently pit children against aged citizens in competition for limited dollars.

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[4]Compiled using US Census Bureau and Medicaid.gov Child Enrollment Data.
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[13]US Census Bureau. (2015). American Community Survey 1-Year Estimates: Table S2701, Selected Characteristics of Health Insurance Coverage in the United States.
[14]US Census Bureau. (2013). American Community Survey 1-Year Estimates: Table S2701, Health Insurance Coverage Status.
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[18]Ibid.