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Contact: [Tim Sweeney](#), Sr. Healthcare Analyst
[Alison Amoroso](#), Dir. of Communications
404.420.1324

Growing Number of Georgians Lack Health Coverage, Job-Based Coverage Weakening, New Census Bureau Data Show

Recession Further Expanding Ranks of Uninsured: Findings Highlight Need for National Health Reform and State Revenue Solutions

Nearly one in five non-elderly Georgians lacked health coverage in 2007 and 2008, according to Census Bureau data released today. Over the last three years (2006-2008), Georgia's overall uninsured rate was greater than all of our neighbors except Florida, and was the 10th worst in the nation.

Employer-provided health insurance is declining in Georgia, an unwelcome statistic for working Georgians. Sixty-two percent of Georgians had employer-provided coverage in 2007-2008, down from 67.6 percent in 2000-2001. The erosion of employer-sponsored health insurance is a leading factor in Georgia's increasing number of uninsured and indicative of the difficulty of affording health insurance among employers and employees.

"It is no surprise that Georgia lost ground on health insurance coverage last year. Due to the severity of job loss we've seen in this recession and the continuing fiscal crisis in our state, the numbers for 2009 could be even worse," said Alan Essig, Executive Director of the Georgia Budget & Policy Institute.

Today's numbers do not reflect the full impact of the recession: The number of uninsured Georgians is likely to be higher in 2009 because of accelerated job loss resulting from the recession. Just last year Georgia's unemployment rate was 6.2 percent in July; this July it increased to 10.3 percent.

Overall, some 1.7 million non-elderly Georgians, 19.2 percent of the population, were uninsured in 2007-2008, compared with 1.2 million, or 16.4 percent lacking coverage at the start of the decade (2000-2001), Census data shows. Nationally, 17.2 percent of non-elderly individuals were uninsured in 2007-2008. The data were released today on the

Census Bureau's website and represent the only data available on state health insurance trends over time. (The Census figures for Georgia average two years of survey data in order to improve the reliability of the estimates.)

“These numbers should serve as a reality check for our representatives in Congress as they consider health insurance reform. We can’t afford to wait any longer to expand access to quality, affordable health coverage, and to begin controlling costs throughout the health care system,” remarked Essig.

The number of uninsured individuals in Georgia would have been even higher if public coverage had not increased from 15.5 percent of non-elderly individuals in 2000-2001 to 19.9 percent in 2007-2008, which compensated for some of the losses in employer-sponsored insurance over the same period.

“As working parents lose their jobs and employers cut back benefits, many families are finding themselves uninsured. For families with emergency or chronic health conditions, lack of health insurance can be devastating,” said [Tim Sweeney](#), the Institute’s senior healthcare policy analyst. “Today’s Census numbers show us that families need action on health insurance reform that expands meaningful access to affordable coverage.”

The increasing number of uninsured individuals in Georgia places additional pressure on state services. The Georgia Department of Community Health (DCH) projects a \$500 million budget shortfall in Medicaid, the public health insurance program for *very* low-income families and persons with disabilities, for fiscal year 2011.

Medicaid and PeachCare programs have already seen enrollment increase by 80,000 members from June 2008 to June 2009, while thousands of already eligible Georgians remain unenrolled. Continued enrollment increases along with rising unemployment, could further exacerbate the budget shortfall and hinder efforts to cover more Georgians. (Georgia’s programs cover fewer needy individuals now than in June 2005).

Georgia lawmakers have the opportunity right now to make sure that more of their constituents have health care, especially those facing long and painful periods of poverty or instability. The choice before lawmakers this coming January could be to cut state services by \$500 million (the projected fiscal year 2011 Medicaid deficit) or seek new revenues, such as raising the per pack cigarette tax \$1 or implementing the governor’s proposed CMO fee. Raising revenues to minimize cuts in public health insurance programs is critical to helping hard-pressed families stay afloat.

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NOTE TO EDITORS/REPORTERS: [Timothy Sweeney](#) is available for comments and interviews. Coverage is invited. TSweeney@gbpi.org

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