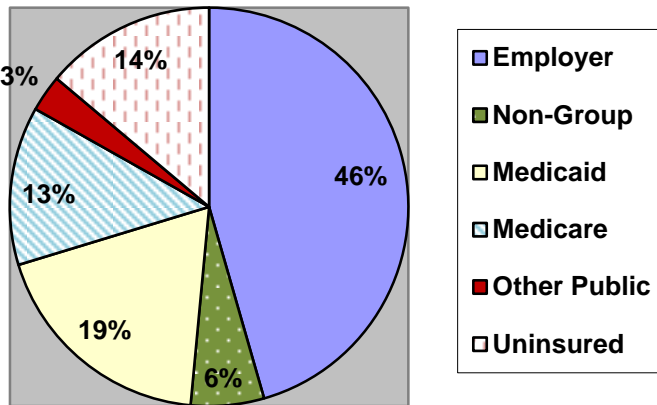


Coverage Facts for Georgia

Health Insurance Coverage in Georgia, 2015¹



There were 181,800 more individuals in Georgia with health insurance coverage in 2015 than in 2013.

From 2013 to 2015, the uninsured rate in Georgia fell from 16% to 14%.

Advance premium tax credits and cost-sharing reductions provide needed assistance to tens of thousands of Georgia residents.

- As of the end of the 2017 open enrollment period, 493,880 individuals selected a Marketplace plan.
 - 238,749 had incomes up to 150% FPL
 - 145,100 had incomes over 150% FPL up to 250% FPL
 - 69,918 were in rural locations based on zip code, as defined by HRSA
 - 75,066 selected bronze plans, which have higher deductibles
- 430,087 people had premiums reduced by the advance premium tax credit (APTC).
- 339,266 people qualified for cost-sharing reductions.
- The average per person premium for all consumers, before the application of any APTC, was \$431. For those receiving APTCs, the average premium was \$87.²

Medicaid helps low-income residents of Georgia access the health care they need.

- As of March 2017, Georgia has enrolled 1,736,905 individuals in Medicaid and CHIP, a net increase of 13.15% since October 2013.³
- 70% of Medicaid enrollees in Georgia are in working families.
- Medicaid and CHIP cover one in two children in Georgia.

Medicaid provides the state of Georgia with needed budgetary support.

- Medicaid and CHIP cover 3 in 4 nursing home residents and 1 in 3 people with disabilities in Georgia. The state faces reduced federal funding for dual eligibles if funding is capped.
- For every \$1 spent by the state, the federal government matches \$2.11.
- Nearly half of all federal funds received by Georgia is for Medicaid. Medicaid makes up 15% of state general fund spending.⁴
- To offset the loss of federal funding proposed in the AHCA, the state will need to generate additional revenue to compensate for the increased state funding needed to keep Medicaid spending constant or face tough decisions about whether to save costs by cutting Medicaid eligibility, covered services and/or provider payments or draw funding away from other state priorities such as education or transportation.

Residents of Georgia need access to meaningful and affordable coverage that covers their health care needs.

- 1,791,000 non-elderly adults in Georgia have declinable pre-existing conditions under pre-ACA practices - 29% of the population.⁵
- Prescription opioid overdose deaths in Georgia increased tenfold between 1999 and 2014 to 549 deaths.
- Hospitalizations related to opioid use and misuse in Georgia have increased exponentially, from approximately 302,000 in 2002 to about 520,000 in 2012.
- The cost of opioid related inpatient care more than doubled between 2002 and 2012, increasing to \$15 billion in 2012.⁶
- In Georgia, from 2010 to 2014, approximately 494,000 adults aged 18 or older with any mental illness received mental health treatment/counseling within the year prior to being surveyed. The remaining 61.3% of Georgia residents aged 18 or older with any mental illness did not receive mental health treatment/counseling in that time span.⁷

SOURCES

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³ <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=georgia>

⁴ <http://files.kff.org/attachment/fact-sheet-medicaid-state-GA>

⁵ <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

⁶ <http://www.senate.ga.gov/sro/Documents/StudyCommRpts/OpioidsAppendix.pdf>

⁷ https://www.samhsa.gov/data/sites/default/files/2015_Georgia_BHBarometer.pdf