

# Comprehensive Health Coverage Commission

FEBRUARY 2026 REPORT

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Pursuant to O.C.G.A. § 49-4-156, the Comprehensive Health Coverage Commission is tasked with reviewing opportunities related to reimbursement and funding for Georgia healthcare providers, quality improvement of healthcare for Georgia’s low-income and uninsured populations, and service delivery and coordination enhancements.

Despite a dynamic healthcare landscape and evolving federal priorities, the Commission remains interested and committed to exploring options that improve healthcare access and outcomes for Georgia’s most vulnerable residents. This report provides an update on the impact of recent federal legislation and updates the Commission’s work plan for 2026.

Thank you for your continued support and commitment to this important work.

Members of the Comprehensive Health Coverage Commission

# Table of Contents

Introduction .....	4
H.R.1 Impact to Medicaid .....	4
Georgia-Specific H.R.1 Impacts – Summary Table .....	5
Key Themes of October 22, 2025, CHCC Meeting.....	6
Commission Updated Timeline and Workplan.....	6
Closing.....	7

## **Introduction**

This report is the third bi-annual report or update from the Commission. This report provides an overview of the Commission's recommendations as described in the July 2025 Report, including the proposed revision to the qualifying activity reporting timeframe for the Georgia Pathways to Coverage Program, and an additional qualifying activity for caregivers of children under the age of six.

Additionally, this report provides a summary of the provisions of the final H.R.1, which became law on July 4, 2025, and the potential impact on Medicaid. Additional considerations may be provided as the landscape continues to evolve. Once these changes and their impact to Georgia are more fully understood, the Commission will be better positioned to continue researching future opportunities to improve access to health care for the low-income and uninsured populations.

## **H.R.1 Impact to Medicaid**

The 2025 Federal Budget Reconciliation Bill became law on July 4, 2025. It is important to note that many of the provisions will require formal direction from CMS and have varying effective dates. While not all provisions detailed below will impact Georgia, it is important for consideration given the Commission's objective in identifying:

- Opportunities related to reimbursement and funding for Georgia healthcare providers, including premium assistance programs.
- Opportunities related to quality improvement of healthcare for Georgia's low-income and uninsured populations.
- Opportunities to enhance service delivery and coordination of healthcare among and across state agencies.

## **Georgia Medicaid Impacts from H.R.1**

This section outlines the major provisions of H.R.1 and their anticipated impact on Georgia's Medicaid program. While the full impact of many of these changes is still unknown, as they have not yet been fully implemented, we know they represent significant policy shifts that will influence eligibility, funding, and program operations across the state.

The 2025 Federal Budget Reconciliation Act (H.R.1) introduces several provisions affecting Medicaid:

- **Cost Sharing:** States may charge premiums and cost-sharing within limits; exemptions apply for certain populations and services.
- **Coverage for Immigrants:** States may waive the five-year waiting period for Medicaid-eligible immigrants.
- **FMAP for Emergency Medicaid:** Limits federal matching payments for emergency care.
- **Work Requirements:** Conditions Medicaid eligibility on meeting work or reporting requirements.
- **Eligibility Determinations:** Requires annual eligibility renewals and more frequent checks for expansion population adults.
- **Provider Taxes:** Restricts new provider taxes and reduces safe harbor limits.
- **State Directed Payments:** Caps payment rates and introduces phased reductions for grandfathered programs.

- Provider Screening Requirements: Mandates regular checks for provider eligibility and status.

## Georgia-Specific H.R.1 Impacts – Summary Table

Area	Change/Requirement	Potential Georgia Impact
<b>Provider Taxes</b>	Moratorium and reduced thresholds	Increased state obligations; funding pressure on hospitals; potential lack of funding for future programs
<b>State Directed Payments</b>	Caps tied to Medicare; phased reductions	Program adjustments; risk > \$1.5B in cuts over 5 years if unmitigated
<b>Workforce/Rural Health</b>	Rural Health Transformation grants (2026–2030)	Opportunity for technology, workforce, EMR/AI investments
<b>Eligibility Systems</b>	Policy and definition updates; oversight	IES/Gateway changes; compliance audits and address updates
<b>Eligibility Categories</b>	Limited net impact; refugee reductions	< 5,000 affected based on initial analysis
<b>PERM Audit</b>	FMAP reduction for error rate >3% (from 2029)	Heightened accuracy focus; GA recently <3%

Across the country, and in Georgia, the healthcare landscape has changed. Funding sources for additional programs, state program design elements, and eligibility processing may all experience impacts that require new analyses on options. Some of these programmatic changes are not yet fully implemented and numerous models exist that estimate their impact.<sup>1</sup> It is feasible that the provisions of H.R.1 will have a compounding effect and further impact coverage options for Georgians and reimbursement opportunities for Georgia’s hospitals and healthcare providers to a greater extent than identified in Table 1.

Further evidence of the shifting landscape is the national dialogue around premium tax subsidies offered to eligible individuals purchasing health insurance through the Affordable Care Act Exchange. As of this report, the enhanced advanced premium tax credit subsidies have expired, which may disproportionately impact Georgians. Without these subsidies, KFF, an independent health research organization, estimates an average monthly premium increase of \$862 for Georgians who purchase their insurance through the Affordable Care Act exchange,<sup>2</sup> operated through a state-based exchange called Georgia Access. As a result, as many as 500,000 Georgians may no longer be able to afford their premiums and drop their coverage. These impacts will become more apparent in the coming weeks as

<sup>1</sup> Multiple state and national organizations have published reports analyzing the potential impact of H.R. 1 on Georgia’s healthcare system, including the [Georgia Health Initiative](#).

<sup>2</sup> Based on a Silver plan for a 60-year-old making 401% of the Federal Poverty Level.

key enrollment dates are reached and may result in new coverage gaps and policy priorities across the country.

## **Key Themes of October 22, 2025, CHCC Meeting**

The Commission convened on October 22, 2025. The meeting focused on reviewing H.R.1 and evaluating its impact on Georgia Medicaid. Following this discussion, members participated in a roundtable dialogue to offer recommendations on the Commission's future areas of focus and to consider the evolving landscape of Medicaid service delivery in Georgia. The Commission agreed that more information and final implementation guidance and impacts may be necessary to predict the magnitude of these federal policy changes on health coverage in Georgia. However, the Commission intends to monitor the implementation and impact and may reexamine any new opportunities related to access and quality of healthcare for Georgia's low-income and uninsured populations that may result. The following areas were identified for consideration in the near term.

### **Workforce Development**

Members consistently emphasized the need for strategies to strengthen the healthcare workforce. Recommendations included expanding the clinician pipeline, improving retention, and ensuring competitive compensation. Members noted the importance of maintaining an adequate and competent workforce to meet the needs of Georgia's population and advised against rigid workforce requirements that may limit flexibility. Ensuring the system can adapt to changing workforce dynamics and population needs was highlighted as essential.

### **Enrollment and Eligibility**

Improving enrollment processes and increasing participation among eligible Georgians were identified as key priorities. Members also underscored the importance of ensuring that all enrollees receive the services to which they are entitled to under Care Management Organization (CMO) contracts.

### **Data and Disparity Analysis**

The Commission stressed the need for improved data collection and analysis to better identify and address disparities. Persistent gaps in coverage for elderly and disabled populations were noted, along with the need for more robust forecasting tools to guide policy decisions and future planning.

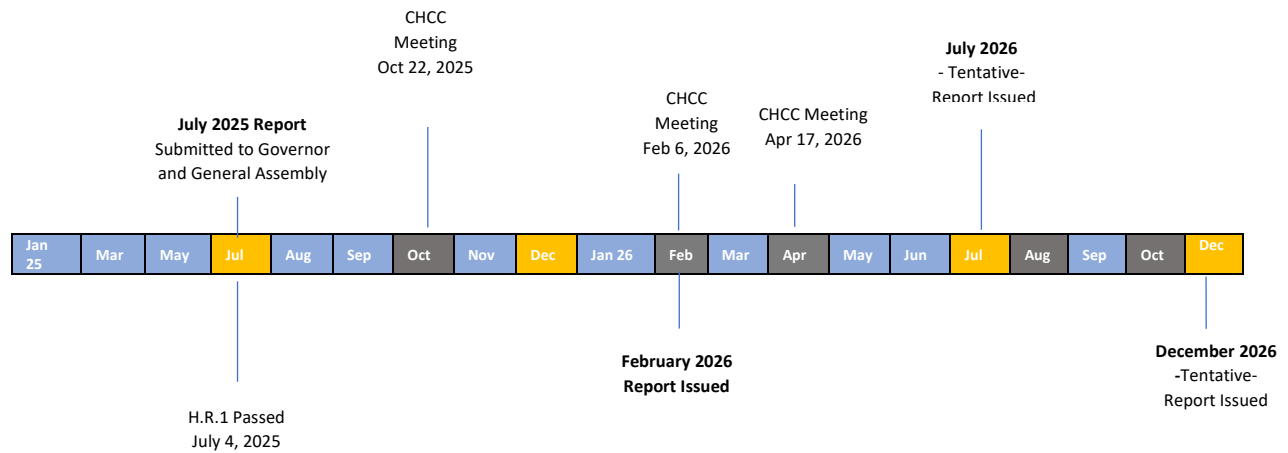
### **Cost Efficiency and Reimbursement**

Members discussed opportunities to enhance cost efficiency within the system, including options such as shifting care delivery to new or additional sites of service. It was also suggested by at least one member that reimbursement rates for some services be increased.

## **Commission Updated Timeline and Workplan**

Based on the Committee member's feedback and its recommendation to prioritize Workforce Development, the CHCC work plan has been updated to reflect this direction. The initial focus for 2026 will center on Workforce Development initiatives, with additional areas of focus to be identified for the latter part of the year.

The Committee intends to review the current state of the healthcare workforce in Georgia, existing efforts, existing programs working to grow our workforce, and gaps or opportunities to improve those efforts.



## Closing

The healthcare landscape has shifted dramatically over the past year. Policy options that once existed now have new implications and considerations, both financial and operational. But, as healthcare experts across the country and here in Georgia begin to further analyze and explore what new options may exist, the CHCC remains optimistic that numerous opportunities still exist to move healthcare forward for Georgians.

We look forward to the work ahead and 2026 and reporting our findings with you.