

HEALTH AND HUMAN SERVICES

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County government should not have to expend county property taxes and other funds for health and human services mandated by the state and federal government. Counties have assumed multiple responsibilities for health care and human services. They provide funding and resources for physical health, behavioral health care, health care facilities, hospitals, and social services programs, insure their employees and protect the public health. Counties fulfill an essential role in Georgia's health system. Health and human services expenditures are among the largest costs to county government. Solutions must be found to lighten the administrative and financial burden on local property taxpayers while continuing to serve those in need. The state and federal government should embrace a true partnership with counties and involve elected and appointed county officials in setting health care policy and system reform. Counties are uniquely able to respond to the needs of their communities provided they are given the flexibility and the resources. We call on the state to help counties maintain the integrity of the health and human services delivery system by doing the following.

Prevention and physical health services are the cornerstones of an effective health care delivery system. ACCG supports affordable access to necessary health services and zero disparities in the health status of our citizens. There should be no access disparities due to race, ethnicity, income, or geographic residence. ACCG supports comprehensive care provided in an ethnically and culturally appropriate manner by adequately trained health professionals and providers in public health, preventive medicine and primary care.

ACCESS TO HEALTHCARE

***Emergency Medical Services (EMS)** -The EMS community provides the first hands-on response to Georgians in need, whether provided by a fire or EMS department, a hospital-based service, or a private provider under contract. Counties must invest in this service and its personnel in order to provide the highest quality of care. ACCG urges the General Assembly to:

- Recognize the increase in the number of calls because of COVID 19 and the fear patients have of going to the hospital. Frequently EMS personnel provide treatment in place and do not transport those patients.
- Require that DCH adopt all Medicaid codes for emergency medical transport and correct all conflicts and errors in the CMS manual. This is especially important for Medicare Replacement Plans as many of the bills are submitted with errors which result in frequent denials of claims.
- Reimburse licensed ambulance services at the Medicaid rates, including transportation payment for the first 10 miles.
- Increase EMS Medicaid rate to the rural and urban Medicare rate.
- EMS License fees shall be utilized to increase Medicaid reimbursement rates for ambulance services.
- Require reimbursement from Medicaid and all payors for physician directed mobile integrated health, and treatment in place services.
- Appropriate funds to assist jurisdictions in purchasing adequate supplies Personal Protective Equipment for EMS personnel due to the COVID 19 virus.
- Appropriate funds to assist jurisdictions in purchasing adequate supplies of Narcon to reverse opioid overdoses.
- Appropriate sufficient funds to the Georgia Public Safety Training Center for the delivery of emergency medical technician (EMT), paramedic, and management training, as was authorized in 2007.
- Continue state funding for emergency ambulance services and non-emergency transportation for adults.
- Provide resources for enhanced communication technology.

- Waive the fee for the criminal background check by the Georgia Bureau of Investigation.
- Require that CMS and all payors honor the assignment of benefits for EMS services. When a patient signs an assignment of benefits, the payment must be remitted to the EMS provider.
- Require private insurance providers to pay to the EMS service directly rather than paying the patient directly.
- Add EMS debt to the list of debt that can be offset against someone's income tax return.

Mobile Integrated Healthcare - Healthcare Reform will impact every segment our local healthcare delivery systems. There must be a coordinated planning approach implemented that includes EMS, Public Health, local hospitals, health clinics and physicians in finding solutions and filling gaps at the local level. Rural areas in particular are facing a severe deficiency in access to healthcare, in order for counties to meet these needs and expand service capabilities; ACCG urges the Governor and the General Assembly to:

- Assist in the development of a comprehensive community healthcare initiative which may include EMS providing physician directed services at the local level to mitigate emergency room visits and lower hospital re-admission rates. Examples of this expanded role would be provision of some primary care, chronic disease prevention, chronic disease management, injury prevention and resource referrals.
- Develop a definition of Mobile Integrated Healthcare that may include all aspects of healthcare; including physician lead, data driven healthcare delivered in any venue to citizens with a requirement for reimbursement from CMS and all payors.

Medicaid - The Medicaid program is a vital safety net program and provides crucial support for the uninsured, underinsured and those especially in need of health care services. ACCG believes that up-front investment in the health care of this population can be directly related to later health care savings and reduction in other social costs. The association encourages policymakers to consider the impact of Medicaid reforms that generally shift costs to counties. These reforms impact many community resources that are already subsidized by county governments: hospitals; health departments; behavioral health and developmental disabilities (DBHDD) programs; emergency medical services (EMS); and community programs for older adults, children, youth, and families. ACCG urges the General Assembly to:

- Increase the number of Georgians eligible for the Federal Medicaid and other affordable options for insurance by applying for waivers thereby increasing draw down available to Georgia that could be used to the advantage of our state's system of care. Additional costs for health care should not be passed indirectly to already overburdened local governments.
- Mandate adequate higher Medicaid reimbursement rates for hospitals, health departments, and mental health services. Maintain faster turnaround time for payments.
- Provide appropriate technology and staff in order to more effectively assess the eligibility of citizens and inmates eligibility for Medicaid.
- Allow for Medicaid reimbursement for all telemedicine services.
- Recognition of Public Health Departments as an essential safety net provider eligible for reimbursement by Medicaid and CMOs for all services provided.
- ACCG encourages the Governor, Legislature, Department of Community Health,

and the Department of Corrections to assist the counties in maximization of Medicaid and private insurance dollars to offset the skyrocketing costs of inmate medical and pharmaceutical needs that are paid from county funds. For inmates incarcerated in county jails and correctional facilities who are detainees awaiting trial assistance is needed to determine eligibility for Medicaid, or private insurance coverage. We strongly encourage the creation of a central location for local jail administrators to check for coverage as a part of the intake process at the jail.

- Encourage the Federal Government to allow Medicaid coverage for eligible inmates/detainees in local jails pre adjudication and for hospital stays of more than 24 hours post adjudication. The inmate exception rule needs to be rescinded for those awaiting trial that have not been convicted. Those accused should not lose all of their federal benefits prior to conviction.
- Mandate that in the absence of a negotiated discounted fee schedule, medical care service providers will accept an amount no more than the applicable Medicaid reimbursement rate for inmate health and dental care.
- Mandate that all medical services performed by medical providers for county inmates be capped at the current Medicaid rates.

***Behavioral Health and Developmental Disabilities (DBHDD)** - Counties will continue to join with public and private entities to develop and operate community-based services for persons with mental health, developmental disabilities, and addictive diseases as part of a comprehensive human services system. The association supports improvement and refining of the reformed state and local DBHDD system, to ensure that the needs of citizens are being met in the timeliest and cost-efficient manner. ACCG urges the General Assembly to:

- Continue to appropriate funds to mental health courts to focus on mentally ill detainees, available to persons charged with misdemeanors and non-violent offenses, recognizing that the best approach for those offenders is diversion out of the system entirely.
- Work with local communities to ensure adequate services are available to divert mental health patients from the jail into treatment.
- Provide Crisis Stabilization Units across the state within a reasonable distance from communities to reduce the mileage and man hours required of the sheriff's departments to transport patients.
- Continue to expand the availability of Behavioral Health Crisis Centers (BHCC) to divert individuals for local jails. It is imperative that local law enforcement have secure facilities to which individuals experiencing a mental health crisis can be taken for appropriate treatment instead of being booked into the local jail.
- Assess the impact on individual counties of any changes in the funding mechanism for DBHDD services, and provide/enhance a procedure for local government to have input prior to the implementation of such changes. Prioritize its appropriations so that maximum dollars are utilized for direct services for consumers.
- Appropriate funds to the Georgia Public Safety Training Center to deliver Crisis Intervention Training to law enforcement officers, 911 operators, and all first responders throughout the state.

Develop an administrative process for the adjudication of issues arising out of mental health crisis so as to prevent those persons from having to enter the criminal justice system upon the order of a judge. Protocols for first responders, mental health providers, the judiciary, and

other professionals in the community could be developed, implemented, and promulgated for this administrative system through local protocol committees.

Provide state funding for viable pilot projects that will divert those with mental illness with a pre-arrest diversion program. Ensuring that those suffering with mental illness are given the appropriate treatment immediately as opposed to being booked into jail will improve public safety and provide much more effective treatment for that population, by maintaining any Medicaid and SSI benefits that are in place, thereby saving taxpayer dollars.

***Co-responder and Behavioral Health Program** – ACCG encourage the General Assembly to appropriate funds to support the establishment of co-responder programs across the state. These funds can be allocated as grants or funds provided directly to local law enforcement agencies. These funds would be used to recruit and hire behavioral health specialist, offset the cost of transporting patients, and provide all the necessary resources and training for co-responder teams. ACCG also supports legislation that authorizes that the law enforcement agencies that is responsible for the initial transport of the mental health crisis patient also be responsible for all subsequent transports if the transport is in the peace officer's jurisdiction.

Care for the Indigent and the Uninsured -The uninsured are most likely to use the emergency room or hospital-based clinics, the most expensive and inefficient form of health care, as primary sources of care. Federal support for the health care safety net is diminishing and reliance on local finances is increasing. Local communities do not have the resources to keep the health safety net intact. County government should not have to expend county property taxes and other funds for essential health services that are not adequately funded by the federal or state government.

ACCG urges the General Assembly to:

- Encourage law enforcement to receive training on the assessment of individuals with “invisible disabilities” (anxiety disorders, high functioning autism, etc.)
- Appropriate funds from the general budget to capitalize the Indigent Care Trust Fund (ICTF) and maximize the return of federal Disproportionate Share Hospital (DSH) matching grant funds. This practice would reverse and prevent the loss of this vital incentive for hospitals to provide care for the indigent and uninsured, resulting from changing federal regulations.
- Re-examine the formulas for distribution of DSH funds through Medicaid so as to prioritize those funds for the hospitals that truly provide the most services to the indigent and uninsured based on population group disease prevalence (trauma, geriatric, maternal and children's health). By 2018, more than half of DSH funding awarded to states is scheduled to be eliminated, ACCG urges the Department of Community Health (DCH) to ensure it maximizes the DSH payments to the state.
- Appropriate funds to match with, and fully utilize, the federal State Children's Health Insurance Program (SCHIP) grants, as administered through the Peach Care for Kids program.
Support public sector initiatives to improve access to affordable quality health care insurance for all Georgians regardless of income. ACCG also supports private sector and community initiatives, including high-risk insurance pools and drug benefit plans that help business provide health insurance for their employees.

County Property Taxes for Indigent Hospital Care - ACCG strongly opposes any attempt to mandate the dedication of property tax revenues to reimburse indigent hospital care. Hospitals operated by county authorities already receive significant benefits from counties in the form of tax exemptions and funding of their capital projects under county SPLOST levies. Counties are currently authorized to provide for a millage levy at their option, but such a mandate from the General Assembly would constitute a major erosion of local control. While some hospitals are facing significant reimbursement issues, dedicating revenues for indigent health care is not a viable financial option for many counties already overburdened by health and human services expenditures and a shrinking tax base. A better goal would be to identify and build on services that improve the health care of a whole community (e.g., preventative and primary care) to reduce expensive inpatient indigent services.

BUILDING A HEALTHCARE SYSTEM

Public Health- Georgia's public health system continues to struggle with lack of funding due to increasing responsibilities, increasing population, emergent infectious diseases, the problems of immigration, the threats of terrorism and pandemic influenza, a shrinking public health workforce and decreasing funds. Each county should be served by a strong local public board of health. Local governments and local boards of health are the first responders to public health emergencies. Every county must be protected by a fully prepared governmental public health system. County boards of health are responsible for the control of communicable disease. They work to prevent disease caused by environmental factors such as unsafe water, food, housing, and waste management. They can provide clinical preventive services and health education through such programs as WIC, family planning clinics, the SHAPE initiative and health and sexuality education programs for adolescents. The elements of a strong infrastructure include a skilled workforce, effective organization and management, and adequate financial and personnel resources.

Grant-in-aid dollars are vital to local health departments' continued ability to meet consumer needs for public health services. The funds are used as infrastructure support, supporting approximately 33 percent of county health department operations.

- ACCG opposes reductions to the total grant-in-aid dollars. ACCG opposes any reductions or allocation redirects to current state funding to any county.
- ACCG urges the General Assembly to appropriate the state's Master Settlement Agreement (MSA) dollars exclusively for health care efforts. These efforts include enhancing population-based health care programs, decreasing high-risk behaviors that result in chronic illnesses and shortened life spans, and smoking cessation programs.
- ACCG opposes any preemptive legislation that is intended to remove or restrict power and authority from local government to regulate tobacco control laws. ACCG supports the Department of Public Health's efforts to reduce childhood obesity by 10 percent in ten years.

Community Health Centers (CHCs) - Counties recognize that a true health care "system" requires a seamless network of facilities aimed at providing a wide range of services. People

who lack the opportunity or ability to seek primary care in an appropriate setting will access it through the closest emergency room, where the cost for such service will be five to ten times higher. Currently, our public health "system" lacks an appropriate module for the delivery of primary health care to the indigent and uninsured. Consequently, those citizens seek help at the emergency room, where they cannot be turned away, but cannot pay the costs. Diminishing reimbursements from Medicaid are forcing hospitals to reduce their capacity to treat their total patient load and causing a downward spiral in health care delivery.

There are community health clinics, known as Federally Qualified Health Centers (FQHCs), in this state that qualify for cost-based Medicare & Medicaid reimbursement due to the population they serve. Currently these FQHC's are providing services to 77 counties in 135 clinical sites around the state. There are also Rural Health Clinics (RHCs) that are clinics certified to receive both Medicare and Medicaid reimbursements. Medicare is reimbursed based on allowable costs and Medicaid visits are reimbursed under the cost-based method. Currently there are 87 RHCs serving 56 counties. ACCG urges the General Assembly to support the establishment of more community clinics to provide primary care to the elderly, the indigent, and the uninsured.

Hospital Authorities - ACCG supports public accountability of existing and restructured hospital authorities and their controlled corporations and subsidiaries, while recognizing their need to compete with the private sector.

The county governing authority must retain substantive involvement in the appointment of hospital authorities. County-established hospital authorities must remain a viable tool for the delivery of health care to a community.

Education and Training for Health Care Workforce - ACCG strongly supports health care workforce training programs for physicians, nurses, and mid-level professionals such as physician assistants, nurse practitioners, lab technicians, dietitians, case managers, medical interpreters for both physical and mental health, and health inspectors. Existing and future health care workforce training programs should be supported in all educational institutions. County health departments, county facilities, community service boards and/or regional medical facilities that participate in formal training programs should receive appropriate compensation for the costs incurred in supervising and monitoring trainees and residents/interns, as well as established community-based physician practices. Additionally, incentives should be provided to recruit and retain health care workers in medically underserved areas of the state. The Association supports and encourages an enhanced role for local public health departments working in collaboration with other local agencies committed to the health of children and adults in geriatric aged population groups. ACCG also supports better training and information sharing for public health staff, local boards of health and local governing authorities, particularly in the healthcare disciplines of resource allocation management and utilization.

***Health Care for Inmates of County Jails and Correctional Institutions** - ACCG urges that options be explored to help counties provide and finance health care for jail and correctional institution (CI) inmates. The inmate health care costs for these individuals are excessive and have become a financial burden on county budgets since federal and state funding streams shut down when an individual enters the jail.

ACCG urges the General Assembly to authorize counties to utilize available public health, mental health, medical schools, and allied professional resources; and

- Support counties in establishing agreements, policies, procedures with applicable state agencies such as the Department of Community Health and Department of Corrections to utilize or develop databases to determine Medicaid and private insurance eligibility and coverage for inmates.
- Assist in helping obtain public benefits, such as Medicaid, for participants in Specialty Courts which will ensure that participants are receiving treatment which will in turn keep them out of the local jails.
- Assist in obtaining Medicaid coverage for inmates awaiting trial and who are otherwise eligible upon a hospital stay in excess of 24 hours.
- Work with superior and state courts to identify barriers to the timely disposition of cases. Defendants who are housed in local jails awaiting trial represent approximately 70% of the overall local jail population, these jail beds along with all medical costs are the sole responsibility of the county, and represent the largest outlay of most of the county's budgets.

CHILDREN AND FAMILIES

*Georgia's future depends on the vitality and well-being of our children. A growing economy, an educated workforce, self-sufficient families, and accessible healthcare are all hallmarks of success. Policymakers should be open to revising laws to protect children from neglect and abuse, support families, and enhance local community strengths. ACCG supports the development of a comprehensive continuum of services for families and children and continued and permanent state funding for prevention and intervention programs such as Family Connections and Peach Care for Kids. Public agencies alone cannot bear the burden of improving the well-being of families and children. The private sector and the faith community have a vital role to play in fostering partnerships, providing opportunities, and encouraging and supporting families in self-sufficiency and educational achievement.

ACCG:

- Encourages the state to fund prevention programs at the local level.
- Urges the state to improve coordination at the county level among federal programs that are aimed at individual and family self-sufficiency.
- Supports the elimination of state government barriers to the collaborative delivery of services.
- Supports the community level decision making process.
- Urges the General Assembly to appropriate funds for surveillance efforts that measure indicators of family and community health and that are tailored to meet the specific needs of each community.
- Urges the Governor and General Assembly to provide sufficient resources to allow appropriate intake, probation and custody of each child that the law commits to the care of the state.
- Supports the shift to Community-based alternatives to incarceration where appropriate for juveniles, but the State must pay for those services; those costs

must not be shifted to county government.

- Encourage the Governor and General Assembly to allocate state funding to provide the additional attorneys required in juvenile court cases as a result of the juvenile justice reform. These new requirements are a huge financial burden on county budgets with few state resources provided to offset the costs.

Services for Older Georgians - As the number of older Georgians increases and their needs change, better planning and targeting of health and human services programs is required. County officials, who are the level of government closest to the people, should be involved in the coordination of local services and programs that create an elder friendly community.

These include infrastructure changes such as innovative traffic signals, larger lettered signs, sidewalks, better lighting, transportation systems that enhance access to services, and communications systems that enhance personal health and safety.

ACCG:

- Urges funding to implement state licensure of adult day care centers; and
- Urges the state to enact standard regulations to ensure quality care within assisted living facilities and skilled nursing facilities.
- Explore creative options for the provision of transportation services at the local level. Ride share programs for routine appointments would provide a more cost-effective way to transport this population to activities and routine medical appointments.

Housing - County governments have a vested interest in ensuring the availability of decent housing for all segments of their population. Counties should encourage innovations in housing technology, design, approval and construction in order to lower the cost of decent, safe and sanitary shelter. Further, counties should explore the use of inclusionary zoning programs which provide incentives for developers to build lower cost housing within otherwise high-quality developments. Federal, state and local governments should be aware of the interrelationship of social issues and housing and provide appropriate supportive services and facilities.

ACCG encourages state agencies to work more closely with local officials in identifying appropriate placement of re-entry housing for those discharged from state prisons and for housing of substance abuse and mental health patients. Local governments recognize the need for and importance of housing options and that lack of housing contributes to the failure of many to re-integrate into the community, however, it is important to locate those facilities in appropriate locations.