Impact of Federal Policy Changes to Georgia's Health Care Landscape

Georgia Health Initiative

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Introduction

On July 4, 2025, H.R.1 (legislation otherwise known as the "One Big Beautiful Bill Act" and hereinafter H.R.1) was passed into law, introducing changes to the health care landscape across the country, particularly in Medicaid and the Affordable Care Act (ACA) Marketplaces. Nationally, the law is projected to lead to $1 trillion in federal health care funding cuts and, in combination with the planned expiration of the current enhanced Marketplace advanced premium tax credits (eAPTCs)[1], almost 15 million more Americans are expected to become uninsured in the next ten years.[2] Appendix A to this report provides a description and timeline of implementation dates of certain H.R.1 provisions that will impact Georgia.

H.R.1's projected impact on Georgia is significant. The law's Medicaid financing and Marketplace—known as Georgia Access—provisions will have far-reaching effects on Georgia's coverage landscape, health care delivery system, and broader economy.

Taken together, H.R.1 and the expiration of the eAPTCs are projected to increase the number of uninsured Georgians by nearly half a million and reduce funding flowing into Georgia's health care delivery system by more than $50 billion by 2034.

The additional loss in health coverage is particularly significant. Since 2024, 12% of Georgians were uninsured, the second highest in the nation, behind only Texas.[i] The figure below illustrates the impact of federal changes to Georgia in the coming years.

Estimated Combined Impacts for H.R.1 and eAPTC Expiration on Georgia

Uninsured (2025-2034)	Health System (2025-2034)	Economy (2025-2029)
32,000 Medicaid Recipients Losing Insurance	**$5.4 Billion** in Federal SDP Cuts	**46,500** lost jobs
460,000 Georgia Access Enrollees Losing insurance	**$51.1 Billion** in Health Care Revenue Loss	**$326 million** in lost tax revenue

[1] Enhanced subsidies were first passed under the American Rescue Plan Act in 2021 and extended by the Inflation Reduction Act. They are designed to make coverage more affordable for ACA enrollees by requiring them to contribute a lower percentage of their annual income to premiums than was first passed under the ACA. Without Congressional action, these enhanced subsidies will expire on December 31, 2025. All premium and coverage estimates in this report assume eAPTCs expire. Congress may consider an extension in December 2025, but as of the date of this publication, it is unclear whether such legislation will advance.

[2] This figure includes direct impacts from H.R.1, expiration of eAPTCs in 2026, and interaction with the related Marketplace Integrity and Affordability Final Rule.

Changes in Georgia's Health Care Coverage

Medicaid. Roughly 32,000 Georgians are expected to lose Medicaid coverage by 2034 due to new eligibility restrictions and reduced Medicaid financing.[ii]

Georgia Access. Due to the expiration of eAPTCs and the new Marketplace provisions in H.R.1, 460,000 Georgians are projected to lose Georgia Access coverage and become uninsured—120,000 from the implementation of H.R.1 alone.[iii]

Impacts on Georgia's Health Care Delivery System

H.R.1's financing changes, specifically new limits on Medicaid State Directed Payments (SDPs), will reduce Georgia's federal Medicaid funding by an estimated $5.4 billion over the next decade, a 13.5% cut from baseline federal hospital Medicaid spending levels.[3]

Additionally, across the broader delivery system, health care providers in Georgia are projected to lose $51.1 billion in revenue between 2025 and 2034 because of the increase in uninsured Georgians. This revenue reduction includes $10.5 billion in uncompensated care costs, threatening access to services in already-strained communities.[iv]

Impacts to Georgia's Economy and Job Market

Coverage losses and reduced health care spending revenue will, in turn, have a significant impact on Georgia's economy. The state is projected to lose almost 34,000 jobs in 2026, the third-highest loss nationally, behind only Texas and Florida, due to the eAPTC expiration.[v] Medicaid coverage and financing reductions are expected to eliminate an additional 12,900 jobs by 2029.[vi]

This report, commissioned by Georgia Health Initiative® and developed by Manatt Health Strategies, details these impacts and provides an evidence-based assessment of how H.R.1 and the expiration of the eAPTCs will affect coverage, access, and the broader state economy for Georgia.[4] This analysis illuminates the combined effect of new federal Medicaid and Marketplace policies on Georgia and is intended to help inform statewide conversations around how to manage the effects of these policies to minimize harm for individuals, families, and communities throughout our state.

Georgia Health Initiative

Available at www.georgiahealthinitiative.org. For questions, please contact Cindy Zeldin, Vice President of Health Policy and Government Affairs, at cindy@georgiahealthinitiative.org.

[3] Based on Manatt Health modeling of state-directed payment provisions in H.R.1.

[4] Additional information about the data methodology in the corresponding supplemental analysis page.

Impact on Georgia's Medicaid Program

An estimated 32,000 Georgians will lose Medicaid coverage and become uninsured by 2034 due to H.R.1's eligibility and financing changes.[vii]

As a result of the financing policy changes, Georgia is estimated to lose nearly $5.4 billion in federal funds from Medicaid SDPs for hospitals over the next decade, a cut of 13.5% from the baseline federal hospital Medicaid spending.[5] **This is compared to projected SDP amounts the state would have received absent H.R.1 changes.**

Background

Georgia's Medicaid and PeachCare for Kids®(PCK) programs provide health coverage for low-income children, pregnant women, individuals who are elderly, blind or disabled, those needing nursing-home care, and some parents.[6] As of June 2025, 1.9 million Georgians are enrolled in Medicaid or PCK, including more than 1.3 million children.[viii] H.R.1's changes to Medicaid eligibility, coverage, and financing rules have consequences for Georgia families, health care providers, and communities.

Eligibility and Coverage Requirement Changes

Georgia is a non-expansion state, which means that non-elderly, non-disabled adults are generally ineligible for Medicaid coverage. To address part of that gap, Georgia launched Pathways to Coverage™ (Pathways) in July 2023 to provide coverage to adults with incomes up to 100% Federal Poverty Level (FPL) ($15,650/year for a single person and $32,150 for a family of four), provided they fulfill work reporting requirements. Individuals seeking coverage through Pathways must complete and appropriately document at least 80 hours a month of qualifying work, education, or community service activities. Today, Pathways has enrolled 10,960 individuals[7] – which represents 17% of the 64,000 individuals projected to be eligible for enrollment.[8]

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[5] Manatt modeled Georgia's approved SFY 2025 SDPs as grandfathered at their CMS-approved aggregate amounts, with annual ten-percentage-point reductions beginning in SFY 2029 until reaching either zero or a total payment rate equal to 110% of Medicare. Medicare-equivalent values were derived from each SDP's total payment rate relative to commercial benchmarks using Milliman's regional Medicare-to-commercial ratios. For uniform-rate programs (e.g., GA-AIDE), reductions were calculated directly; for programs with a range of rates and limited data (e.g., HDPs, GA-STRONG), Manatt applied the average percent reduction observed across non-expansion states. Manatt's analysis only includes hospital SDPs; therefore, the Physician Directed Payment Program is not included.

[6] Parents are eligible for Medicaid at 29% of the FPL, or approximately $7,730 annually for a family of three.

[7] Georgia Pathways Data Tracker. Active enrollment as of October 31, 2025.

[8] CMS approval letter for Georgia's 1115 waiver entitled "Georgia Pathways to Coverage," October 15, 2020

H.R.1 makes changes to all state Medicaid programs—across both expansion and non-expansion states. Beginning January 1, 2027, states must adopt new work reporting requirements for Medicaid expansion and expansion-like programs, including Pathways. H.R.1's changes mean Georgia may need to amend some of the Pathways' requirements going forward to align with federal Medicaid requirements.[9]

Beyond work reporting requirements, H.R.1 makes other changes to eligibility that will leave more people without health insurance and increase uncompensated care in the state:

- Beginning October 1, 2026, the law restricts the population of lawfully residing individuals who can qualify for Medicaid or PCK coverage. As a result, refugees, asylees, victims of human trafficking, and others will no longer be eligible.
- Beginning in 2027, the law reduces retroactive coverage from three months to two months.
- Beginning immediately, the law delays certain federal rule requirements that were designed to streamline state eligibility and enrollment procedures, including those for the aged, blind, and disabled populations.

Medicaid Financing Changes

Medicaid is jointly financed by the state and federal governments, with the federal government contributing roughly 66% of Medicaid costs in Georgia.[ix] The remaining state share is funded through Georgia's general fund, supplemented by health care taxes and transfers.

Provider taxes in Georgia are state-imposed fees on hospitals, nursing homes, and ambulance providers that help fund the state share of Medicaid and PCK. Revenue from state provider taxes accounts for about 12% of Georgia's state share of Medicaid spending, or a little over $630 million in fiscal year (FY) 2026, bringing in roughly $1.5 billion federal matching dollars to the state.[x] Georgia, like most other states, uses revenue raised by provider taxes, along with intergovernmental transfers to fund the state share of SDPs. SDPs are supplemental Medicaid payments that states can direct care management organizations (CMOs) to make to targeted health care facilities and providers. In Georgia, this allows the state to raise provider payments above base Medicaid rates, which raises reimbursement for hospitals and other providers across the state.[xi]

[9] Notably, on September 23, 2025, CMS extended the Medicaid 1115 waiver that authorizes Georgia Pathways through December 31, 2026. In its approval letter, CMS noted that it would partner with the state on ensuring compliance with the work requirements in H.R.1.

Starting in 2028, Georgia will need to reduce current SDPs by ten percentage points per year until payments reach 110% of Medicare rates.

H.R.1 makes two significant changes to financing policies:

- **SDPs.** The law caps *new* SDPs for non-expansion states immediately at 110% of Medicare rates.[10] Beginning in 2028, non-expansion states with existing SDPs above that level will be required to reduce payments by ten percentage points annually until they meet the cap. Georgia relies on five SDPs to supplement lower Medicaid reimbursement rates in order to raise rates closer to the commercial equivalent. This policy change will reduce hospital and provider revenue over time—particularly in safety-net and rural facilities.[11]
- **Provider Taxes.** Currently, states can levy provider taxes at a rate of up to 6% of provider revenue.[12] H.R.1 prohibits states from creating new provider taxes or increasing existing ones beyond the rate of inflation in non-expansion states like Georgia.[13] It also bars differential tax rates that advantage high-Medicaid-volume providers or tax Medicaid units of service more heavily than non-Medicaid services. While the H.R.1 provisions will not interrupt Georgia's current taxes, because Georgia relies on provider assessments to fund Medicaid payments and match federal dollars, these new limits constrain Georgia's ability to raise additional funds to fill holes left by H.R.1 or to address future health system needs.

[10] The cap is set at 100% of Medicare rates for expansion states.

[11] Georgia has five state-directed payment programs across a range of provider types: Hospital Directed Payment Program for Private Hospital (ranges from 24% average commercial rate (ACR) to 100% ACR), Hospital Directed Payment Program for Public Hospitals (Ranges from 26% ACR to 100% ACR)), Physician Directed Payment Program (for government teaching hospitals, commercial-equivalent payment rates), Georgia's Advancing Innovation to Deliver Equity (GA-AIDE) program (for specific safety net hospitals, ACR), and the Strengthening the Reinvestment of Necessary Workforce in Georgia (GA-STRONG) program (for government teaching hospitals, ranges from 48% ACR to 71% ACR).

[12] Without needing to demonstrate to CMS that there is no implicit "hold harmless" (i.e., that the state does not return the tax revenue to the providers that paid it)

[13] For expansion states, this provision reduces the existing 6% cap on provider taxes by 0.5 percentage points per year beginning in 2028, until the cap reaches 3.5% in 2032.

Localized Impact of H.R.1. on Medicaid Enrollment and Financing Changes

H.R.1 is projected to impact Medicaid enrollment in every region of the state. In addition, H.R.1 reduces federal revenue to Georgia, lowers payments to providers, and increases administrative burdens for enrollees.

Hospitals in **rural counties are projected to lose nearly $626 million from the federal financing cuts.**[14] A number of these rural hospitals are already under financial constraints, and H.R.1 serves to increase their risk of financial insolvency.

Because H.R.1 imposes a moratorium on new provider taxes, Georgia has little flexibility to offset these losses without cutting spending elsewhere or identifying new revenue sources. At present, Georgia Medicaid covers few optional populations or benefits, leaving little room for further reductions. Any significant loss of federal funding puts additional strain on the state's health care system and economy.

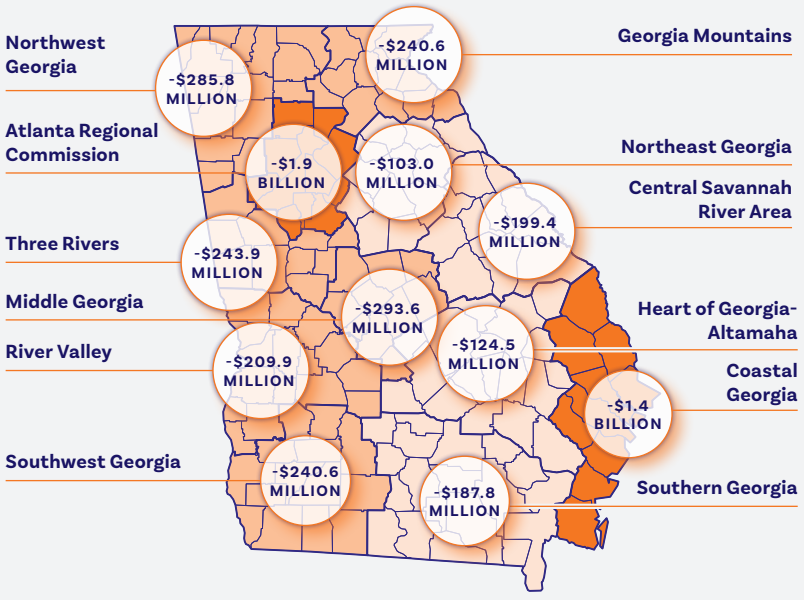
Georgians Projected to Become Uninsured From Medicaid Provisions in H.R.1, 2025-2034

Regional Commission	Newly Uninsured
Atlanta Regional Commission	(14,719)
Central Savannah River Area	(1,417)
Coastal Georgia	(2,307)
Georgia Mountains	(1,788)
Heart of Georgia-Altamaha	(748)
Middle Georgia	(1,684)
Northeast Georgia	(2,295)
Northwest Georgia	(2,480)
River Valley	(1,070)
Southern Georgia	(991)
Southwest Georgia	(920)
Three Rivers	(1,581)
Total	(32,000)

Estimated Loss in Federal Medicaid Funding from SDPs, by Regional Commission, 2025-2034

Funding Reductions, in millions

- Greater than $300 million
- Between $200 and $300 million
- Between $100 and $200 million



[14] There are 120 rural counties in Georgia according to the State Office of Rural Health. Manatt estimated the projected financing cuts by zip code, allocated the financing cuts by zip code proportionally their respective counties, and assigned each county to their urban and rural designation.

Impact on Georgia Access

Taken together, the expiration of eAPTCs and implementation of H.R.1 provisions are estimated to result in 460,000 Georgians losing Georgia Access coverage and becoming uninsured. Georgia Access enrollment losses are particularly high because Georgia is a non-expansion state, and many low-income people rely on Georgia Access instead of Medicaid.

Background

Georgia Access (Georgia's State-Based Marketplace) plays a central role in the state's health coverage system. Today, nearly 1.5 million working Georgians and their families rely on Georgia Access for affordable health insurance coverage—an estimated 13% of the population.[xii] Nearly all, 95%, receive advanced premium tax credits (APTCs) that reduce average household monthly premiums from $616 to $69.[xiii]

Number of Georgians Projected to Lose Georgia Access Coverage and Become Uninsured, 2025-2034 by Policy Change

Actions by the state—including implementing a largely federally funded reinsurance program that reimburses health insurers for high-cost enrollees and reduces state average premiums—and increased affordability from eAPTCs have produced record enrollment and a stable, competitive market. Enrollment has been particularly strong among adults with incomes between 100–138% of the FPL (between $15,650–$21,587 a year for a single person), who would qualify for Medicaid in expansion states but rely on Georgia Access coverage in Georgia as a non-expansion state. In 2025, this group accounted for 45% of Georgia Access enrollees.[xiv]

Expiration of eAPTCs are projected to significantly increase premiums for individuals covered through Georgia Access. If, and when, eAPTCs expire, the tax credit schedule will revert to pre-2021 levels for 2026 coverage and beyond,[15] requiring larger premium contributions from low- and middle-income enrollees and eliminating subsidies entirely for individuals with incomes above 400% of the FPL (or $62,600 a year for an individual).[xv] While family premiums will differ based on age, income, location, and tobacco use (see some examples below[xvi]), early analysis suggests that, for the 95% of Georgians receiving eAPTCs, out-of-pocket premium costs will rise by an average of 114%.[xvii] This means the average net premium in Georgia will double from $69 per month last year to $148 per month this year.

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[15] Under the original ACA schedule, people earning 100–400% of the FPL are expected to pay between about 2% and 9.5% of their income toward premiums with the rest of the premium covered by subsidies; anyone above 400% FPL received no subsidies. The enhanced tax credits removed the 400% FPL "cliff" and lowered required contributions to 0–8.5% of income.

[16] The benchmark is the second-lowest cost Silver plan (a plan with ~70% actuarial value or cost-sharing). It is used to calculate how much premium tax credits an individual is eligible for.

For the nearly 67,000 Georgians that purchase their coverage in the individual market without federal assistance, the benchmark plan[16] premium rose by 25% in Georgia for 2026 (higher than the 17% average among other State-Based Marketplaces).[xviii]

As a result of the higher premiums, many will lose coverage and those that continue to enroll in coverage are more likely to "buy down" to less protective plans with higher out-of-pocket cost-sharing costs, like deductibles and copays.

Illustrative Examples of 2026 Georgia Access Premium Changes

Georgia Access Enrollee	2025 Monthly Premium (with eAPTC)	2026 Monthly Premium (without eAPTC)	Monthly Premium Increase
45-year-old single living in Liberty County, making $40K annually	$130 Silver $0 Bronze	$275 Silver $80 Bronze	**+$145 Silver**
Family of four living in Macon County, with $88K in houshold income	$369 Silver	$678 Silver	**+$309**
55-year-old couple, Banks County, with $85K in household income	$602 Silver $290 Bronze	$1,668 Silver $1,356 Bronze	**+$1,066 Silver**

H.R.1 raises new barriers to Georgia Access by limiting who qualifies for financial help and when they can enroll—making it harder for Georgians to afford and maintain coverage:

- **Elimination of financial assistance for certain immigrant populations that were previously eligible due to their legal immigration status.** Individuals unlawfully present in the U.S. were never eligible to purchase coverage on Georgia Access. Starting in 2026, certain lawfully present immigrants will no longer be eligible for tax credits during the five-year Medicaid waiting period and, starting in 2027, additional groups of lawfully present immigrants are restricted from accessing financial assistance that they are eligible for today, including (but not limited to) asylees, those with temporary protected status, refugees, victims of violence and trafficking, and children granted special immigrant juvenile status.[17]
- **Ending the practice of auto-renewal reduces coverage for eligible Georgia Access enrollees.** Beginning in 2028, Georgia Access enrollees will no longer be automatically re-enrolled in coverage across years, the current standard in most insurance products. Instead, they must actively verify their information each year before receiving any financial assistance. This requirement means the 61% of Georgia's enrollees, or nearly 930,000 people, who auto-enroll risk losing coverage if they don't take proactive steps to stay enrolled in future.[xix] Georgians losing coverage due to this provision are more likely to be younger and healthier, which will cause future average premiums to increase.
- **Georgia Access enrollees will no longer receive financial assistance while application verification is completed, resulting in financial strain and likely gaps in insurance coverage.** The law prohibits APTCs until enrollee verification is completed, meaning that individuals who need to submit paperwork to verify their eligibility will have to pay full premiums up-front, even if delays are caused by administrative backlogs. Many people may find unsubsidized coverage unaffordable and may disenroll.
- **Lower-income Georgians will no longer have the flexibility to enroll in coverage throughout the year.** Before passage of H.R.1, income-based Special Enrollment Periods allowed lower-income individuals to sign up for coverage in any month, if they were eligible. H.R.1 eliminates this access point.

[17] Note that people of undocumented immigration status cannot enroll in Marketplace coverage or receive financial help, both statutorily in the ACA and through rulemaking. There are no changes in H.R.1 related to the restriction that already exists.

Localized Impact on Georgia Access

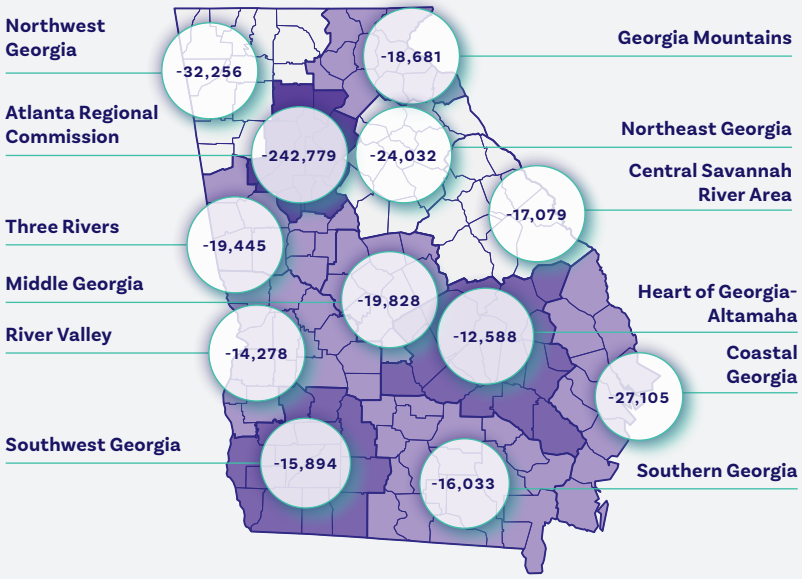
The rollback of enhanced premium tax credits and new verification and paperwork requirements in H.R.1 will make Georgia Access coverage less affordable and less accessible for individuals and families.

Of the estimated newly uninsured Georgians, 20%, or 91,274, will reside in rural areas, representing a disproportionate share of the coverage reduction when compared to the underlying population levels. As a Medicaid non-expansion state, Georgia's health care delivery system will be strained, particularly in rural areas where Georgia Access enrollment and provider revenue based on these insured patients is highest.

Number of Newly Uninsured from Marketplace Changes, 2025-2034 as a % of Total Population by Regional Commission (H.R.1 and Expiration of eAPTC)

Enrollment Decline as a Percent of the Total Population

- Greater than 4.5%
- Between 4.0% and 4.5%
- Between 3.5% and 4.0%
- Between 3.0% and 3.5%



Beyond the increase in the number of uninsured, a decline in Georgia Access enrollment will also impact Georgians who remain covered and the program operations of Georgia Access.

- **Premium impacts.** Young and healthy populations are the most likely to disenroll because of decreased affordability and increased enrollment barriers, resulting in a sicker underlying population and higher premium rates in the years to come.
- **Reinsurance impact.** Georgia's reinsurance has lowered premiums by more than 12% statewide and up to 40% in rural areas. Fewer enrollees and lower premium tax credits mean less federal funding for the program, making it harder to maintain the premium reductions.
- **User fee premium impact.** Fewer enrollees means fewer percentage-of-premium user fee collections from participating insurers that fund Georgia Access operations. Estimates suggest user fee funding may decline by nearly $14 million for 2026 because of enrollment decreases.[18] Lower user fee revenue will mean either a reduced operational budget for Georgia Access or the need to increase user fees.

[18] The Urban Institute projects 694,000 subsidized Georgians will leave the Georgia Access in 2026 (not all will become uninsured). At an average benchmark premium of $615 and a user fee of 3.25% that equates to $13.9 million in lost user fee revenue.

Impact on Georgia's Economy

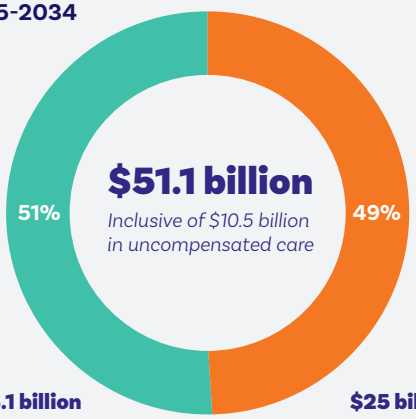
Medicaid and Georgia Access changes in H.R.1., in concert with the planned expiration of eAPTCs, are projected to significantly increase the uninsured population, leading to revenue losses for health care providers and broader economic effects in Georgia.

Alongside the nearly $5.4 billion loss in federal Medicaid SDPs, Georgia health care providers face an additional $51.1 billion in health care spending cuts related to other provisions of H.R.1 over the same period. This revenue cut includes $10.5 billion in uncompensated care accrued by providers from uninsured individuals seeking care.[xx]

Health care spending cuts will place significant financial strain on Georgia's health care delivery system, posing difficult decisions about workforce levels, capital investments, and service offerings. As they face reductions in federal funding alongside rising uncompensated care, Georgia's health care providers may reduce or eliminate programs and/or otherwise may be faced with pressure to do more with far less.

Georgia is projected to lose 33,600 jobs, the third highest loss in the country behind Texas and Florida, and $237 million in tax revenue in 2026 due to eAPTC expiration,[xxi] plus another 12,900 jobs and $89 million by 2029 from Medicaid cuts.[xxii]

Decline in Georgia Health Care Spending and Financing from H.R.1 and eAPTC Expiration, 2025-2034



Projected revenue reductions will have broader economic impact as Georgia hospitals play a critical role in strengthening local communities and bringing billions of dollars annually into the state's economy. In 2022, Georgia hospitals generated $122 billion in economic activity for the state. For every dollar hospitals spend, $2.30 is generated in spending in state and local economies and, for every hospital job, 2.4 additional jobs are created in other sectors.[xxiii] Georgia hospitals help generate more than 537,000 jobs—Georgia hospitals directly employ 158,120 full-time employees and support more than 379,000 indirect and induced jobs. The health care industry has been a leading sector for job growth in Georgia and accounts for 12.5% of all new jobs created statewide as of July 2025.[xxiv]

An increase in the uninsured has cascading economic impacts, reducing insurer revenue and provider income, triggering potential job cuts, service closures, and reduced payments to suppliers. These effects ripple outward to the larger economy—with the potential for businesses to reduce hiring and cut jobs, for workers to lose income and reduce productivity due to illnesses that could have been prevented, and for state and local tax revenues to decline.[xxv]

Implications for Georgia

Georgia has implemented a unique approach to health coverage—creating a limited expansion of Medicaid with work reporting requirements in Georgia Pathways and covering a larger portion of the population through Georgia Access. The state now faces a pivotal moment. As compared to other states, Georgia's reliance on Georgia Access for coverage and federal funding mechanisms for Medicaid provider payments makes it especially exposed to federal changes under H.R.1. The combined loss of enhanced Georgia Access subsidies, new eligibility and enrollment barriers, and Medicaid funding cuts is estimated to reach most corners of Georgia's health system and impact its economy. Hospitals, providers, and families will face new realities as coverage and revenues decline and uncompensated care grows.

Georgia historically has taken an approach of centering and identifying state-based solutions tailored to state-specific challenges. The projected impacts detailed in this report can assist in informing and supporting needed deliberation by state leaders and stakeholders. With one of the highest uninsured rates in the nation, Georgia will face critical challenges in keeping people covered, sustaining hospitals and providers in light of funding declines, and taking innovative steps forward to build and sustain a resilient health system to benefit individuals and families as well as the overall state economy.

Available at www.georgiahealthinitiative.org. For questions, please contact Cindy Zeldin, Vice President of Health Policy and Government Affairs, at cindy@georgiahealthinitiative.org.

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[iii] Ibid.

[iv] Fredric Blavin and Michael Simpson, "State-Level Estimates of Health Care Spending and Uncompensated Care Changes under the Reconciliation Bill and Expiration of Enhanced Subsidies," Urban Institute, June 2025.

[v] Leighton Ku, Taylor Gorak, Kendal Orgera, Kristine Namhee Kwon, Maddie Krips, and Joseph J. Cordes, "Expiring ACA Premium Tax Credits Could Lead to Nearly 340,000 Jobs Lost Across the U.S. in 2026," The Commonwealth Fund, October 16, 2025.

[vi] Leighton Ku, Kristine Namhee Kwon, Maddie Krips, Taylor Gorak, and Joseph J. Cordes, "How Medicaid and SNAP Cutbacks in the "One Big Beautiful Bill" Would Trigger Big and Bigger Job Losses Across States, The Commonwealth Fund, June 23, 2025.

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[xii] "Table HI05_ACS. Health Insurance Coverage Status and Type of Coverage by State and Age for All Persons: 2024," U.S. Census Bureau.

[xiii] Center for Medicare & Medicaid Services (CMS). 2025 Marketplace Open Enrollment Period Public Use Files. 2025.

[xiv] Ibid.

[xv] "2025 Poverty Guideline: 48 Contiguous States (all states except Alaska and Hawaii)," U.S Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

[xvi] "Calculator: ACA Enhanced Premium Tax Credit," KFF

[xvii] Justin Lo, Larry Levitt, Jared Ortaliza, and Cynthia Cox, "ACA Marketplace Premium Payments Would More than Double on Average Next Year if Enhanced Premium Tax Credits Expire," KFF, September 30, 2025.

[xviii] Cynthia Cox, "ACA Insurers Are Raising Premiums by an Estimated 26%, but Most Enrollees Could See Sharper Increases in What They Pay," KFF, October 28, 2025.

[xix] Center for Medicare & Medicaid Services (CMS). 2025 Marketplace Open Enrollment Period Public Use Files. 2025.

[xx] Fredric Blavin and Michael Simpson, "State-Level Estimates of Health Care Spending and Uncompensated Care Changes under the Reconciliation Bill and Expiration of Enhanced Subsidies," Urban Institute, June 2025.. $5.5 billion is attributed to coverage close from H.R.1 and $5 billion from expiration of eAPTC. Nationally, the increase in the uninsured is estimated to result in decreased health care provider revenue of $1.06 trillion between 2025 and 2034, with 40% of the cuts attributable to hospitals ($424 billion), 11% to physician services ($120 billion), 26% to other services ($275 billion), and 23%to prescription drugs ($241 billion).

[xxi] Leighton Ku, Taylor Gorak, Kendal Orgera, Kristine Namhee Kwon, Maddie Krips, and Joseph J. Cordes, "Expiring ACA Premium Tax Credits Could Lead to Nearly 340,000 Jobs Lost Across the U.S. in 2026," The Commonwealth Fund, October 16, 2025.

[xxii] Leighton Ku, Kristine Namhee Kwon, Maddie Krips, Taylor Gorak, and Joseph J. Cordes, "How Medicaid and SNAP Cutbacks in the "One Big Beautiful Bill" Would Trigger Big and Bigger Job Losses Across States, The Commonwealth Fund, June 23, 2025.

[xxiii] "Georgia Hospitals' Economic Impact", Georgia Hospital Association.

[xxiv] "Georgia's Unemployment Rate Falls to 3.4% in July," Georgia Department of Labor, August 14, 2025.

[xxv] Leighton Ku, Taylor Gorak, Kristine Namhee Kwon, Leticia Nketiah, and Joseph J. Cordes, "The Cost of Eliminating the Enhanced Premium Tax Credits," The Commonwealth Fund, March 3, 2025.

Appendix A: Overview of Relevant H.R.1 Provisions Impacting Georgia

Effective Dates of Key H.R.1 Provisions for Georgia

	Medicaid	Georgia Access
2025	**July 4:** • Payment Limit for Future State Directed Payments (SDPs) at 110% of Medicare rates • Moratorium on New Provider Taxes **December 31:** • Rural Health Transformation Fund application decisions	
2026 Q1	**January 1:** • Sunsets temporary 5% FMAP increase for new expansion states; 90% match remains	Q1 **January 1:** • End of enhanced premium tax credits (eAPTC) • Ends tax credits for income-based special enrollment period (SEP) • Eliminate cap on recapture for APTC • Ends tax credit for noncitizens in the 5-year waiting period
Q3	**July – August:** • Requirement to notify enrollees of upcoming work reporting requirement begins	
Q4	**October 1:** • Moratorium on Provider Taxes Increases. • Reduction to regular FMAP (from 90%) for Medicaid Emergency Services (for immigrant populations) • End federal Medicaid/CHIP funding for certain noncitizens	
2027 Q1	**January 1:** • Medicaid work reporting requirements go into effect • Six-month redetermination effective *(GA exempted)* • Modify retroactive coverage from three to two months	Q1 **January 1:** • End of APTC for certain noncitizens
Q3		**No later than August 1:** • Begin extended verification period for 2028 open enrollment
2028 Q1	**January 1:** • Existing SDPs must decline by 10% per year until reaching 110% of Medicare rates • Reduction in Provider Tax Cap Begins for Expansion States; Non-Expansion Can Remain	Q1 **January 1:** • End of auto-enrollment • End of APTCs pending verification

Additional Details on H.R.1 Provisions of Interest

Eliminating repayment caps. Individuals receiving premium tax credits are also impacted by H.R.1 because it removes the cap on repayment of excess advanced premium tax credits, exposing consumers to potentially large tax liabilities if their income estimates prove inaccurate.

Provisions in the law will lead to coverage losses across the country, but only impact Medicaid expansion programs (and, thus, not Georgia).[19]

- **Implements nationwide work/community engagement reporting requirements** for adults 19–64 in Medicaid expansion or waiver coverage. This includes a ban on access to subsidized Marketplace coverage for those who lose Medicaid due to this new condition of eligibility. The Centers for Medicare & Medicaid Services (CMS) will release additional guidance in 2026 that is expected to provide information on how the new requirement may impact the existing Georgia Pathways program.
- **Requires states to double the frequency (from annually to every six months)** by which they check expansion enrollees' eligibility starting in 2027. As the provision just applies to full expansion programs, this requirement does not appear to apply to Georgia.
- **Reduces Federal Medical Assistance Percentage (FMAP) for emergency services,** which is commonly used by immigrant populations, replacing the 90% enhanced rate with the regular state match.
- **FMAP and Expansion Incentives.** The bill sunsets the temporary 5% enhanced federal match offered under the American Rescue Plan Act for states newly adopting Medicaid expansion. The 90% FMAP created by the ACA remains.

[19] These provisions include, for example, the doubling of eligibility renewals to every six months for expansion adults.

Detailed Impact Data

Regional Commission	Marketplace Estimated Newly Uninsured			Total Population Estimate in 2024*	Estimated Newly Uninsured as % of Total Population
	H.R.1 Only	Expiration of eAPTC	H.R.1 + eAPTC Expiration		
Atlanta Regional Commission	(63,334)	(179,445)	(242,779)	5,157,299	-4.7%
Central Savannah River Area	(4,456)	(12,624)	(17,079)	499,775	-3.4%
Coastal Georgia	(7,071)	(20,034)	(27,105)	777,853	-3.5%
Georgia Mountains	(4,873)	(13,808)	(18,681)	530,414	-3.5%
Heart of Georgia-Altamaha	(3,284)	(9,305)	(12,588)	296,593	-4.2%
Middle Georgia	(5,173)	(14,655)	(19,828)	527,601	-3.8%
Northeast Georgia	(6,269)	(17,763)	(24,032)	728,012	-3.3%
Northwest Georgia	(8,415)	(23,841)	(32,256)	967,027	-3.3%
River Valley	(3,725)	(10,554)	(14,278)	362,787	-3.9%
Southern Georgia	(4,183)	(11,851)	(16,033)	424,978	-3.8%
Southwest Georgia	(4,146)	(11,748)	(15,894)	348,188	-4.6%
Three Rivers	(5,073)	(14,372)	(19,445)	560,351	-3.5%
Total	(120,000)	(340,000)	(460,000)	11,180,878	-4.1%

	Overall Medicaid and Medicaid Hospital Expenditures Resulting from Select H.R.1 Provisions: FFYs 2025-2034 ($ in Millions),		
Regional Commission	Federal and State Share	Federal Share Only	Medicaid Estimated Newly Uninsured
Atlanta Regional Commission	$ (2,828.77)	$(1,878.30)	(14,719)
Central Savannah River Area	$ (300.25)	$(199.36)	(1,417)
Coastal Georgia	$ (2,056.64)	$(1,365.61)	(2,307)
Georgia Mountains	$ (362.32)	$(240.58)	(1,788)
Heart of Georgia-Altamaha	$ (187.52)	$(124.51)	(748)
Middle Georgia	$ (442.15)	$(293.59)	(1,684)
Northeast Georgia	$ (155.11)	$(103.00)	(2,295)
Northwest Georgia	$ (430.42)	$(285.80)	(2,480)
River Valley	$ (316.08)	$(209.87)	(1,070)
Southern Georgia	$ (282.77)	$(187.76)	(991)
Southwest Georgia	$ (362.37)	$(240.61)	(920)
Three Rivers	$ (367.24)	$(243.85)	(1,581)
Total	$ (8,091.64)	$(5,372.85)	(32,000)

* Annual Estimates of the Resident Population for Counties in Georgia: April 1, 2020 to July 1, 2024 (CO-EST2024-POP-13), U.S. Census Bureau, Population Division, released in March 2025