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Greene County

ACCREDITATION DOCUMENT COVER PAGE

<u>Measure #</u>	<u>Required Document #</u>	<u>Example #</u>	<u>Document Date:</u>
6.1.1	1	1	02/13/15
<u>Document Page #</u>	<u>Required Element</u>		
1	Evidence of our Health Commissioners participation in the review meeting.		
2	b./c./d.) Meeting minutes demonstrating review of laws based on an exercise in reviewing laws by impacted key stakeholders from health departments.		
7	a.) Consideration of current programs that have an impact on health disparities for racial or ethnic minorities demonstrates the consideration of health equity.		
10	a.) Consideration of public health evidence base in the law.		
14	a.) Additional documentation showing the evidence-base.		

Document Description:

Document provides input on public health laws with public health implications through review of legislation by Health Commissioners throughout the state (page 3). Active participation by Melissa Howell in the review (page 2). One law that was reviewed is senate bill 9 which is included beginning on page 7. This law includes consideration of (a.) public health evidence-base (page 11 and 15) and health equity (page 8), (b./c./d.) model public health law exercise in review is demonstrated by the meeting minutes where key stakeholders (health commissioners) provided collaborative health department input (page 3).



Association of Ohio Health Commissioners
Public Affairs Committee Meeting
February 13, 2015
9:30 am
MINUTES

I. Welcome and Introductions: the meeting was called to order at 9:30 am by Jim Watkins.

Agency	Name	Present	Name	Present	Name	Present
AOHC	Jim Adams		Kathryn Boylan	X	Wally Burden	X
	Nick Cascarelli	X	Angela DeRolph	X	Doug Fisher	X
	Anne Goon		Corey Hamilton	X	Shelia Hiddleson	X
	Tim Hollinger	X	Melissa Howell	X	Kelli Hykes	X
	Tim Ingram	X	Frank Kellogg		DJ McFadden	
	Julie Miller	X	Julianne Nesbit	X	Jason Orcena	X
	Nancy Osborn		Charles Patterson		Shawn Ray	
	Angela Smith	X	Duane Stansbury	X	Patt Sweeney	X
	Susan Tilgner	X	Rusty Vermillion	X	Fran Veverka	X
	Wes Vins	X	Pam Walker-Bauer		Krista Wasowski	X
	Jim Watkins	X	Martin Tremmel	X	Eric Balster	X
	Madison Davis (student)	X	Dave Oakes (for K. Boylan)	X		
Staff	Beth Bickford	X	Penny Hill	X		
McDonald Hopkins	Aaron Ockerman	X	Becca Kuns			
OEHA	Colin Johnson		Steve Ruckman	X	Dane Tussell	
OPHA	Lois Hall	X	Gillian Solem	X		
ODH	Melissa Bacon		Jessica Crews		Rebecca Fugitt	
	Joe Mazzola		Gene Phillips		Kate Phillips	
OEPA	Pam Allen		Tracy Freeman		Annie VanBlaricom	

- II. Approval of Minutes – January 9, 2015: A motion was made by Wally Burden and seconded by Tim Hollinger to approve the minutes of the January 9, 2015 meeting with the correction to add Nancy Osborn as an attendee. Motion carried.

ODH Update – no representatives from ODH were on the call

III. Ohio Public Health Advisory Board Update/ODH Rule Review – **ODH/OPHAB reps**

<http://www.odh.ohio.gov/rules/drafts/drafts.aspx>

Fran Veverka reported that there is the deletion of all rules related to the bureaus that are being deleted. Seems to be similar to how other agencies operate.

- a. Swimming Pools: Duane Stansbury reported that they are trying to add information to HealthSpace to include accident reports, e.g., illness and drowning – timeframes for reporting up to 72 hours? Requirement for a certified pool operator at each location - hotels and camps are pushing back saying that it is too expensive. Not sure if ODH has legal authority to do it. Next meeting is next month, they hope to complete their work soon, but in time for the 2015 swimming pool season.
- b. Other – Fran Veverka reported that OPHAB has asked ODH for a presentation on budget priorities, and they hope to meet the new director soon. Also, all of the public health associations' seats on OPHAB expire at the same time, so there was discussion on how to approach reappointments to assure continuity. Fran also noted the filing of rules that delete any rules outlining the ODH organizational structure.

IV. Legislative and Policy Updates

- a. School Environmental Health Program: Duane Stansbury and Steve Ruckman reported on ODH's efforts to build a module in HealthSpace to allow for inspection at the various levels, based on school choice. Grant dollars are being used for this effort. The bronze level is the basic requirements that most reflect the model rules developed by OEHA and AOHC after Jarod's Law was set aside. There is concern about including the higher levels of criteria. The concern was also raised that no school representatives participated in this discussion. **By consensus, the committee directed AOHC to write a letter to the director expressing concern about an automated inspection module that does not reflect local rule.**

V. Bill Review

- a. [Senate Bill 1](#) – Gardner, R; Peterson, B. – Algae Control

Jim Watkins reported that this is to deal with algae blooms in Lake Erie. Our understanding is that the household sewage issue that is in there is going to be taken out. If all the sewage issues do not come out, Shelia Hiddleston said that we should not support this bill. This is also in the budget and in a HB.

A motion was made by Shelia Hiddleston and seconded by Wally Burden to support SB1 provided there is no language regarding sanitary sewer connection in the bill. Motion carried.

Request that AOHC send a letter to Senator Peterson saying that we support the bill without the sewage connection language. Concern that developers are charging too much money to create sewage systems in new developments.

- b. [Senate Bill 9](#) - Jones, S; Lehner, P. – Infant Mortality –

Duane Stansbury reported that SB 9 is supposed to help with infant mortality by authorizing certified health workers to conduct home visits and other activities for mothers/infants. The bill would have ODH adopt rules for mothers or women of childbearing age to adopt healthy behaviors to reduce infant mortality. They would use certified health workers to do this through a model called Pathways – a community hub. Concern that LHDs are excluded from this funding, apparently only those who have WIC are only able to apply for funding.

A motion was made by Shelia Hiddleston and seconded by Kelli Hykes to support SB9 with the inclusion to be reimbursed for these activities without being tied to a specific model and not tied to HMG but is for those who are at 300% of the poverty rate. Motion carried with one opposition.

- c. [Senate Bill 14](#) – Faber, K; Lehner, P. – Newborn Screening – Krabbe's Disease

Corey Hamilton reported that SB 14 adds a specific illness to the newborn screening requirements. ORC currently has no list – instead, the specific illnesses are listed in rule. There is a national advisory council that makes recommendations – Krabbe's disease was considered by this group because they could not show that early identification will lead to better outcomes.

This bill will be tabled while Aaron talks to the sponsor and request that the senator ask the ODH director to add it to the screening list.

- d. [Senate Bill 22](#) – Tavares, C. / [House Bill 42](#) – Gerberry, R; Cera, J. Increase monthly allocations to LGF –

Julianne Nesbit reported that SB22 changes the formula that they are using for the local government funds. HB42 wants to restore it to the rates in 2005.

Tim Hollinger said he contacted some of his larger cities. They were not completely happy with HB 42 because it's not clear how long it would be held there; they like SB22 better. HB42 would be more money initially. Angie Smith referred the committee to a fact sheet on OBM website dated February 2015. TPP phases out in 2016.

A motion was made by Tim Ingram and seconded by Julie Miller to take no position on SB22. Motion carried.

- e. [House Bill 8](#) – Hagan, C; Ginter, T. – Oil and Gas Law –

Nick Cascarelli reported that this amends two sections having to deal with oil and gas law. If there is any land owned by DOT, they have to go through the same process that any private individual would.

A motion was made by Nick Cascarelli and seconded by Wally Burden to take no position HB8. Motion carried.

VI. Other Business

- a. Ebola supplemental funding – discussion of ODH versus BTeam proposals for distribution.

VII. Members Only

- a. 2015 State Biennial Budget

Name	Page Numbers/ ORC section	Feedback
Jim Adams	p. 1-120	No impact on public health.
Wally Burden	p. 121-240	Increases the threshold of bidding to \$50,000. May suspend requirement in an emergency, e.g., ebola response. Increased salaries for all judges.
Kelli Hykes	p. 241-360	prohibits people from reenrolling in Passport. Creates assistive personnel that may administer some meds and feedings without nurse delegation. Section 190.01 – Ohio Shale Region. Section 191.04 – extends two more years for agencies to continue to share health identifier information with OHA. 340.03 creates a directive for a community services plan. MRDD has to create and communicate addiction plan to the community. Services that used to be listed in rules will not be in statue.
Corey Hamilton	p. 361-480	Allows ODA to address the agriculture runoff in Ohio. 378 related to removing requirement to create a certificate of authenticity when moving to online records. Clean up language from 2000-02. ODNR and director's authority. Much of his authority was given to lower positions and was just pushed back up to the director or his designee.
Julie Miller	p. 481-600	No impact on public health.
Jim Watkins	p. 601-720	No impact on public health.
Rusty Vermillion	p. 721-840	Will review by Tuesday, 2/17
Krista Wasowski	p. 841-960	No impact on public health.
Erik Balster	p. 961-1080	No impact on public health.
Nick Cascarelli	p. 1081-1169	No impact on public health.
Doug Fisher	p. 1184-1300	No impact on public health.
Tim Hollinger and Julianne Nesbit	Pages 1170-1383 Chapter 37	Creates a regional child fatality review board as well as the county. Choose life fund – if no organization in the county or contiguous county, any county can apply as long as they are willing to do the work. Codifying ODH current functions. Can get mother's medical records without her consent to review child fatality review for children under 1 year. Ask for fetal deaths to be included. PHEP fund can be used for response activities. Loan repayment for primary care physicians and tied to federal funding amounts. Extension of time for motor vehicle inspection program.

		<p>Electric signatures on death certificates are now specifically allowed.</p> <p>CDD facilities – waste management fund created. Smoking – you can revoke the food service license if they have a fine over \$1000 if it's not paid. However, they are allowed to appeal.</p> <p>Solid waste – took out language dealing with infectious waste management fund and will be going into waste management fund. In EPA there is a materials management advisory council with members specified. One member is from public health. Appears to replace recycling board. Changes in the fees of transfer or disposal of solid waste. Most are going down through 2018.</p> <p>Scrap tire provision is being extended. Industrial NPDES permit 2 year extension.</p> <p>Smoking – rules need to be adopted for fines for retail tobacco stores to prove their product and hotels not specifying how many nonsmoking/smoking rooms that they have.</p> <p>Public water systems requirement. Certain public and privately owned water systems (nursing homes), demonstrated problems will have to establish a fund.</p>
Angela Smith	1301-1420	Gaming regulations – in violation can be specified as a nuisance. Who would be the governing agency? Gambling addiction board member qualifications are weakened. Posting of signs for smokefree workplace. A proprietor will allow prompt entry to all LHD employees to inspect for violations.
Patt Sweeney	1421-1540	Various changes in medical personnel licensure. Increased fees for RS board.
Wes Vins	1541-1660	No impact on public health.
Kathryn Boylan	1661-1880	<p>Residential facilities, nursing homes. ETCs are out for those in mental hospitals owned by the state. Residential inspections tightening on rules, more frequent inspections. County boards of MRDD – financing. Medicaid program coverage pregnant mothers removed, women needing treatment for breast or cervical cancer. Now have insurance under ACA. Kelli Hykes reported that pregnancy is not a qualifying condition for going into the exchange.</p> <p>Independent provider for Medicaid – self-employed are out. Want to bring it into the agencies for greater accountability.</p> <p>Quality reserve Medicaid reduction</p>
Angela DeRolph	1881-2000	Check with Angela, 2/17
Jim Watkins	2001-2100	Increase in tobacco tax and eliminate tax breaks. Regulation of electronic cigarettes.
Tim Ingram	2101-2240	Taxes electronic cigarettes similar to regular cigarettes. Income tax tables. Severance tax on oil and gas wells.
Nancy Osborn	2241-2560	No impact on public health.
Susan Tilgner	2561-2783	Will review by Tuesday, 2/17
Shelia Hiddleston and Melissa Howell	p. 2546-2558, DOH budget plus accompanying narrative, compare to previous appropriation	<p>Fairly flat funded budget except for ph lab is up, FQHCs have money again, tobacco prevention, HIV was doubled, internal agency health services back to \$3 million. Immunizations went down. Mother and children safety net services, no change, HMG is level funded.</p> <p>Regional health planning – members of task force are appointed by executive director of OHT, 3 health policy, 3 BOHs, 3 nonprofit hospitals, 1 OHA, 1 AOHC, 1 Ohio Association of health care centers, plus legislators.</p>

b. Policy Platform – revisions for 2015-2016: Beth and Aaron to work on budget priorities.

c. Other

- i. Vector borne disease program funding – in budget bill. About \$350,000 remaining to be spent in this fiscal year....promote via newsletter.
- ii. Fireworks bill – expected to be reintroduced. OPHA is neutral for now.

VIII. Next Meeting –

- a. Friday, March 13, 2015 – regular in person meeting as needed

Adjournment: 3:00 pm

Respectfully submitted,
Beth Bickford,
AOHC Executive Director

As Introduced

131st General Assembly

Regular Session

2015-2016

S. B. No. 9

**Senators Jones, Lehner
Cosponsors: Senators Manning, Beagle**

A BILL

To amend section 5164.01 and to enact sections 1
3701.142, 3701.95, 5164.10, 5164.11, and 5167.15 2
of the Revised Code regarding data collection on 3
state-administered services provided in the home 4
that are aimed at reducing infant mortality and 5
negative birth outcomes or health disparities 6
among women who are pregnant or capable of 7
becoming pregnant and who belong to a racial or 8
ethnic minority and Medicaid coverage of certain 9
services for pregnant women, new mothers, or 10
women who may become pregnant. 11

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 5164.01 be amended and sections 12
3701.142, 3701.95, 5164.10, 5164.11, and 5167.15 of the Revised 13
Code be enacted to read as follows: 14

Sec. 3701.142. (A) As used in this section: 15

(1) "Certified community health worker" has the same 16
meaning as in section 4723.01 of the Revised Code. 17

(2) "Community health worker services" means the services 18

described in section 4723.81 of the Revised Code.

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(B) In accordance with rules authorized by section 5164.10
of the Revised Code, the director of health shall adopt rules
specifying healthy behaviors to be promoted and facilitated by
certified community health workers who provide community health
worker services and other services covered by the medicaid
program pursuant to that section. Before adopting the rules, the
director shall consult with members of the Ohio perinatal
quality collaborative or a successor organization. The director
may consult with other health care organizations as the director
determines to be appropriate. The rules shall be adopted in
accordance with Chapter 119. of the Revised Code.

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Sec. 3701.95. (A) As used in this section, "government
program providing public benefits" has the same meaning as in
section 191.01 of the Revised Code.

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(B) The director of health shall identify each government
program providing benefits, other than the help me grow program
established by the department of health pursuant to section
3701.61 of the Revised Code, that has the goals of reducing
infant mortality and negative birth outcomes or disparities
among women who are pregnant or capable of becoming pregnant and
who belong to a racial or ethnic minority. A program shall be
identified only if it provides education, training, and support
services related to those goals to program participants in their
homes. The director may consult with the Ohio partnership to
build stronger families for assistance with identifying the
programs.

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(C) An administrator of a program identified under
division (B) of this section shall report to the director data
on program performance indicators that are used to assess

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progress toward achieving program goals. The administrator shall 49
report the data in the format and within the time frames 50
specified in rules adopted under division (D) of this section. 51
The director shall prepare an annual report on the data received 52
from the administrators. 53

(D) In accordance with Chapter 119. of the Revised Code, 54
the director shall adopt rules specifying program performance 55
indicators on which data must be reported by the administrators 56
described in division (C) of this section. To the extent 57
possible, the program performance indicators specified in the 58
rules shall be consistent with federal reporting requirements 59
for federally funded home visiting services. 60

Sec. 5164.01. As used in this chapter: 61

(A) "Certified community health worker" has the same 62
meaning as in section 4723.01 of the Revised Code. 63

(B) "Community health worker services" means the services 64
described in section 4723.81 of the Revised Code. 65

(C) "Early and periodic screening, diagnostic, and 66
treatment services" has the same meaning as in the "Social 67
Security Act," section 1905(r), 42 U.S.C. 1396d(r). 68

~~(B)~~ (D) "Federal financial participation" has the same 69
meaning as in section 5160.01 of the Revised Code. 70

~~(C)~~ (E) "Healthcheck" means the component of the medicaid 71
program that provides early and periodic screening, diagnostic, 72
and treatment services. 73

~~(D)~~ (F) "Help me grow program" means the program 74
established by the department of health pursuant to section 75
3701.61 of the Revised Code. 76

<u>(G)</u> "Home and community-based services medicaid waiver component" has the same meaning as in section 5166.01 of the Revised Code.	77 78 79
(E) <u>(H)</u> "Hospital" has the same meaning as in section 3727.01 of the Revised Code.	80 81
(F) <u>(I)</u> "ICDS participant" means a dual eligible individual who participates in the integrated care delivery system.	82 83 84
(G) <u>(J)</u> "ICF/IID" has the same meaning as in section 5124.01 of the Revised Code.	85 86
(H) <u>(K)</u> "Integrated care delivery system" and "ICDS" mean the demonstration project authorized by section 5164.91 of the Revised Code.	87 88 89
(I) <u>(L)</u> "Mandatory services" means the health care services and items that must be covered by the medicaid state plan as a condition of the state receiving federal financial participation for the medicaid program.	90 91 92 93
(J) <u>(M)</u> "Medicaid managed care organization" has the same meaning as in section 5167.01 of the Revised Code.	94 95
(K) <u>(N)</u> "Medicaid provider" means a person or government entity with a valid provider agreement to provide medicaid services to medicaid recipients. To the extent appropriate in the context, "medicaid provider" includes a person or government entity applying for a provider agreement, a former medicaid provider, or both.	96 97 98 99 100 101
(L) <u>(O)</u> "Medicaid services" means either or both of the following:	102 103
(1) Mandatory services;	104

(2) Optional services that the medicaid program covers. 105

~~(M)~~ (P) "Nursing facility" has the same meaning as in 106
section 5165.01 of the Revised Code. 107

~~(N)~~ (Q) "Optional services" means the health care services 108
and items that may be covered by the medicaid state plan or a 109
federal medicaid waiver and for which the medicaid program 110
receives federal financial participation. 111

~~(O)~~ (R) "Prescribed drug" has the same meaning as in 42 112
C.F.R. 440.120. 113

~~(P)~~ (S) "Provider agreement" means an agreement to which 114
all of the following apply: 115

(1) It is between a medicaid provider and the department 116
of medicaid; 117

(2) It provides for the medicaid provider to provide 118
medicaid services to medicaid recipients; 119

(3) It complies with 42 C.F.R. 431.107(b). 120

~~(Q)~~ (T) "Targeted case management services" has the same 121
meaning as in 42 C.F.R. 440.169(b). 122

(U) "Terminal distributor of dangerous drugs" has the same 123
meaning as in section 4729.01 of the Revised Code. 124

Sec. 5164.10. (A) As used in this section, "community hub" 125
means a community-based agency that, using the pathways 126
community HUB model developed by the community health access 127
project in this state, coordinates two or more care coordination 128
agencies and assures that the agencies utilize pathways to 129
connect at-risk individuals to physical health, behavioral 130
health, social, and employment services. 131

(B) (1) Subject to division (B) (2) of this section, the 132
medicaid program shall cover both of the following types of 133
services provided by a certified community health worker to a 134
medicaid recipient who is pregnant or capable of becoming 135
pregnant and who has been recommended to receive the services by 136
a physician or another licensed health professional specified in 137
rules authorized by division (D) of this section: 138

(a) Community health worker services; 139

(b) Other services that are not community health worker 140
services but are performed for the purpose of ensuring that the 141
medicaid recipient is linked to employment services, housing, 142
educational services, social services, or medically necessary 143
physical and behavioral health services. 144

(2) To be covered by the medicaid program, the services 145
described in division (B) (1) of this section must promote and 146
facilitate healthy behaviors, specified by the director of 147
health in rules adopted under section 3701.142 of the Revised 148
Code, across the following life course stages: preconception, 149
prenatal, postpartum, and interconception. 150

(C) Only the following may enter into a provider agreement 151
with the department of medicaid to provide the services 152
described in division (B) of this section: 153

(1) A certified community health worker; 154

(2) A community hub that employs or contracts with 155
certified community health workers; 156

(3) A patient centered medical home that employs or 157
contracts with certified community health workers. 158

(D) The medicaid director shall adopt rules under section 159

5164.02 of the Revised Code specifying the licensed health 160
professionals, in addition to physicians, who may recommend that 161
a medicaid recipient receive the services covered under this 162
section. The rules also shall authorize the director of health 163
to adopt rules under section 3701.142 of the Revised Code 164
regarding the promotion and facilitation of health behaviors. 165

Sec. 5164.11. (A) The medicaid program shall cover both of 166
the following services for a medicaid recipient who is enrolled 167
in the help me grow program and is either pregnant or the birth 168
mother of an infant or toddler under three years of age: 169

(1) Home visits, which shall include depression 170
screenings, for which federal financial participation is 171
available under the targeted case management benefit; 172

(2) Cognitive behavioral therapy determined to be 173
medically necessary through a depression screening conducted as 174
part of a home visit. 175

(B) If requested by a medicaid recipient eligible for the 176
cognitive behavioral therapy covered under division (A) (2) of 177
this section, the therapy shall be provided in the recipient's 178
home. The department of medicaid shall inform the medicaid 179
recipient of the right to make the request and how to make it. 180

Sec. 5167.15. (A) A medicaid managed care organization 181
shall provide to a medicaid recipient, or arrange for a medicaid 182
recipient to receive, both of the following, as applicable: 183

(1) The community health worker services and other 184
services the recipient would receive pursuant to section 5164.10 185
of the Revised Code if the recipient were not enrolled in the 186
medicaid managed care organization; 187

(2) The home visits and cognitive behavioral therapy the 188

recipient would receive pursuant to section 5164.11 of the 189
Revised Code if the recipient were not enrolled in the medicaid 190
managed care organization. 191

(B) Any provider who may enter into a provider agreement 192
to provide a service the medicaid program covers pursuant to 193
section 5164.10 or 5164.11 of the Revised Code may contract with 194
a medicaid managed care organization to provide the service to 195
medicaid recipients enrolled in the medicaid managed care 196
organization. 197

Section 2. That existing section 5164.01 of the Revised 198
Code is hereby repealed. 199

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Pathways Community HUB Model of Care Coordination



RockvilleInstitute
Research for the Advancement of Social Science



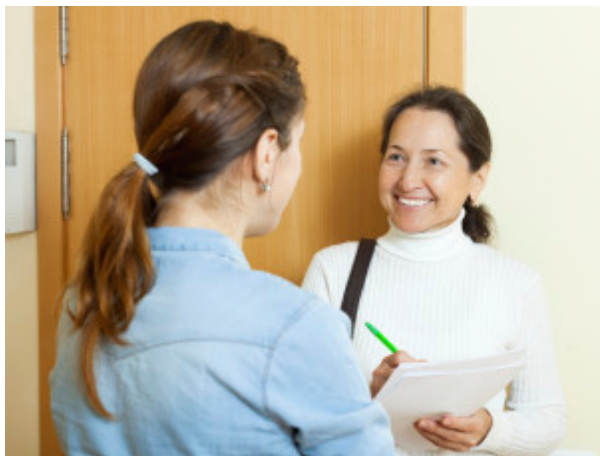
Overview

The Rockville Institute's Pathways Community HUB Certification Program (PCHCP) is the certifying agent of the Pathways Community HUB model of care coordination. This evidence-based HUB model is an accountable community-wide approach that effectively addresses risk factors, improves health and reduces cost. A Certified HUB ensures that those at greatest risk within a community are identified and that an individual's medical, behavioral health, educational and social risk factors are addressed. Risk factors are addressed through the use of "Pathways" – a standardized process that identifies, defines, and resolves an at-risk individual's needs by connecting the individual to community-based, culturally proficient services that are coordinated. The HUB complements Patient-Centered Medical Homes, Accountable Care Organizations, Health Information Exchanges, and other reform initiatives. Currently, HUBs have been deployed in more than 20 regions in the United States.

Why Certify?

Connecting at-risk individuals to timely, high-quality services that address biological, psychological, educational, and social needs requires expertise and investment. A Certified Pathways Community HUB provides the local infrastructure and accountability mechanisms to confirm those in need are connected to meaningful, culturally proficient, and comprehensive evidence-based services that are coordinated.

The HUB model of care coordination connects payment to the value of services provided and actual improvements in health outcomes. HUB Certification ensures an accountable and sustainable community care coordination



system that leads to better health and lower costs.

What is a Standardized Pathway?

A Pathway is a standardized process that identifies, defines, and resolves an at-risk individual's needs. Each Pathway represents one issue that is tracked through to completion and a measurable outcome.

What is a Certified HUB?

A Certified Pathways Community HUB is an efficient regional infrastructure that improves health outcomes and reduces costs by connecting those at-risk to quality community care coordination services. Certified HUB serves as a regional clearinghouse that:

1. "Registers" at-risk individuals;
2. Connects an at-risk person to a community care coordinator;
3. Monitors the quality, effectiveness and efficiency of community care coordination services; and
4. Ties payments to health improvements and outcomes.

A Certified HUB results in less duplication, lower costs, improved health status, and fewer inequities.

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