

September 3, 2020

159 Georgia Together  
229 W. Gen. Screven Way, Ste. S #379  
Hinesville, GA 31313

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and Human  
Services  
200 Independence Avenue, SW  
Washington, DC 20201  
The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid  
Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the  
Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200  
The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter, Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of 159 Georgia Together to express our organization's concern about Georgia's ACA Section 1332 waiver.

159 Georgia Together is a grassroots organization working to improve the lives of all Georgians through progressive policies. We have almost 17,500 members from throughout the state, in rural, suburban and urban communities. Amid the pandemic we are focusing on health care access and health care insurance disparities in Georgia. We are partnering with other non-profits to promote access to quality healthcare and full insurance coverage for all Georgians.

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put many Georgians at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, low health literacy skills, and few financial resources would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

### **Fragmenting the insurance market would confuse and discourage consumers from enrollment**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking. Almost 80 percent of Georgia's marketplace enrollees use HealthCare.gov to shop for their health plan. Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could paralyze them, keeping them from making a decision altogether.

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.' Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and, at the worst, not make a choice at all.

### **Georgians eligible for Medicaid are unlikely to receive assistance from insurers, agents or brokers.**

HealthCare.gov facilitates Medicaid enrollment with a "no-wrong-door" application that routes Georgians to the program for which they're eligible based on their family size, income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.

Brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they are unlikely to provide these Georgians with any help. For example, a search on HealthCare.gov shows more than 1100 agents and brokers that enroll people in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.

### **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrolment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one system to another. However other states' experiences show this figure is unrealistic. Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally. More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally. Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment. Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds

have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

**The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for those who need it.**

The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for those who need it, reducing their enrollment as well.

Brokers have an incentive to steer consumers toward substandard plans (e.g. short-term and single-disease plans), which normally cannot be sold alongside ACA plans, because they tend to pay higher commissions. Short-term plans in particular pay up to ten times as much as ACA-compliant plans. Insurers also profit on short-term plans, which aren't required to meet the medical loss ratio standards for ACA-compliant plans.

Healthier and younger Georgians would be more likely to choose short-term plans, since less healthy people are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, its risk pool would become less healthy, causing premiums to rise. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.) The waiver does not take into account these likely outcomes.

**The enrollment of Georgians in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like diabetes or heart disease, exposed to catastrophic costs. Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover all essential health benefits, leaving (our population) potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover [prescription drugs](#) for example. On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like diabetes and heart disease. That leaves many Georgians vulnerable to catastrophic costs, limited access to care, and other negative consequences.

Because it would harm consumers, Georgia's proposal is not approvable under federal law. The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and

comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia's waiver fails these tests.

There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, 159 Georgia Together is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,  
Deborah Miness, President, 159 Georgia Together

Deborah Miness, President  
159 Georgia Together  
229 General Screven Way  
Suite S #379  
Hinesville, GA 31313  
301.219.1100

159 Georgia Together consistently promotes progressive values and facilitates grassroots activism throughout Georgia at the local, state and federal levels. We partner with other progressive organizations to improve the lives of Georgians in all 159 counties.

#588

09/11/20

September 10, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid  
Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter Assistant  
Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of the Georgia Coalition for the Peoples' Agenda to express our organization's concern about Georgia's ACA Section 1332 waiver.

We work with communities of color, specifically African American, African Diaspora and Caribbean communities that are most impacted with health disparities and access to quality healthcare options. While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put Georgia communities of color at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, and low income would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

### **Fragmenting the insurance market would confuse and discourage consumers from enrollment**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking, especially for people of color. Seventy-nine percent of Georgia's marketplace enrollees use HealthCare.gov to complete the enrollment process OR shop for and select their health plan.<sup>1</sup> Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could paralyze them, keeping them from making a decision altogether.

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.<sup>2,3</sup> Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and, at the worst, not make a choice at all.

### **Georgians eligible for Medicaid are unlikely to receive assistance from insurers, agents or brokers.**

HealthCare.gov facilitates Medicaid enrollment with a "no-wrong-door" application that routes Georgians to the program for which they're eligible based on their family size, income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>4</sup> This is especially important for communities of color, which allows them to get coverage, some for the first time.

1 Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-) (hereafter, Waiver).

2 Consumers Union, "The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making," November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

3 J. Michael McWilliams *et al.*, "Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making," *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

4 CMS, *op. cit.*

Brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they are unlikely to provide these Georgians with any help. For example, a search on HealthCare.gov shows more than 1100 agents and brokers that enroll people in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.<sup>5</sup> This is worrisome for our vulnerable communities need help in enrolling in Medicaid as many have never navigated such products.

### **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrolment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one system to another. However other states' experiences show this figure is unrealistic.<sup>6</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>7</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>8</sup> Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment.<sup>9</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

5 Center on Budget and Policy Priorities analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 zip code.

6 Waiver, *op. cit.*, p. 71.

7 Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

8 CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, <https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange->

Prelim-Enrollment-Release\_12.23.19.pdf; Sarah Lueck, “Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges,” CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

9 As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

### **The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for those who need it most**

The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for those who need it, reducing their enrollment as well.

Brokers have an incentive to steer consumers toward substandard plans (e.g. short-term and single-disease plans), which normally cannot be sold alongside ACA plans, because they tend to pay higher commissions. Short-term plans in particular pay up to ten times as much as ACA-compliant plans.<sup>10</sup> Insurers also profit on short-term plans, which aren’t required to meet the medical loss ratio standards for ACA-compliant plans.<sup>11</sup>

Healthier and younger Georgia would be more likely to choose short-term plans, since less healthy people—like those that our organization represents/serves—are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, its risk pool would become less healthy, causing premiums to rise. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.<sup>12</sup>) The waiver does not take into account these likely outcomes.

### **The enrollment of (your consumer population) in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like (insert diagnosis, ex: diabetes or mental health conditions), exposed to catastrophic costs.<sup>13</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.



10 House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans' risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, "Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks," Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

11 House report, *op. cit.*, p. 48.

12 Hansen and Dieguez, *op. cit.*, p. 3.

13 Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

Substandard plans are not required to cover all essential health benefits, leaving (our population) potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover most do prescription drug benefits for example.<sup>14</sup> People on fixed incomes do not need to choose between eating and getting life saving prescriptions. On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like diabetes. That leaves the most populations vulnerable to catastrophic costs, limited access to care, and other negative consequences.

Because it would harm consumers, including people of color, Georgia's proposal is not approvable under federal law. Georgia's waiver fails the ACA's tests of coverage, comprehensiveness, and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, The Peoples' Agenda is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application. We look forward to hearing and seeing you take action as we have suggested above.

Sincerely,  
Helen Butler

Executive Director

14 Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

AID Atlanta, an affiliate of AIDS Healthcare Foundation, strongly opposes “Georgia Section 1332 Waiver Request”. AID Atlanta and AIDS Healthcare Foundation serve over 10,000 people annually living with or at risk for acquiring HIV. Most of the people we serve are uninsured or underinsured. This proposal would cause material harm to the people who depend on us for care. We urge you to reject this proposal. It will create even more barriers to controlling the HIV epidemic in Georgia.

More Georgians would get substandard health insurance that wouldn’t cover all health services. Without the unbiased option to find and enroll in comprehensive coverage through [healthcare.gov](http://healthcare.gov), Georgians would have to rely on insurers and web-brokers who have been [known to steer consumers](#) towards more profitable [substandard plans](#).

Some Georgians would be uninsured. The proposal trades [healthcare.gov](http://healthcare.gov) for an enrollment system managed by private insurance companies. In this transition, Georgians are likely to get lost, unintentionally becoming uninsured because of the difficulty of navigating the new system.

We do not support the move from [healthcare.gov](http://healthcare.gov) to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of the people who depend on us for quality care.

Thank you for considering our comments.

Sincerely,

Nicole Roebuck

Executive Director

AID Atlanta

1605 Peachtree

Atlanta, Georgia 30309

404-870-7700

September 11, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
P.O. Box 8016  
Baltimore, MD 21244

***Re: Georgia's Section 1332 State Innovation Waiver***

Dear Administrator Verma:

On behalf of the National Indian Health Board (NIHB),<sup>1</sup> we write to express concern about Georgia's Section 1332 State Innovation Waiver, which asks CMS to waive the requirement that the state either participate in the Federally-Facilitated Exchange (FFE) or operate a State-Based exchange (SBE).

The ability to enroll into a health insurance program directly through an exchange has streamlined enrolling American Indians and Alaska Natives (AI/ANs) into third party health insurance by providing an easy and convenient way to compare prices and benefits from different providers. Moving away from a centrally based marketplace will force consumers to navigate a variety of private marketplaces in order to find a plan that fits their needs. This will dramatically increase the time investment involved with finding a plan, which we believe will result in fewer people opting to enroll in a health insurance plan. We fear that if this waiver is approved, other states will attempt to follow suit and as such, we urge CMS to reject this waiver.

Lost Coverage and Impacts on Indian Health System

An analysis by the *Brookings Institute* found that the approval of this waiver could possibly result in 52,000 Georgians losing health insurance coverage.<sup>2</sup> This proposal also has the ability to impact Medicaid enrollment. The *Brookings* analysis also noted that during each annual open enrollment period 40,000 Georgians who utilized the FFE were found to be eligible for Medicaid and transferred to the state Medicaid agency.<sup>3</sup> The current waiver makes no mention of a plan to replace that functionality of the

---

<sup>1</sup> Established in 1972, the National Indian Health Board (NIHB) is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care, the NIHB is their advocate.

<sup>2</sup> Christen Linke Young and Jason Levis, "Georgia's latest 1332 proposal continues to violate the ACA," *Brookings Institute*, Sept. 1, 2020.

<sup>3</sup> *Id.*

FFE. It is likely that people would have to rely on the generosity of the private marketplaces, which have no financial incentive to make such referrals. This is concerning for us.

Third party revenue is a significant contributor to the financial stability of Indian health system clinics and hospitals. The importance of Medicaid, in particular, to the financial health of the Indian health system cannot be overstated. According to the Indian Health Service 2020 Congressional Justification, between Fiscal Year 2013 and Fiscal Year 2018, third party collections at IHS and Tribal facilities increased by \$360 million, with 65% coming from Medicaid, a substantial portion by any measure.<sup>4</sup> Moreover, data show that the number of AI/ANs with Medicaid increased from 1,458,746 in 2012 to 1,793,339 in 2018. The 334,593 increase in Medicaid coverage is a 22.94% increase over 2012. In 2018, 33.55% of all AI/ANs had Medicaid compared to 29.55% in 2012.

We fear that the approval of this waiver would set a precedent that will embolden other states to apply for similar waivers. Any measure that makes it more difficult to enroll in private insurance or Medicaid endangers the fiscal health of the Indian health system. For that reason, we urge the agency to reject this waiver which would reduce access to publicly run health insurance marketplaces.

Thank you in advance for your consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacy A. Bohlen". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Stacy A. Bohlen CEO

National Indian Health Board

CC: Kitty Marx, Division of Tribal Affairs, CMS

---

<sup>4</sup> Data show that the number of AI/ANs with Medicaid increased from 1,458,746 in 2012 to 1,793,339 in 2018. In 2018, 33.55% of all AI/ANs had Medicaid. National Indian Health Board Date Brief (2020).



266 West 37<sup>th</sup> Street, 3rd Floor

New York, NY 10018

212.869.3850/Fax: 212.869.3532

September 16, 2020

Alex M. Azar, Secretary, Department of Health and Human Services  
Steven Mnuchin, Secretary, Department of the Treasury  
Seema Verma, Administrator, Centers for Medicare & Medicaid Services

VIA ELECTRONIC SUBMISSION

**Re: Georgia Section 1332 Waiver Comments**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

The Medicare Rights Center (Medicare Rights) appreciates this opportunity to comment on Georgia's modified State Relief and Empowerment Waiver proposal under Section 1332 of the Affordable Care Act (ACA). Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to nearly three million people with Medicare, family caregivers, and professionals.

As the current COVID-19 public health emergency reveals, the need for health care can arise at any moment and may be the difference between life and death. People without health coverage may avoid care or face extreme financial hardship when they obtain it. These are harmful outcomes we must try to avoid for reasons of individual well-being, economic stability, and public health.

At Medicare Rights, we understand the interdependence of the major health insurance systems in the United States. That structure requires that Medicare, Medicaid, the ACA, and employer-based insurance play their roles in providing much-needed coverage for families, workers, retirees, people with disabilities, and more. Ensuring access to affordable, comprehensive

Washington, DC Office:

1444 I Street NW, Suite 1105

Washington, DC 20005

202.637.0961

[www.medicarerights.org](http://www.medicarerights.org) [www.medicareinteractive.org](http://www.medicareinteractive.org)

health coverage helps individuals and the system as a whole. The Medicare program benefits when incoming beneficiaries have insurance coverage. As individuals approach Medicare eligibility, their health is often compromised, and this is especially true for those who have unmet health care needs from being un- or underinsured. This absence of quality coverage can lead to reduced well-being for entire families;<sup>1</sup> poorer health;<sup>2</sup> lack of access to care;<sup>3</sup> economic devastation;<sup>4</sup> and higher Medicare costs when they are ultimately eligible.<sup>5</sup>

In 2020, most (79%) of Georgia’s individual marketplace enrollees used HealthCare.gov to sign up for coverage. Georgia’s waiver would eliminate this one-stop shop, robbing consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them. Instead, Georgians would be forced to rely on a jumble of private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage.

Georgia asserts that this will increase enrollment and improve customer service but does not identify how this will happen.<sup>6</sup> Based on our experience, it is far more likely that the change would instead heighten confusion about where and how to access good-quality health coverage, thus hindering enrollment. Rather than increasing coverage rates, such a shift could result in many Georgians losing coverage entirely or being enrolled into non-ACA-compliant plans that would underinsure them, putting them at extreme financial risk if they were to become sick or injured.<sup>7</sup> Contrary to the promise of expanded choices, this waiver would reduce options. Currently, Georgians have the option of using HealthCare.gov or the same

---

<sup>1</sup> Committee on the Consequences of Uninsurance, Board on Health Care Services, “Health Insurance is a Family Matter,” INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES, Chapter 5 (2002), [https://www.ncbi.nlm.nih.gov/books/NBK221016/pdf/Bookshelf\\_NBK221016.pdf](https://www.ncbi.nlm.nih.gov/books/NBK221016/pdf/Bookshelf_NBK221016.pdf).

<sup>2</sup> David W Baker, et al., “Changes in Health for the Uninsured After Reaching Age-eligibility for Medicare,” J GEN INTERN MED. 2006 Nov; 21(11): 1144–1149 (2006), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831646/>.

<sup>3</sup> Committee on the Consequences of Uninsurance, Board on Health Care Services, “Health Insurance is a Family Matter,” INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES, pp 91-106 (2002), [https://www.ncbi.nlm.nih.gov/books/NBK221016/pdf/Bookshelf\\_NBK221016.pdf](https://www.ncbi.nlm.nih.gov/books/NBK221016/pdf/Bookshelf_NBK221016.pdf).

<sup>4</sup> Rohan Khera, et al., “Burden of Catastrophic Health Expenditures for Acute Myocardial Infarction and Stroke Among Uninsured in the United States,” CIRCULATION, 2018;137:00–00 (2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5780190/>.

<sup>5</sup> David W Baker, et al., “Changes in Health for the Uninsured After Reaching Age-eligibility for Medicare,” J Gen Intern Med. 2006 Nov; 21(11): 1144–1149 (2006), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831646/>.

<sup>6</sup> State of Georgia, “Modified Section 1332 State Relief and Empowerment Waiver,” p 17 (July 31, 2020), <https://medicaid.georgia.gov/patientsfirst> (“The goal of the Georgia Access Model is to increase affordability and spur innovation in the individual market while maintaining access to QHPs and ensuring consumer protections for individuals with pre-existing conditions. The Georgia Access Model will create a competitive private insurance marketplace that provides Georgia’s residents with better access, improved customer service, and expanded choice of affordable coverage options.”)

<sup>7</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities (September 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

private brokers and they overwhelmingly prefer HealthCare.gov. Taking away the preferred choice does not equal more choice.

Moreover, private brokers and insurers have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>8</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally does not pay broker or plan commissions. Agents and brokers have no financial incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance, implying an equivalence that does not exist.<sup>9</sup> People enrolled in such subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could later be responsible for significant out-of-pocket costs for treatment of common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>10</sup> Even now, reports indicate that brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>11</sup>

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, Georgia's waiver proposal fails to meet the necessary statutory guardrails. Specifically, Section 1332(b)(1) of the ACA requires that such waivers cover as many

---

<sup>8</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities (March 15, 2019), <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>9</sup> State of Georgia, "Modified Section 1332 State Relief and Empowerment Waiver," p 23 (July 31, 2020), <https://medicaid.georgia.gov/patientsfirst> "With the implementation of the Georgia Access Model, consumers will have access to metal level QHPs and Catastrophic Plans as they do absent the waiver. In addition, consumers will have increased access through the Georgia Access Model to view a wide range of health insurance products offered by carriers that are licensed and in good standing with the State to meet their unique healthcare needs, such as accident supplemental plans, critical illness plans, limited-benefit plans, short-term limited duration plans, vision, and dental."

<sup>10</sup> Dane Hansen & Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman (February 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence (March 4, 2020), <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>11</sup> Christen Linke Young & Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution (March 24, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.



people, with coverage as affordable and comprehensive, as without the waiver.<sup>12</sup> Georgia has not provided a plausible explanation of how its proposed waiver would accomplish this. Instead, it appears that coverage for many Georgians would be less comprehensive, less available, and more expensive. Georgia would likely see a reduction, rather than an increase, in coverage rates. The waiver therefore does not meet the federal standard for approval.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people being uninsured and more people being enrolled in plans that do not provide comprehensive coverage.

For these reasons, Medicare Rights opposes this proposal for Georgia to exit the HealthCare.gov marketplace and urges the Department of Health and Human Services to reject it. Instead, the state should be encouraged both to maintain HealthCare.gov access and to adopt the ACA's Medicaid expansion, a proven strategy to improve health care coverage and well-being that has the added benefit of support for rural hospitals.<sup>13</sup>

Thank you again for the opportunity to provide comment. For additional information, please contact Lindsey Copeland, Federal Policy Director at [LCopeland@medicarerights.org](mailto:LCopeland@medicarerights.org) or 202-637-0961 and Julie Carter, Senior Federal Policy Associate at [JCarter@medicarerights.org](mailto:JCarter@medicarerights.org) or 202-637-0962.

Sincerely,



Fred Riccardi  
President  
Medicare Rights Center

---

<sup>12</sup> Patient Protection and Affordable Care Act, Pub. L. 111-148, Sec. 1332(b) (“(1) IN GENERAL—The Secretary may grant a request for a waiver under subsection (a)(1) only if the Secretary determines that the State plan—(A) will provide coverage that is at least as comprehensive as the coverage defined in section 1302(b) and offered through Exchanges established under this title as certified by Office of the Actuary of the Centers for Medicare & Medicaid Services based on sufficient data from the State and from comparable States about their experience with programs created by this Act and the provisions of this Act that would be waived; (B) will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of this title would provide; (C) will provide coverage to at least a comparable number of its residents as the provisions of this title would provide; and (D) will not increase the Federal deficit.”)

<sup>13</sup> Hailey Mensik, “Medicaid expansion key indicator for rural hospitals’ financial viability” (June 2, 2020), <https://www.healthcarediver.com/news/medicaid-expansion-rural-hospitals-health-affairs/579005/>.

September 11, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health  
and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the  
Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of **the Jewish Community Relations Council o Atlanta** our organization's concern about Georgia's ACA Section 1332 waiver.

**The JCRC of Atlanta supports programs and activities that are meaningful and connected with the traditional Jewish mandate of Tikkum Olam, repairing the world.**

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put ALL **Georgians** at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, and **all citizens of GA who may not be able to navigate the complex world of buying a health plan, will** be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

## **Fragmenting the insurance market would confuse and discourage consumers from enrollment**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking. Eight out of 10 of Georgia's marketplace enrollees use HealthCare.gov to shop for and select their health plan.<sup>1</sup> Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could paralyze them, keeping them from making a decision altogether.

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.<sup>2,3</sup> Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and, at the worst, not make a choice at all.

## **Georgians eligible for Medicaid are unlikely to receive assistance from insurers, agents or brokers.**

HealthCare.gov facilitates Medicaid enrollment with a “no-wrong-door” application that routes Georgians to the program for which they're eligible based on their family size, income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>4</sup> In a time where so many GA citizens are financially hurting access to all information is greater than ever before.

Brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they are unlikely to provide these Georgians with any help. For example, a search on HealthCare.gov shows more than 1100 agents and brokers that enroll people

---

<sup>1</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-) (hereafter, Waiver).

<sup>2</sup> Consumers Union, “The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making,” November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>3</sup> J. Michael McWilliams *et al.*, “Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making,” *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

<sup>4</sup> CMS, *op. cit.*

in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.<sup>5</sup>

### **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrollment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of those enrolled due to the change from one system to another. However other states' experiences show this figure is unrealistic.<sup>6</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>7</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>8</sup> Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment.<sup>9</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

### **The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for **those who need it.****

---

<sup>5</sup> Center on Budget and Policy Priorities analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 zip code.

<sup>6</sup> Waiver, *op. cit.*, p. 71.

<sup>7</sup> Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>8</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, [https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>9</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for **those who need it** reducing their enrollment as well.

Brokers have an incentive to steer consumers toward substandard plans (e.g. short-term and single-disease plans), which normally cannot be sold alongside ACA plans, because they tend to pay higher commissions. Short-term plans in particular pay up to ten times as much as ACA-compliant plans.<sup>10</sup> Insurers also profit on short-term plans, which aren't required to meet the medical loss ratio standards for ACA-compliant plans.<sup>11</sup>

Healthier and younger Georgia would be more likely to choose short-term plans, since less healthy people are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, its risk pool would become less healthy, causing premiums to rise. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.<sup>12</sup>) The waiver does not take into account these likely outcomes.

### **The enrollment of (your consumer population) in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like (insert diagnosis, ex: diabetes or mental health conditions), exposed to catastrophic costs.<sup>13</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

---

<sup>10</sup> House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans' risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, "Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks," Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>11</sup> House report, *op. cit.*, p. 48.

<sup>12</sup> Hansen and Dieguez, *op. cit.*, p. 3.

<sup>13</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

Substandard plans are not required to cover all essential health benefits, leaving (our population) potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover most do prescription drug benefits for example.<sup>14</sup> [Insert one sentence about why prescriptions are important for your population]. On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like (insert diagnosis). That leaves (your population) vulnerable to catastrophic costs, limited access to care, and other negative consequences.

Because it would harm consumer **The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia's waiver fails these tests.** There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, **JCRC of Atlanta** is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

**Leslie Anderson**  
**Director JCRC Atlanta**  
**Abbie Fuksman**  
**JCRC Board Member**

---

<sup>14</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

# American Academy of Pediatrics



Georgia Chapter

1350 Spring St. NW  
Suite 700  
Atlanta, GA 30309  
404/881-5020  
Fax: 404/249-9503  
www.GAaap.org

**President**

Hugo Scornik, MD, FAAP  
Conyers

**Immediate Past President**

Terri McFadden, MD, FAAP  
Atlanta

**Secretary**

Iris Basilio, MD, FAAP  
Columbus

**Treasurer**

Cedric Miller, MD, FAAP  
Atlanta

**Past President**

Ben Spitalnick, MD, MBA, FAAP  
Savannah

**Executive Director**

Richard W. Ward, CAE

September 14, 2020

The Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Azar:

The Georgia Chapter of the American Academy of Pediatrics (Georgia AAP), is the professional association representing over 1,800 pediatricians and pediatric subspecialists from across the state. We are dedicated to the health, safety and well-being of all Georgia infants, children, adolescents, and young adults. We appreciate the opportunity to provide comments on the proposed and modified Section 1332 State Relief and Empowerment Waiver Application.

As pediatricians, we know the importance of access to affordable, high-quality health insurance, for children and their parents and caregivers. Meaningful health insurance coverage means preventive screenings and services that catch and treat disease earlier, before it becomes acute, harmful, and expensive to treat. Healthy parents have healthier children, and healthier parents are better equipped to care for and meet the needs of their children. Good health insurance is also critically important for parents, caregivers, and ultimately all adults, as a healthy child starts with a healthy family.

We applaud Georgia's reinsurance proposal that would drive down the cost of health insurance premiums for Georgia families. Experience from other states would suggest that reinsurance can be a successful method of achieving premium savings while protecting higher-risk individuals and stabilizing insurance markets.<sup>1</sup>

However, we do have concerns regarding the state's proposal to exit the federal insurance marketplace with no substitute. Moving administration away from a centralized marketplace toward commercial brokers and insurers has the significant potential of leaving families at risk. Almost 500,000 Georgia residents currently obtain health insurance, including Medicaid, through the federal marketplace, healthcare.gov. Moving from a central marketplace to a fragmented system could lead to confusion among families who are familiar with the current marketplace. Families could inadvertently miss the sign-up deadline for coverage, resulting in thousands of families and children losing necessary coverage and services. As this waiver would also permit for non-qualified health plans (QHP), such as short-term limited-duration plans, to be sold alongside comprehensive insurance, families could unintentionally sign up for plans that do not offer them all of the coverage and services they and their children need.

1. <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>

Additionally, healthcare.gov provides families and children with information to help them determine their eligibility for the Medicaid program and assists them in enrolling.

These changes mean that Medicaid eligible children may not know they can sign up for the program and miss out on comprehensive, affordable, child-specific coverage. The state assumes that the use of web-brokers will result in higher rates of insurance in the state.

However, this assumption fails to take into account that these brokers are already permitted to sell insurance directly to consumers and currently account for 21 percent of the state's total enrollment for the 2020 plan year.<sup>1</sup> It is more likely that this proposed change would result in coverage losses rather than gains. Many individuals are likely to lose coverage due to the fact that there would be no automatic re-enrollment, as consumers are currently used to, and they would have to identify a new private vendor platform and create an entirely new enrollment application. Due to this, the waiver proposal does not meet the statutory requirement that a 1332 waiver may not decrease the number of people with health insurance coverage.

For the above stated reasons, we ask that this waiver application be denied.

Thank you for the opportunity to provide comments on this proposed Section 1332 waiver. We hope you take the thoughts of Georgia's pediatricians into consideration as you contemplate this waiver proposal. If you have questions regarding our concerns, please contact the Chapter Executive Director, Richard W. Ward, CAE, at [rward@gaaap.org](mailto:rward@gaaap.org) or 404-881-5090.

Sincerely,



Hugo Scornik, MD  
President, Georgia AAP

---

2. <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>



September 14, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From: Callan Wells

GEEARS: Georgia Early Education Alliance for Ready Students  
[cwells@gears.org](mailto:cwells@gears.org)

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I represent GEEARS: Georgia Early Education Alliance for Ready Students, a non-profit, non-partisan advocacy and research organization focusing on policies that impact the healthy development and early education of children 0-5. I am writing to express my deep concern about this waiver. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov, many of whom are parents of young children

Georgia's application frames the waiver as a solution for the state's high uninsured rate. But the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. We are concerned that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether.<sup>1</sup> Of particular concern to GEEARS is the high number of working parents who currently fall into the coverage gap or rely on the well-known and trusted federal exchange. We know that children whose parents are insured are more likely to be insured themselves. Currently, Georgia has an 8.1% uninsured rate for children, much higher than the national average. We also know that young children with healthy parents, both physically and mentally, will have better health and educational outcomes.<sup>2</sup> Prior to the economic devastation caused by the pandemic, Georgia had the third worst uninsured rate in the nation at 13.7%.<sup>3</sup> We strongly urge you **not to approve the 1332 waiver** application and instead **encourage Georgia to adopt Medicaid expansion**, which would sharply reduce the state's increasingly high uninsured rate and help with responding to the ongoing pandemic.

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>2</sup> Joan Alker, "The Number of Uninsured Children on the Rise, October 2019. <https://ccf.georgetown.edu/wp-content/uploads/2019/10/Uninsured-Kids-Report.pdf>

<sup>3</sup> Andy Miller, "Georgia now has third-highest percentage uninsured, report shows," Georgia Health News, September 10, 2019. <http://www.georgiahealthnews.com/2019/09/state-third-highest-rate-uninsured-census-report-shows/>

## The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>4</sup> This is especially concerning as 45% of children 0-5 were Medicaid or CHIP eligible before the pandemic,<sup>5</sup> and Medicaid enrollment has increased in Georgia since the start of the pandemic.<sup>6</sup> This could leave children whose parents must now rely on a broker to find subpar plans without the free Medicaid coverage to which they are entitled.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>7</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>8</sup> Georgia currently has some of the

---

<sup>4</sup> Tara Straw, "“Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>5</sup> Georgetown Center for Children and Families, "Medicaid's Role for Young Children," December 2016. <https://ccf.georgetown.edu/wp-content/uploads/2017/02/MedicaidYoungChildren.pdf>

<sup>6</sup> Andy Miller, "Medicaid enrollment climbs as pandemic brings hardship," Georgia Health News, June 2020. <http://www.georgiahealthnews.com/2020/06/medicaid-enrollment-climbs-pandemic-brings-hardship>

<sup>7</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>8</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

highest maternal and infant mortality rates in the country; steering women to plans without maternity services puts women and their babies at even high risk for fatal outcomes.<sup>9</sup>

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

### **Georgia Has Better Options to Address Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>10,11</sup> Georgia should expand Medicaid rather than upending the state’s insurance market at great risk to consumers. Medicaid expansion would be critical for reducing poor outcomes for parents and children in Georgia. Women would have access to ongoing care that would reduce pre-existing conditions that lead to poor birth outcomes. Working parents would have access to physical and mental health care. Healthy parents are more likely to raise healthy children. Currently around 76% of Georgia’s

---

<sup>9</sup> Ariel Hart, “Georgia maternal death rate, once ranked highest in the U.S., worse now,” The Atlanta Journal Constitution, September 30, 2018. <https://www.ajc.com/news/state--regional-govt--politics/georgia-maternal-death-rate-once-ranked-worst-worse-now/qG8xWYMufoW2OEiiZNDrmM/>

<sup>10</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>11</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

children live at or near poverty, meaning their parents would benefit from Medicaid expansion.<sup>12</sup> Parents cannot properly care for their children when their own physical and mental health needs are not met. Not expanding Medicaid is hurting not just Georgia's uninsured adults, but their children as well.

GEEARS strongly urges HHS to reject this waiver proposal and instead support Georgia's mothers and fathers by encouraging Georgia to expand Medicaid.

Sincerely,  
Callan Wells  
Health Policy Manager  
GEEARS: Georgia Early Education Alliance for Ready Students

---

<sup>12</sup> Georgetown University Health Policy Institute and The American Academy of Pediatrics "Georgia: Snapshot of Children's Coverage", <https://ccf.georgetown.edu/wp-content/uploads/2017/02/Georgia-Medicaid-CHIP-new-v2.pdf>

# CLASP

Policy solutions that work for low-income people

September 15, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StatInnovationWaivers@cms.hhs.gov](mailto:StatInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From: Suzanne Wikle

Center for Law and Social Policy (CLASP)

swikle@clasp.org

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

I am writing on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions for low-income people. We work at both the federal and state levels, supporting policy and practice that makes a difference in the lives of people living in conditions of poverty. CLASP submits the following comments in response to Georgia's 1332 waiver request to exit the federal marketplace with no substitution. CLASP has deep concerns about Georgia's waiver request because it would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through healthcare.gov.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. But the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to adults with low incomes. CLASP is distressed that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup> CLASP strongly urges you not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

## **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

CLASP has engaged in extensive work examining the barriers to people enrolling in programs for which they are eligible, such as Medicaid and Advanced Premium Tax Credits (APTCs). The evidence is clear that the less streamlined and more cumbersome an application process it, the fewer people will enroll. Healthcare.gov provides a streamlined approach to health insurance enrollment, whether people are eligible for Medicaid or APTCs, or are purchasing insurance without APTCs. Removing this tool and instead relying on individual brokers or insurer websites adds unnecessary layers and burdens that will result in people not completing the process to enroll in health insurance.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. By contrast, HealthCare.gov automatically transfers the applications of people who are assessed eligible for Medicaid to the state agency.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the

---

<sup>2</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>3</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

### **Georgia Has Better Options to Address Waiver's Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>5,6</sup> It should do so, rather than upending the state's insurance market at great risk to consumers. If the true aim of the state is to increase the number of Georgians with health insurance, expanding Medicaid is the best way to demonstrate that commitment. Without expansion, hundreds of thousands of Georgians will remain in the coverage gap with no affordable options for care. Should the state's request to leave the federal marketplace and not replace it with a state marketplace move forward, the lack of Medicaid expansion leaves those in the coverage gap particularly vulnerable to persuasion to buy skinny plans that may appear affordable but in reality offer little to no actual health coverage.

Thank you for considering CLASP's comments. Contact Suzanne Wikle ([swikle@clasp.org](mailto:swikle@clasp.org)) with any questions.

---

<sup>5</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>6</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

September 15, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From: Laura Colbert, Georgians for a Healthy Future, [lcolbert@healthyfuturega.org](mailto:lcolbert@healthyfuturega.org)

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Georgians for a Healthy Future to express our organization's concern about Georgia's ACA Section 1332 waiver.

Georgians for a Healthy Future (GHF) is a statewide, non-profit consumer health advocacy and policy organization. Our organization's vision is of a day when all Georgians have access to the quality, affordable health care they need to live healthy lives and contribute to the health of their communities. Since 2010, we have been actively engaged in monitoring and advocating on ACA implementation issues that impact health care consumers in our state. GHF regularly fields calls and questions from consumers with individual coverage as they navigate a dynamic health care landscape.

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put Georgia consumers and families at risk of becoming un- or under-insured altogether. Georgians with chronic diseases, consumers with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, rural Georgians, people of color in Georgia, and those who are eligible for but unenrolled in Medicaid would be most at risk of experiencing adverse consequences from the outlined plan.

Georgians for a Healthy Future would like to specifically document the following concerns with the Georgia Access waiver.



## **1. Fragmenting the insurance market would confuse consumers and discourage enrollment**

Under the Georgia Access proposal, enrollment would likely decrease because buying insurance would become harder for Georgia consumers. Purchasing health insurance is a complex and costly undertaking. For the 79 percent of Georgia’s marketplace enrollees who use HealthCare.gov to shop for and enroll in health insurance, eliminating their preferred enrollment platform could not only cause confusion, it could paralyze them, possibly to the extent of making no decision at all. <sup>1</sup>

It is well documented that having too many choices makes it difficult for consumers to make a choice.<sup>2,3</sup> Under the proposed system consumers would be required to choose among crowds of vendors before even beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms. It should be expected that Georgians would be confused and have difficulty to making an informed choice. At the worst, some consumers may not make a choice at all.

## **2. Georgians eligible for Medicaid are unlikely to receive enrollment assistance**

HealthCare.gov facilitates Medicaid enrollment with a “no-wrong-door” application that routes Georgians to the program for which they are eligible based on their family size, income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>4</sup> Because Medicaid covers half of all Georgia children, this enrollment pathway is especially important for low- and middle-income Georgia families.

Brokers and insurers have no incentive to provide assistance to consumers who are screened as eligible for Medicaid rather than subsidized marketplace coverage, and as a result, they are unlikely to provide these Georgians with any help. A search on HealthCare.gov shows more than 1100 agents and brokers that enroll people in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.<sup>5</sup> This is worrisome for Georgia consumers and families because the Medicaid enrollment process can be opaque, confusing, and slow. Without assistance, some may not make it through the Medicaid enrollment process, despite their eligibility for the program.

<sup>1</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers) (hereafter, Waiver).

<sup>2</sup> Consumers Union, “The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making,” November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>3</sup> J. Michael McWilliams *et al.*, “Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making,” *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

<sup>4</sup> CMS, *op. cit.*

<sup>5</sup> Center on Budget & Policy Priorities analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 zip code.

### **3. In the transition from HealthCare.gov to the Georgia Access system, Georgians will lose coverage**

The disruption created by the state's transition away from HealthCare.gov is likely to produce a drop in enrollment among Georgia consumers. The waiver proposal estimates the loss of enrollees due to the change from one system to another at about 2 percent (8,000 people). However other states' experiences show this figure is unrealistic.<sup>6</sup> In 2017, Kentucky saw a reduction of 13 percent in its marketplace enrollment following a transition to the federal marketplace, compared to a 4 percent decline nationally.<sup>7</sup> Nevada's marketplace enrollment fell by 7 percent in 2020 after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>8</sup> Similar declines in Georgia would translate into a drop of 25,000-46,000 Georgians in marketplace enrollment.<sup>9</sup> Enrollment declines of this scope would outweigh the increases expected by the waiver (27,000).

Drops in enrollment are even more likely given that minimal funding has been budgeted for the transition. The state's proposal sets aside about one-third of the low amount it previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, how the new system will function, their options for enrollment, or how to find free, unbiased enrollment assistance.

### **4. The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for those who need it**

Georgia's proposal would give insurers, brokers, and other sellers new opportunities to steer healthier consumers toward substandard plans. These kinds of plans leave consumers exposed to catastrophic costs if they get sick. The adverse selection caused by healthier consumers moving to substandard plans could make comprehensive coverage more expensive for Georgians with chronic conditions and others who need it, reducing their enrollment as well.

Brokers and insurers have incentives to steer consumers toward substandard plans (e.g. short-term and single-disease plans). For brokers, these plans tend to pay higher

<sup>6</sup> Waiver, *op. cit.*, p. 71.

<sup>7</sup> Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>8</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, [https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>9</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

commissions; short-term plans pay up to ten times as much as ACA-compliant plans.<sup>10</sup> Insurers benefit because short-term plans are not required to meet the same medical loss ratio standards as ACA-compliant plans.<sup>11</sup>

Healthier and younger Georgia would be more likely to choose short-term plans, since less healthy people—like those living in rural areas, as well as Black Georgians and other people of color—are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, premiums are likely to rise as its risk pool becomes less healthy. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.<sup>12</sup>

##### **5. The enrollment of rural Georgians and Georgians of color in substandard plans would further threaten their health and economic well-being.**

The enhanced direct enrollment programs demonstrate that some insurance sellers screen applicants before beginning the enrollment process and then divert some toward substandard plans that leave enrollees with chronic conditions and other health needs exposed to unaffordable costs.<sup>13</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover the ten essential health benefits, leaving Georgians of color and rural residents, among others, potentially without meaningful access to health services. More than one-third of substandard plans do not cover prescription drug benefits for example, and more than half do not cover mental health services.<sup>14</sup> For Georgians of color and rural Georgians, who are likelier to have chronic health conditions, prescription drugs are one of the most cost-effective ways to maintain their health and well-being. On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like substance use disorders, asthma, and now COVID-19. That leaves Georgians of color, rural Georgians, and others vulnerable to catastrophic costs, limited access to care, and other negative consequences under this proposal.

<sup>10</sup> House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans' risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, "Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks," Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>11</sup> House report, *op. cit.*, p. 48.

<sup>12</sup> Hansen and Dieguez, *op. cit.*, p. 3.

<sup>13</sup> Tara Straw, "Direct Enrollment in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>14</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

**6. The Georgia Access waiver violates the statutory guardrails set forth in Section 1332 the Affordable Care Act.**

Because it would harm Georgia consumers and families, the Georgia Access waiver is not approvable under federal law. Georgia's waiver fails the ACA's tests of coverage, comprehensiveness, and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have. These violations of federal law make the waiver ineligible for approval by federal officials.

\*\*\*\*\*

Despite our concerns related to the Georgia Access portion of the state's waiver application, Georgians for a Healthy Future supports the regional reinsurance program as proposed. Like those approved in other states, the reinsurance portion of Georgia's proposal would lower premiums, provide market stability and benefit Georgia consumers.

Before closing this letter, we would like to call your attention to the attachment. We have taken the liberty to attach all public comments from the state's public comment period which took place from July 9 to July 23, 2020. We encourage the reviewers of Georgia's proposal to consider the strong sentiments expressed by most commenters against the waiver.

Thank you for your consideration of our comments, and those we are submitting alongside our own, on Georgia's Section 1332 waiver application. Please contact me with any questions you have regarding our comments.

Sincerely,



Laura Colbert  
Executive Director  
Georgians for a Healthy Future  
404-890-5804  
[lcolbert@healthyfuturega.org](mailto:lcolbert@healthyfuturega.org)



July 17, 2020

The Honorable Brian Kemp  
206 Washington Street  
Suite 203, State Capitol  
Atlanta, GA 30334

Dear Governor Kemp:

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions in Georgia. As you know, the state released a new version of its Section 1332 waiver application on July 9. This application is materially different from the one that preceded it, which itself was materially different from the initial draft of the application (the only version of these sweeping proposals on which the state permitted public comment, back in the fall of 2019). We write today to express our serious concerns with the proposals contained in the new application, and with the insufficient amount of time that the state has allotted for the public, in the midst of a pandemic, to provide input. We respectfully request that you extend the comment period on the state's Section 1332 waiver application to at least 30 days.

While the application released on July 9 removes several policies that our organizations have previously opposed, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with pre-existing conditions. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs.

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state’s proposals are not directly related to COVID-19 and not slated to take effect until 2022. We ask that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

Sincerely,

American Cancer Society Cancer Action Network

American Heart Association

American Lung Association

Arthritis Foundation

Cystic Fibrosis Foundation

Epilepsy Foundation

Georgia Equality

Georgians for a Healthy Future

Hemophilia Federation of America

Leukemia & Lymphoma Society

National Hemophilia Foundation

National Multiple Sclerosis Society

National Organization for Rare Disorders

National Patient Advocate Foundation

Protect Our Care Georgia

**In The Matter Of:**  
*Department of Community Health*

---

*Hearing*  
*July 22, 2020*

---

*Regency-Brentano, Inc.*  
*13 Corporate Square*  
*Suite 140*  
*Atlanta, Georgia 30329*  
*404.321.3333*



**REGENCY-BRENTANO, INC.**  
*Certified Court Reporters*

Min-U-Script® with Word Index

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**DEPARTMENT OF COMMUNITY HEALTH  
STATE OF GEORGIA**

**PUBLIC HEARING IN RE:  
Reinsurance and Georgia Access Section 1332 State  
Relief and Empowerment Waiver**

**Proceedings before Matthew Krull, Esq.,  
Health Policy Counsel, reported by Tammy G. Mozley,  
Certified Court Reporter, at 2 Peachtree Street, Fifth  
Floor Board Room, Atlanta, Georgia, on the 22nd day of  
July 2020, commencing at the hour of 10:00 a.m.**

---

**REGENCY-BRENTANO, INC.  
Certified Court Reporters  
13 Corporate Square  
Suite 140  
Atlanta, Georgia 30329  
(404) 321-3333**



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**APPEARANCES OF COUNSEL**

**MATTHEW C. KRULL, Esq.**  
**BLAKE T. FULENWIDER, Esq.**  
**Georgia Department of Community Health**  
**Suite 4000**  
**2 Peachtree Street, NW**  
**Atlanta, Georgia 30303**

- - -

**SPEAKERS**

**PAGE**

<b>June Dean</b>	<b>11</b>
<b>Abbie Fuksman</b>	<b>15</b>
<b>Leigh Boros</b>	<b>21</b>
<b>Marla Loyal</b>	<b>22</b>
<b>Laura Colbert</b>	<b>25</b>

1           MR. KRULL: Good morning. I'm Matthew  
2           Krull, Health Policy Counsel for the Department  
3           of Community Health in the Office of General  
4           Counsel. Today is July the 22nd, 2020, and it is  
5           now 10:00 a.m.

6           This is the public hearing on the  
7           Reinsurance and Georgia Access Section 1332,  
8           State Relief and Empowerment Waiver. This public  
9           hearing is being held in person and virtually  
10          through WebEx videoconferencing system.

11          This public notice was issued by Governor  
12          Brian P. Kemp on July 9th, 2020. This notice is  
13          incorporated into these proceedings.

14          Pursuant to 31 CFR Section 33.112 and  
15          45 CFR Section 155.1312, the State of Georgia is  
16          providing public notice and a comment period  
17          prior to submitting a modification to the  
18          previous Section 1332 Waiver Application  
19          submitted to the departments of Health and Human  
20          Services and the Treasury on December 23rd, 2019.

21          On July 9th, 2020, the Governor issued a  
22          press release opening a second comment period for  
23          an additional 15 days to allow for a thorough  
24          public comment. The public comment period will  
25          expire on July 23rd, 2020, at 11:59 p.m.

1           Individuals wishing to provide written  
2           comments on or before July 23rd, 2019, may submit  
3           comments online through Web Form, which can be  
4           found at [medicaid.georgia.gov/patientsfirst](http://medicaid.georgia.gov/patientsfirst) or by  
5           mail to Ryan Loke, care of The Office of the  
6           Governor at the following address: 206  
7           Washington Street, Suite 115, State Capitol,  
8           Atlanta, Georgia, 30334. Comment letters must be  
9           postmarked by July 23rd, 2020, to be accepted.

10           At the conclusion of the comment period,  
11           all oral comments presented today will be  
12           transcribed and included with the final waiver  
13           application.

14           If you're present in the hearing room  
15           today and wish to make oral comment, please sign  
16           in on the appropriate roster.

17           To ensure the health and safety of all  
18           Georgia residents and comply with Governor Kemp's  
19           Executive Order 07.15.20.01, we are limiting the  
20           number of in-room attendees at this hearing as to  
21           no more than 50. Please maintain a social  
22           distance of at least six feet between each other.  
23           You're also strongly encouraged to wear a mask or  
24           a face covering while you're in the building.

25           For those of you that are participating

1 virtually through WebEx and wish to make an oral  
2 comment, please click on the hand -- the "raised  
3 hand" button at the bottom right -- on the bottom  
4 right of the participant panel on your browser  
5 window. The button looks like a little hand. If  
6 a participant panel -- if the participant panel  
7 is not visible, click on the third button from  
8 the left on the bottom menu bar on WebEx browser.  
9 Clicking this button will open a participant  
10 panel on the right-hand side of the WebEx browser  
11 window, where you will find the "raise hand"  
12 button.

13           Once you click the "raised hand" button, a  
14 hand image will appear next to your name in the  
15 participant panel. This notifies the moderator  
16 that you wish to make an oral comment today.  
17 Oral comments will first be received by  
18 individuals attending in person. Afterwards, the  
19 online monitor will call on members of the public  
20 who raised their virtual hand on the WebEx  
21 participant panel in order to provide oral  
22 comments. At the appropriate time, your  
23 microphone will be unmuted and I will call on you  
24 to make your public comment.

25           At this time, I would like to introduce

1 Mr. Blake Fulenwider, Chief Health Policy Officer  
2 at the Department of Community Health, to provide  
3 a short overview of the modified 1332 Waiver  
4 Application prior to accepting public comments.

5 MR. FULENWIDER: Great. Thank you, Matt.  
6 Ladies and gentlemen, good morning. During  
7 today's 1332 public hearing, we will provide a  
8 brief overview on the background and  
9 modifications to the Georgia Access Waiver.  
10 We'll then open for in-person public comments.  
11 Then we will transition to public comments for  
12 those participating via WebEx.

13 And I would also like to remind Georgians  
14 that comments can be submitted online by  
15 July 23rd, 2020, at  
16 [medicaid.georgia.gov/patientsfirst](https://medicaid.georgia.gov/patientsfirst) or by mail to  
17 Ryan Loke, care of Office of the Governor, 206  
18 Washington Street, Suite 115, State Capitol,  
19 Atlanta, Georgia, 30334.

20 As you may recall, Senate Bill 106, the  
21 Patients First Act was signed into law by  
22 Governor Kemp on March 27th, 2019, which grants  
23 the Governor authority to submit one or more  
24 Section 1332 innovation waivers to the  
25 departments of Health and Human Services and the

1 United States Treasury.

2 The 1332 Waiver must be submitted on or  
3 before December 31st, 2021, and upon approval of  
4 one or more 1332 Waivers, authorizes the State to  
5 implement the waiver without further legislative  
6 action.

7 1332 Waivers are designed to pursue  
8 innovative strategies that provide access to high  
9 quality, affordable health insurance so long as  
10 they meet four statutory guardrails:  
11 Comprehensiveness, affordability, coverage, and  
12 deficit neutrality.

13 During the waiver development process, we  
14 began with an environmental scan of the state and  
15 national landscape, which was completed in  
16 July of 2019. We then developed and modeled  
17 potential waiver options, which was completed in  
18 fall 2019. We drafted and submitted the waiver  
19 application on December 23rd, 2019, and have put  
20 out the modified waiver application for public  
21 comment in July of this year.

22 The Georgia Access Waiver is designed to  
23 accomplish a few core goals. First is reducing  
24 premiums, particularly in high-cost regions;  
25 incentivizing carriers to offer plans in more

1 counties across the state; foster innovation to  
2 provide better access to coverage; expand choice  
3 and affordability for Georgians; attract  
4 uninsured individuals into the market; maintain  
5 access to metal level qualified health plans as  
6 well as eligible, nonqualified health plans; and  
7 maintain protections for individuals with  
8 preexisting conditions.

9 The Georgia Access Waiver is composed of  
10 two primary components. First is implementation  
11 of a reinsurance program to stabilize the  
12 individual insurance market by reducing premiums  
13 and attracting and retaining carriers. The  
14 second component involves transitioning Georgia  
15 to the Georgia Access Program away from  
16 healthcare.gov. Under the modified waiver  
17 application, both reinsurance and Georgia access  
18 are slated to begin in 2022 for plan year 2022.

19 Key changes from the initial waiver  
20 application include the shift to plan year 2022.  
21 Also to clarify, the State is not seeking  
22 authority to certify and offer subsidies, federal  
23 subsidies for eligible non-QHPs. The State is  
24 not seeking authority to issue state subsidies.

25 The State will send enrollment and subsidy

1 eligibility information to the Department of the  
2 Treasury, and the Treasury will continue to issue  
3 advanced premium tax credits and premium tax  
4 credits as they do today for available qualified  
5 health plans.

6 The reinsurance program remains the same,  
7 with a claims-based reinsurance model. An  
8 attachment point of \$20,000 and a cap of \$500,000  
9 also remains the same as well as the tiered  
10 coinsurance rate by region from 15, 45, to 80  
11 percent coinsurance across the state. Higher  
12 coinsurance rates are applied to higher-cost  
13 regions with a targeted average 10-percent  
14 reduction in premiums statewide.

15 In terms of operations, the private sector  
16 will be leveraged to provide the consumer  
17 shopping, plan comparison, and plan purchasing  
18 experience through a network of private sector  
19 entities or web brokers or carriers. Private  
20 sector individuals will also perform education,  
21 outreach, and customer service.

22 The State will be responsible for  
23 calculating eligibility for federal subsidies and  
24 supplying that information to the Treasury  
25 Department. The federal government will maintain



1       its role in issuing advanced premium tax credits  
2       for qualified health plans to the health plans on  
3       behalf of individuals and reconcile premium tax  
4       credits during tax filing.

5               The benefits of Georgia Access include  
6       maintaining access to current qualified health  
7       plans as well as catastrophic plan options  
8       available to be viewed. The plan would also  
9       allow consumers to enroll or reenroll directly  
10      with carriers or through web brokers or through  
11      independent brokers across the state.

12              The plan also provides greater accuracy in  
13      projecting consumer subsidy eligibility by using  
14      more accurate income data that is maintained by  
15      the State and streamlines referrals to and from  
16      Medicaid as individuals churn from one program to  
17      the other.

18              At this time, I'll turn it back over to  
19      Mr. Krull, who can walk us through the open --  
20      the public comment period. Thank you.

21              MR. KRULL: Thank you, Blake. At this  
22      time, I'm going to go down the roster. I'll give  
23      each person who has indicated that they wanted to  
24      present oral comment today the opportunity to  
25      speak. Please limit your comments to five

1 minutes and keep your comments limited to the  
2 issues that directly relate to the proposed  
3 public notice. At the end of the five minutes,  
4 if you've reached that time and you've not  
5 completed your presentation, I may ask for a  
6 brief closing statement. And you'll be able to  
7 also submit any review and comments you have in  
8 writing online and through the mail.

9 So at that time, it looks like I'm going  
10 to call on June Dean. We will un-mute your  
11 microphone, and you'll be able to make your  
12 public comment.

13 MS. DEAN: Thank you. Hi, my name is  
14 June Dean and I'm the senior director for --  
15 (Audio dropped.)

16 MR. KRULL: Ms. Dean --

17 MS. DEAN: -- public healthcare  
18 organization of the United States, representing  
19 more than 36 --

20 MR. KRULL: Ms. Dean --

21 MS. DEAN: Yes.

22 MR. KRULL: -- if you'll give me the  
23 opportunity. You cut out. So I'm going to go  
24 ahead and ask you to start your comments over  
25 again, and we'll give you your full time.

1 MS. DEAN: Oh, okay.

2 MR. KRULL: Sorry about that. This is all  
3 new for all of us being virtually -- doing a  
4 virtual public hearing.

5 MS. DEAN: New for me too. You know,  
6 we're doing this from home now and it's a little  
7 different.

8 MR. KRULL: Go ahead. You can start.  
9 Thank you.

10 MS. DEAN: Okay. Hi, my name is  
11 June Dean. I'm the senior director for advocacy  
12 here in Georgia. The American Lung Association  
13 in Georgia appreciates the opportunity to submit  
14 comments --

15 (Audio dropped.)

16 MR. KRULL: Ms. Dean, we have lost you  
17 again.

18 MS. DEAN: Thanks.

19 -- representing more than 36 million  
20 Americans with lung disease, including more than  
21 1.2 million individuals in Georgia. For patients  
22 with lung --

23 (Audio dropped.)

24 MR. KRULL: Ms. Dean --

25 MS. DEAN: We're concerned that the

1 Georgia Access Model as currently envisioned will  
2 jeopardize access to quality and affordable  
3 healthcare coverage for patients with lung  
4 diseases and other preexisting conditions. Under  
5 the Georgia Access Model, the --

6 (Audio dropped.)

7 MR. KRULL: Ms. Dean, are you there?

8 MS. DEAN: -- that may not help patients  
9 choose the best plan for their health needs as  
10 the Lung Association and other organizations --

11 (Audio dropped.)

12 MR. KRULL: Ms. Dean, are you there?

13 MS. DEAN: -- adequately respond to the  
14 request for comment. While the Lung Association  
15 supports reinsurance as a tool to stabilize  
16 premiums in the individual marketplace, we are  
17 concerned that the remain --

18 (Audio dropped.)

19 MR. KRULL: Ms. Dean, are you there?

20 MS. DEAN: -- conditions. And we urge  
21 Georgia to withdraw its application for the  
22 Georgia Access Model and instead focus on  
23 solutions that promote adequate, affordable, and  
24 accessible coverage. Thank you for the  
25 opportunity to provide comments.

1 MR. KRULL: Ms. Dean, this is Matthew  
2 Krull. I'm going to ask you, if you could,  
3 provide those comments in writing also. We have  
4 had some technical difficulties completely  
5 hearing your comment, and we don't want your  
6 comment to be missed so.

7 MS. DEAN: I will certainly do that. I  
8 was just looking at the address to mail comments  
9 to. Do I need to also email those?

10 MR. FULENWIDER: We are in receipt of the  
11 coalition's comments that you provided --

12 MS. DEAN: I can hear me cutting out -- I  
13 can hear me cutting out for some reason. Do I  
14 need -- go ahead.

15 MR. FULENWIDER: We apologize for that.  
16 If you could submit your comments online, that  
17 would be ideal --

18 MS. DEAN: Okay.

19 MR. FULENWIDER: -- particularly given the  
20 time period that we're operating under.

21 I will also acknowledge receipt of the  
22 letter that you and a number of other  
23 stakeholders did provide to us and we have  
24 received those comments. Thank you.

25 MS. DEAN: Okay. I appreciate it. We

1 will submit it online, and I'll put it in the  
2 mail just in hopes that it comes that way as well  
3 too. Thank you for your time.

4 MR. FULENWIDER: Thank you.

5 MR. KRULL: Thank you, Ms. Dean. And we  
6 appreciate it and apologize for any technical  
7 difficulties.

8 We're going to move on to the next  
9 participant that wants to make public comment and  
10 that would be Abbie Fuksman.

11 Ms. Fuksman, we're going to un-mute you,  
12 and we're going to try this and hopefully we'll  
13 be able to hear all of your public comments.

14 MS. FUKSMAN: Can you hear me now? I  
15 think there's feedback coming from your room.  
16 Can you guys hear me now?

17 MR. KRULL: We can, but it's an echo. Can  
18 I ask you, it looks like you're connected three  
19 times to the WebEx and I think that may be a  
20 problem. You're showing up three times on our  
21 attendee list.

22 MS. FUKSMAN: Thank you for the  
23 opportunity to speak today. As a previous Blue  
24 Cross/Blue Shield (inaudible), I understand that  
25 as the COVID-19 crisis continues, the value of

1 health insurance coverage has never been more  
2 apparent. While many states have chosen to lower  
3 the barriers to cover their residents, Georgia  
4 continues to pursue policies that undermine  
5 access to quality medical coverage.

6 Georgia has chosen to use the 1332 Waiver  
7 to eliminate the online ACA marketplace as well  
8 as the essential health benefit requirements.  
9 While many states have used the 1332 Waiver to  
10 improve affordability of comprehensive individual  
11 market coverage, Georgia has chosen to make it  
12 harder for its citizens to make an informed,  
13 unbiased decisions around healthcare coverage.

14 Georgia has chosen not to enhance the  
15 already established healthcare.gov marketplace,  
16 but instead is forcing its residents to rely on  
17 health carriers and insurance brokers to provide  
18 information and access to coverage. While you  
19 claim this will provide affordability and expand  
20 access along with competition, it is likely to do  
21 the opposite. And I can tell you that by  
22 eliminating an unbiased public resource that  
23 provides the same information for all plans which  
24 will enable informed decisionmaking, you are  
25 actually making it harder for Georgia residents

1 to compare what services are covered, what are  
2 out-of-pocket costs, and what providers are in  
3 the network.

4 Georgians will now have to rely on what  
5 information they do or don't get from the  
6 insurance companies and brokers. In short,  
7 people will not be able to make fair,  
8 apple-to-apple comparisons.

9 These are strong stand-alone arguments  
10 during normal times, but let's throw COVID-19  
11 into the mix. The 1332 Waiver will force  
12 (inaudible) who are not receiving coverage from  
13 their employer, COBRA, or Medicaid and these  
14 numbers are only increasing during the current  
15 pandemic, to go through private channels who may  
16 or may not have the best options for them. Lower  
17 levels of coverage and the elimination of  
18 essential health benefit requirements will result  
19 in some of these plans to be classified as  
20 subprime coverages.

21 Under federal COVID legislation, people  
22 enrolled in sub-prime products are classified as  
23 uninsured. So what will happen to these people  
24 when they realize they're not covered during the  
25 pandemic. In the near future, you can easily



1 envision Georgia dealing with citizens with  
2 little or no experience in buying or using health  
3 insurance, those with limited English, and  
4 Georgians with low health literacy skills at risk  
5 for being considered uninsured during a pandemic  
6 due to an unawareness that they have purchased a  
7 subpar plan.

8 Health insurance companies are all about  
9 numbers: Actuarial, CPT codes, and especially  
10 revenue. Since the for-profit changes that  
11 happened in the early '80s, health insurance  
12 companies have used this status to explain their  
13 yearly rate increases along with higher salaries,  
14 bonuses, and shareholder earnings.

15 I have a few numbers for this panel.  
16 Atlanta has over approximately 5.6 million  
17 people, a top ten city along with revenue that  
18 comes from that; but the per capita state  
19 expenditure is in the bottom fifth. Georgia's  
20 overall healthcare ratings is in the bottom  
21 tenth, and ratings on access to healthcare is  
22 even lower. Yet, the State of Georgia is  
23 choosing to spend a million dollars towards  
24 waivers to promote Georgia's would-be  
25 intervention that strips access to

1 healthcare.gov.

2 Instead, they could be spending the  
3 allocated funds by providing consumer assistance  
4 program that would provide a much needed,  
5 established, nonpartisan assistance in choosing  
6 plans that are comprehensive. Instead, you are  
7 leaving these consumers on their own to navigate  
8 during these COVID times.

9 So I ask, why would a state with such low  
10 ranking in overall healthcare for its citizens  
11 and one of the lowest in the country to access  
12 for the top ten city in its state consider this  
13 waiver. As someone who has worked in the health  
14 insurance industry, the only answer I can come up  
15 with is that Georgia will spend as little as  
16 possible on its own citizens while allowing the  
17 insurance company to profit for political favor.

18 In closing, the 1332 Waiver won't advance  
19 the goals Georgia says it wants to achieve, to  
20 improve affordability and access. Instead, the  
21 State might consider proven policy alternatives  
22 that have been implemented in other states; but  
23 by Georgia's own calculations, the State could  
24 expand Medicaid for the same cost as its waiver  
25 plans and in doing so provide affordable,

1 comprehensive coverage to more than five times as  
2 many Georgians.

3 Georgia's proposed plan is likely to be  
4 particularly harmful to residents living through  
5 and attempting to recover from the healthcare and  
6 economic crisis brought on by COVID-19.

7 In the words of John Lewis, Do not attempt  
8 to turn a deaf ear, a blind eye, and a cold  
9 shoulder to the sick or to our working families.  
10 Healthcare is a right and not a privilege  
11 reserved for a wealthy few.

12 I'm asking you to stand and protect the  
13 citizens of Georgia and not the big insurance  
14 company, especially during this pandemic, and  
15 reconsider the 1332 Waiver. Thank you for your  
16 time.

17 MR. KRULL: Thank you, Ms. Fuksman, for  
18 your comments today.

19 At this time, we have no other  
20 participants wishing to make a comment, either in  
21 person here in the hearing room or online. I'm  
22 going to give anyone online -- we have a number  
23 of participants online. I'm going to give y'all  
24 a little bit, short period of time. If anyone  
25 wants to make a comment, now is the time before

1 we adjourn this hearing.

2 MR. FULENWIDER: Do you want to advance to  
3 the instructions slide on how to raise your hand?

4 MR. KRULL: Yeah. If you want to make an  
5 oral comment, it will show you how to do it  
6 online right now up on the slide, if you look on  
7 the slide. Click on that button and it will --  
8 the small button at the bottom, it will open up  
9 the participant panel on the right and down at  
10 the bottom there is a shorthand.

11 Okay. We do have a few more people  
12 wanting to make comments. So next I'll call on  
13 Leigh Boros. You'll have five minutes for your  
14 comments.

15 You are now un-muted, Ms. Boros.

16 MS. BOROS: Thank you for allowing me to  
17 speak. I do not understand why they're using  
18 private sector when -- on health insurance, where  
19 they're looking for the for-profit. And the two  
20 previous speakers presented, I agree fully with  
21 all of their comments. I just want to go on  
22 record as saying that. Thank you for your time.

23 MR. KRULL: Thank you, Ms. Boros, for your  
24 comments.

25 The next individual we'll call on -- let

1 me make sure -- is going to be Marla L, Marla L.  
2 Marla, if you could, please, give us your name so  
3 we can put it in the record and your microphone  
4 will be un-muted now.

5 Is she muting her microphone on her end?

6 MS. LOYAL: Can you hear me?

7 MR. KRULL: Yes, Marla. Please give us  
8 your name and then your five minutes will start.

9 MS. LOYAL: Okay. My name is Marla Loyal.  
10 I'm a resident of Atlanta, and the issues that  
11 I'm having with this is I currently have an  
12 Affordable Care Act plan that I purchased for  
13 myself at the beginning of this year. Before  
14 that, I didn't have insurance coverage at all and  
15 I had to go -- I had to use Grady Health System  
16 which is my public healthcare system here in  
17 Atlanta. And Grady is fine, but Grady is  
18 overwhelmed with the amount of people that need  
19 it. So we often suffer from long wait times when  
20 we go even to the walk-in clinic, when we go to  
21 the emergency room.

22 I had an appointment in February to see a  
23 gynecological cancer specialist; and 30 minutes  
24 after my appointment, I was still waiting in the  
25 waiting room. And when I asked how long would it

1           be for them to even take my vitals, I was told by  
2           the patient access staff that they did not know  
3           and that I should continue to wait. I ended up  
4           leaving, and I scheduled that appointment with  
5           WellStar to have that procedure done because my  
6           primary care physician felt like I needed it.

7           My whole point is, we don't have very many  
8           options for healthcare even in Atlanta. We have  
9           the Level I trauma center right here, and we have  
10          very big hospital networks with WellStar and  
11          Grady and Piedmont and so forth. However, when  
12          you don't have insurance, you don't have access  
13          to healthcare. Never mind paying for it. You  
14          can't get an appointment for several weeks out.

15          If I didn't have my Affordable Care Act  
16          plan, I wouldn't have been able to get that test  
17          done. I would have been forced to go to Grady  
18          and wait for as long as they felt like making me  
19          wait for an appointment that I had scheduled a  
20          month prior.

21          So this waiver, I don't even understand  
22          it. I'm a college educated person. I'm working  
23          on my master's degree. I went through the  
24          Affordable Care Act, healthcare.gov, and read  
25          through those plans and picked my plan myself. I

1 consider myself to be intelligent. I'm a person  
2 that has initiative and figures things out and do  
3 my research on these things. So if I can't  
4 figure it out or if I'm having a hard time with  
5 something, I know that the average person that  
6 doesn't have my level of education would struggle  
7 with it as well.

8 So I think this is another barrier to deny  
9 poor people access to healthcare. And it's  
10 unconscionable that in the middle of a pandemic,  
11 when a lot of people have contracted this virus,  
12 they don't have a preexisting condition; and  
13 without the Affordable Care Act in the first  
14 place, we wouldn't even be able to obtain  
15 coverage. And then Kemp's labor plan, which some  
16 people have titled it Kemp care, it literally  
17 makes no sense. It covers fewer people, and the  
18 State would spend a lot more money for fewer  
19 people.

20 But if I didn't have health insurance at  
21 all, I would be indigent care or I would be  
22 forced onto public health entities. Like, in the  
23 past, I had to use a clinic called Pathways for  
24 mental health, which is a clinic that's run in  
25 rural Georgia, and it is also state funded.

1           Who picks up that tab when I go and  
2           receive counseling service and medication and see  
3           the doctors for free. The State does. Why is  
4           that better than allowing the person to purchase  
5           my own health insurance through the Affordable  
6           Care Act. I'm confused. And I do, I feel like  
7           it is class warfare and it's not fair. It's not  
8           moral to do this to people during a public health  
9           crisis. Thank you.

10           MR. KRULL: Ms. Loyal, thank you for your  
11           comments today. If you could do me -- real  
12           quickly, could you just spell your last name for  
13           me?

14           MS. LOYAL: L-o-y-a-l.

15           MR. KRULL: Thank you very much for your  
16           time today.

17           Next, we'll call on Laura Colbert. We're  
18           going to un-mute your microphone, Ms. Colbert,  
19           and your five minutes will begin.

20           MS. COLBERT: Hi. Can you-all hear me?

21           MR. KRULL: Yes, we can. Thank you.

22           MS. COLBERT: Thank you. My name is Laura  
23           Colbert. I, of course, know many of you in my  
24           role, my professional role at Georgians for a  
25           Healthy Future, but I wanted to speak today in my



1           personal capacity as a Georgia resident and a  
2           public health professional.

3                       We appreciate the opportunity to comment  
4           certainly, and I just wanted to thank Marla for  
5           sharing her comments before me. I think that --  
6           that was really powerful and that she -- she  
7           being -- she speaks from clearly a vast wealth of  
8           knowledge and personal experience.

9                       What I wanted to say, kind of on a  
10          personal note, is that, you know, of course, the  
11          reinsurance program that Governor Kemp has put  
12          forward is good evidence-based policymaking.  
13          There's really good, solid data to back up that  
14          model and that it will work well for Georgia's  
15          market and help to lower premiums.

16                      Unfortunately, the second part of the  
17          State's proposal is really the opposite. You  
18          know, good evidence-based policymaking is  
19          something that, you know, that is a good strategy  
20          for Georgia to take, and the second part of this  
21          waiver really just doesn't follow in those  
22          footsteps. There's really little evidence that  
23          this model is going to improve or increase  
24          enrollment in Georgia's marketplace or improve  
25          the enrollment experience of folks who need to

1 enroll through the ACA marketplace.

2 A more evidence-based way to spend the  
3 funding for this plan would be to invest that in  
4 community-based enrollment assistance programs.  
5 By my math, the State is planning to spend about  
6 \$17 million over a decade on just the Georgia  
7 Access part of the plan. There is really good  
8 state -- really good evidence from other states  
9 that that kind of investment in free, local,  
10 unbiased enrollment assistance would help  
11 increase awareness about the marketplace and  
12 increase enrollment among consumers. It's also a  
13 very racially just and equitable approach to  
14 increasing enrollment.

15 Local enrollment assisters are a lot more  
16 likely to reflect their communities than people  
17 who are working in the insurance sector, whether  
18 they're brokers or agents or otherwise. The  
19 insurance sector is a very white sector. So  
20 investing state dollars in more community-based  
21 enrollment assistance would be a very, a very  
22 equitable way for the State to spend those  
23 dollars.

24 And at the same time, a lot of those  
25 assisters are employed at community-based

1           nonprofits which are serving the community in  
2           other ways. So there is an enhanced benefit even  
3           for consumers and for people who are living in  
4           Georgia because they may be able to get both  
5           enrollment assistance and, let's say, food  
6           assistance at the same time and in the same  
7           place.

8                        So, you know, as a Georgia resident, I  
9           would rather see the State invest dollars in that  
10          way as opposed to the Georgia Access Model; and  
11          as a public health professional, I think the  
12          evidence points to it being a more effective way  
13          to spend our state dollars. So I appreciate the  
14          opportunity to comment and thank you.

15                      MR. KRULL: Thank you, Ms. Colbert, for  
16          your comments. We appreciate your time today.

17                      It doesn't look like anyone else has  
18          indicated that they want to make a comment. I'll  
19          ask you again if you want to make a comment,  
20          please click the hand raise -- the "raise hand"  
21          button in the lower right-hand corner of the  
22          browser, the WebEx browser.

23                      And also if you'll un-mute Ms. Dean.  
24          Ms. Dean, are you there? Ms. Dean, can you hear  
25          me? Ms. Dean, can you hear me?

1           Okay. At this time, if -- does anyone  
2 else want to make a public comment? We'll ask  
3 you to click the "raise hand" button in the lower  
4 right-hand corner of the participant panel window  
5 in your browser. Give y'all a few more moments  
6 if anyone else wants to make a comment.

7           Okay. I'd like to thank each of y'all for  
8 participating today and providing the oral  
9 comments that were presented. Let me reiterate  
10 that the public comment period for the proposed  
11 changes will expire on July 23rd, 2020, which is  
12 tomorrow.

13           As I indicated earlier, written comments  
14 will be entered into the official record as well  
15 as the transcription of the oral comments that we  
16 have heard this morning.

17           Thank you, once again, for your attendance  
18 and your input. There being no further person  
19 who wishes to make a comment, this public hearing  
20 is adjourned at 10:36 a.m.

21           (Proceedings adjourned at 10:38 a.m.)  
22  
23  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

C E R T I F I C A T E

STATE OF GEORGIA:

COUNTY OF FULTON:

I hereby certify that the foregoing proceedings were taken down, as stated in the caption, and reduced to typewriting under my direction, and that the foregoing pages 1 through 29 represent a true, complete, and correct transcript of said proceedings.

This, the 24th day of July, 2020.



Tammy G. Mozley, B-1032

<b>\$</b>	<b>adjourned (2)</b> 29:20,21	<b>appreciates (1)</b> 12:13	<b>6:8</b>	<b>C</b>
<b>\$17 (1)</b> 27:6	<b>advance (2)</b> 19:18;21:2	<b>approach (1)</b> 27:13	<b>bar (1)</b> 5:8	<b>calculating (1)</b> 9:23
<b>\$20,000 (1)</b> 9:8	<b>advanced (2)</b> 9:3;10:1	<b>appropriate (2)</b> 4:16;5:22	<b>barrier (1)</b> 24:8	<b>calculations (1)</b> 19:23
<b>\$500,000 (1)</b> 9:8	<b>advocacy (1)</b> 12:11	<b>approval (1)</b> 7:3	<b>barriers (1)</b> 16:3	<b>call (6)</b> 5:19,23;11:10; 21:12,25;25:17
<b>A</b>	<b>affordability (5)</b> 7:11;8:3;16:10,19; 19:20	<b>approximately (1)</b> 18:16	<b>began (1)</b> 7:14	<b>called (1)</b> 24:23
<b>Abbie (1)</b> 15:10	<b>affordable (9)</b> 7:9;13:2,23;19:25; 22:12;23:15,24; 24:13;25:5	<b>arguments (1)</b> 17:9	<b>begin (2)</b> 8:18;25:19	<b>can (19)</b> 4:3;6:14;10:19; 12:8;14:12,13;15:14, 16,17,17;16:21; 17:25;19:14;22:3,6; 25:20,21;28:24,25
<b>able (7)</b> 11:6,11;15:13;17:7; 23:16;24:14;28:4	<b>Afterwards (1)</b> 5:18	<b>around (1)</b> 16:13	<b>beginning (1)</b> 22:13	<b>cancer (1)</b> 22:23
<b>ACA (2)</b> 16:7;27:1	<b>again (4)</b> 11:25;12:17;28:19; 29:17	<b>assistance (7)</b> 19:3,5;27:4,10,21; 28:5,6	<b>behalf (1)</b> 10:3	<b>cap (1)</b> 9:8
<b>accepted (1)</b> 4:9	<b>agents (1)</b> 27:18	<b>assisters (2)</b> 27:15,25	<b>benefit (3)</b> 16:8;17:18;28:2	<b>capacity (1)</b> 26:1
<b>accepting (1)</b> 6:4	<b>agree (1)</b> 21:20	<b>Association (3)</b> 12:12;13:10,14	<b>benefits (1)</b> 10:5	<b>capita (1)</b> 18:18
<b>Access (27)</b> 3:7;6:9;7:8,22;8:2, 5,9,15,17;10:5,6;13:1, 2,5,22;16:5,18,20; 18:21,25;19:11,20; 23:2,12;24:9;27:7; 28:10	<b>ahead (3)</b> 11:24;12:8;14:14	<b>Atlanta (6)</b> 4:8;6:19;18:16; 22:10,17;23:8	<b>best (2)</b> 13:9;17:16	<b>Capitol (2)</b> 4:7;6:18
<b>accessible (1)</b> 13:24	<b>allocated (1)</b> 19:3	<b>attachment (1)</b> 9:8	<b>big (2)</b> 20:13;23:10	<b>care (10)</b> 4:5;6:17;22:12; 23:6,15,24;24:13,16, 21;25:6
<b>accomplish (1)</b> 7:23	<b>allow (2)</b> 3:23;10:9	<b>attempt (1)</b> 20:7	<b>Bill (1)</b> 6:20	<b>carriers (5)</b> 7:25;8:13;9:19; 10:10;16:17
<b>accuracy (1)</b> 10:12	<b>allowing (3)</b> 19:16;21:16;25:4	<b>attempting (1)</b> 20:5	<b>bit (1)</b> 20:24	<b>catastrophic (1)</b> 10:7
<b>accurate (1)</b> 10:14	<b>along (3)</b> 16:20;18:13,17	<b>attendance (1)</b> 29:17	<b>Blake (2)</b> 6:1;10:21	<b>center (1)</b> 23:9
<b>achieve (1)</b> 19:19	<b>alternatives (1)</b> 19:21	<b>attendee (1)</b> 15:21	<b>blind (1)</b> 20:8	<b>certainly (2)</b> 14:7;26:4
<b>acknowledge (1)</b> 14:21	<b>American (1)</b> 12:12	<b>attendees (1)</b> 4:20	<b>Blue (1)</b> 15:23	<b>certify (1)</b> 8:22
<b>across (3)</b> 8:1;9:11;10:11	<b>Americans (1)</b> 12:20	<b>attending (1)</b> 5:18	<b>bonuses (1)</b> 18:14	<b>CFR (2)</b> 3:14,15
<b>Act (6)</b> 6:21;22:12;23:15, 24;24:13;25:6	<b>among (1)</b> 27:12	<b>attract (1)</b> 8:3	<b>Boros (4)</b> 21:13,15,16,23	<b>changes (3)</b> 8:19;18:10;29:11
<b>action (1)</b> 7:6	<b>amount (1)</b> 22:18	<b>attracting (1)</b> 8:13	<b>both (2)</b> 8:17;28:4	<b>channels (1)</b> 17:15
<b>actually (1)</b> 16:25	<b>apologize (2)</b> 14:15;15:6	<b>Audio (6)</b> 11:15;12:15,23; 13:6,11,18	<b>bottom (7)</b> 5:3,3,8;18:19,20; 21:8,10	<b>Chief (1)</b> 6:1
<b>Actuarial (1)</b> 18:9	<b>apparent (1)</b> 16:2	<b>authority (3)</b> 6:23;8:22,24	<b>Brian (1)</b> 3:12	<b>choice (1)</b> 8:2
<b>additional (1)</b> 3:23	<b>appear (1)</b> 5:14	<b>authorizes (1)</b> 7:4	<b>brief (2)</b> 6:8;11:6	<b>choose (1)</b> 13:9
<b>address (2)</b> 4:6;14:8	<b>apple-to-apple (1)</b> 17:8	<b>available (2)</b> 9:4;10:8	<b>brokers (6)</b> 9:19;10:10,11; 16:17;17:6;27:18	<b>choosing (2)</b> 18:23;19:5
<b>adequate (1)</b> 13:23	<b>Application (8)</b> 3:18;4:13;6:4;7:19, 20;8:17,20;13:21	<b>average (2)</b> 9:13;24:5	<b>brought (1)</b> 20:6	<b>chosen (4)</b> 16:2,6,11,14
<b>adequately (1)</b> 13:13	<b>applied (1)</b> 9:12	<b>awareness (1)</b> 27:11	<b>browser (6)</b> 5:4,8,10;28:22,22; 29:5	<b>churn (1)</b> 10:16
<b>adjourn (1)</b> 21:1	<b>appointment (5)</b> 22:22,24;23:4,14, 19	<b>away (1)</b> 8:15	<b>building (1)</b> 4:24	<b>citizens (5)</b> 16:12;18:1;19:10,
	<b>appoint (5)</b> 14:25;15:6;26:3; 28:13,16	<b>B</b>	<b>button (10)</b> 5:3,5,7,9,12,13; 21:7,8;28:21;29:3	
		<b>back (2)</b> 10:18;26:13	<b>buying (1)</b> 18:2	
		<b>background (1)</b>		

<p>16:20;13 <b>city (2)</b> 18:17;19:12 <b>claim (1)</b> 16:19 <b>claims-based (1)</b> 9:7 <b>clarify (1)</b> 8:21 <b>class (1)</b> 25:7 <b>classified (2)</b> 17:19,22 <b>clearly (1)</b> 26:7 <b>click (6)</b> 5:2,7,13;21:7; 28:20;29:3 <b>Clicking (1)</b> 5:9 <b>clinic (3)</b> 22:20;24:23,24 <b>closing (2)</b> 11:6;19:18 <b>coalition's (1)</b> 14:11 <b>COBRA (1)</b> 17:13 <b>codes (1)</b> 18:9 <b>coinsurance (3)</b> 9:10,11,12 <b>Colbert (6)</b> 25:17,18,20,22,23; 28:15 <b>cold (1)</b> 20:8 <b>college (1)</b> 23:22 <b>coming (1)</b> 15:15 <b>comment (29)</b> 3:16,22,24,24;4:8, 10,15;5:2,16,24;7:21; 10:20,24;11:12; 13:14;14:5,6;15:9; 20:20,25;21:5;26:3; 28:14,18,19;29:2,6, 10,19 <b>comments (32)</b> 4:2,3,11;5:17,22; 6:4,10,11,14;10:25; 11:1,7,24;12:14; 13:25;14:3,8,11,16, 24;15:13;20:18; 21:12,14,21,24;25:11; 26:5;28:16;29:9,13, 15 <b>communities (1)</b> 27:16 <b>Community (3)</b> 3:3;6:2;28:1 <b>community-based (3)</b></p>	<p>27:4,20,25 <b>companies (3)</b> 17:6;18:8,12 <b>company (2)</b> 19:17;20:14 <b>compare (1)</b> 17:1 <b>comparison (1)</b> 9:17 <b>comparisons (1)</b> 17:8 <b>competition (1)</b> 16:20 <b>completed (3)</b> 7:15,17;11:5 <b>completely (1)</b> 14:4 <b>comply (1)</b> 4:18 <b>component (1)</b> 8:14 <b>components (1)</b> 8:10 <b>composed (1)</b> 8:9 <b>comprehensive (3)</b> 16:10;19:6;20:1 <b>Comprehensiveness (1)</b> 7:11 <b>concerned (2)</b> 12:25;13:17 <b>conclusion (1)</b> 4:10 <b>condition (1)</b> 24:12 <b>conditions (3)</b> 8:8;13:4,20 <b>confused (1)</b> 25:6 <b>connected (1)</b> 15:18 <b>consider (3)</b> 19:12,21;24:1 <b>considered (1)</b> 18:5 <b>consumer (3)</b> 9:16;10:13;19:3 <b>consumers (4)</b> 10:9;19:7;27:12; 28:3 <b>continue (2)</b> 9:2;23:3 <b>continues (2)</b> 15:25;16:4 <b>contracted (1)</b> 24:11 <b>core (1)</b> 7:23 <b>corner (2)</b> 28:21;29:4 <b>cost (1)</b> 19:24 <b>costs (1)</b></p>	<p>17:2 <b>Counsel (2)</b> 3:2,4 <b>counseling (1)</b> 25:2 <b>counties (1)</b> 8:1 <b>country (1)</b> 19:11 <b>course (2)</b> 25:23;26:10 <b>cover (1)</b> 16:3 <b>coverage (14)</b> 7:11;8:2;13:3,24; 16:1,5,11,13,18; 17:12,17;20:1;22:14; 24:15 <b>coverages (1)</b> 17:20 <b>covered (2)</b> 17:1,24 <b>covering (1)</b> 4:24 <b>covers (1)</b> 24:17 <b>COVID (2)</b> 17:21;19:8 <b>COVID-19 (3)</b> 15:25;17:10;20:6 <b>CPT (1)</b> 18:9 <b>credits (4)</b> 9:3,4;10:1,4 <b>crisis (3)</b> 15:25;20:6;25:9 <b>Cross/Blue (1)</b> 15:24 <b>current (2)</b> 10:6;17:14 <b>currently (2)</b> 13:1;22:11 <b>customer (1)</b> 9:21 <b>cut (1)</b> 11:23 <b>cutting (2)</b> 14:12,13</p>	<p>12,13,19,20;14:1,7, 12,18,25;15:5;28:23, 24,24,25 <b>decade (1)</b> 27:6 <b>December (3)</b> 3:20;7:3,19 <b>decisionmaking (1)</b> 16:24 <b>decisions (1)</b> 16:13 <b>deficit (1)</b> 7:12 <b>degree (1)</b> 23:23 <b>deny (1)</b> 24:8 <b>Department (4)</b> 3:2;6:2;9:1,25 <b>departments (2)</b> 3:19;6:25 <b>designed (2)</b> 7:7,22 <b>developed (1)</b> 7:16 <b>development (1)</b> 7:13 <b>different (1)</b> 12:7 <b>difficulties (2)</b> 14:4;15:7 <b>directly (2)</b> 10:9;11:2 <b>director (2)</b> 11:14;12:11 <b>disease (1)</b> 12:20 <b>diseases (1)</b> 13:4 <b>distance (1)</b> 4:22 <b>doctors (1)</b> 25:3 <b>dollars (5)</b> 18:23;27:20,23; 28:9,13 <b>done (2)</b> 23:5,17 <b>down (2)</b> 10:22;21:9 <b>drafted (1)</b> 7:18 <b>dropped (6)</b> 11:15;12:15,23; 13:6,11,18 <b>due (1)</b> 18:6 <b>During (10)</b> 6:6;7:13;10:4; 17:10,14,24;18:5; 19:8;20:14;25:8</p>	<p style="text-align: center;"><b>E</b></p> <p><b>ear (1)</b> 20:8 <b>earlier (1)</b> 29:13 <b>early (1)</b> 18:11 <b>earnings (1)</b> 18:14 <b>easily (1)</b> 17:25 <b>echo (1)</b> 15:17 <b>economic (1)</b> 20:6 <b>educated (1)</b> 23:22 <b>education (2)</b> 9:20;24:6 <b>effective (1)</b> 28:12 <b>either (1)</b> 20:20 <b>eligibility (3)</b> 9:1,23;10:13 <b>eligible (2)</b> 8:6,23 <b>eliminate (1)</b> 16:7 <b>eliminating (1)</b> 16:22 <b>elimination (1)</b> 17:17 <b>else (3)</b> 28:17;29:2,6 <b>email (1)</b> 14:9 <b>emergency (1)</b> 22:21 <b>employed (1)</b> 27:25 <b>employer (1)</b> 17:13 <b>Empowerment (1)</b> 3:8 <b>enable (1)</b> 16:24 <b>encouraged (1)</b> 4:23 <b>end (2)</b> 11:3;22:5 <b>ended (1)</b> 23:3 <b>English (1)</b> 18:3 <b>enhance (1)</b> 16:14 <b>enhanced (1)</b> 28:2 <b>enroll (2)</b> 10:9;27:1</p>
		<b>D</b>		
		<p><b>data (2)</b> 10:14;26:13 <b>days (1)</b> 3:23 <b>deaf (1)</b> 20:8 <b>dealing (1)</b> 18:1 <b>Dean (31)</b> 11:10,13,14,16,17, 20,21;12:1,5,10,11, 16,18,24,25;13:7,8,</p>		

<p><b>enrolled (1)</b> 17:22</p> <p><b>enrollment (10)</b> 8:25;26:24,25;27:4, 10,12,14,15,21;28:5</p> <p><b>ensure (1)</b> 4:17</p> <p><b>entered (1)</b> 29:14</p> <p><b>entities (2)</b> 9:19;24:22</p> <p><b>environmental (1)</b> 7:14</p> <p><b>envision (1)</b> 18:1</p> <p><b>envisioned (1)</b> 13:1</p> <p><b>equitable (2)</b> 27:13,22</p> <p><b>especially (2)</b> 18:9;20:14</p> <p><b>essential (2)</b> 16:8;17:18</p> <p><b>established (2)</b> 16:15;19:5</p> <p><b>even (7)</b> 18:22;22:20;23:1,8, 21;24:14;28:2</p> <p><b>evidence (3)</b> 26:22;27:8;28:12</p> <p><b>evidence-based (3)</b> 26:12,18;27:2</p> <p><b>Executive (1)</b> 4:19</p> <p><b>expand (3)</b> 8:2;16:19;19:24</p> <p><b>expenditure (1)</b> 18:19</p> <p><b>experience (4)</b> 9:18;18:2;26:8,25</p> <p><b>expire (2)</b> 3:25;29:11</p> <p><b>explain (1)</b> 18:12</p> <p><b>eye (1)</b> 20:8</p>	<p><b>feedback (1)</b> 15:15</p> <p><b>feel (1)</b> 25:6</p> <p><b>feet (1)</b> 4:22</p> <p><b>felt (2)</b> 23:6,18</p> <p><b>few (5)</b> 7:23;18:15;20:11; 21:11;29:5</p> <p><b>fewer (2)</b> 24:17,18</p> <p><b>fifth (1)</b> 18:19</p> <p><b>figure (1)</b> 24:4</p> <p><b>figures (1)</b> 24:2</p> <p><b>filing (1)</b> 10:4</p> <p><b>final (1)</b> 4:12</p> <p><b>find (1)</b> 5:11</p> <p><b>fine (1)</b> 22:17</p> <p><b>first (5)</b> 5:17;6:21;7:23; 8:10;24:13</p> <p><b>five (6)</b> 10:25;11:3;20:1; 21:13;22:8;25:19</p> <p><b>focus (1)</b> 13:22</p> <p><b>folks (1)</b> 26:25</p> <p><b>follow (1)</b> 26:21</p> <p><b>following (1)</b> 4:6</p> <p><b>food (1)</b> 28:5</p> <p><b>footsteps (1)</b> 26:22</p> <p><b>force (1)</b> 17:11</p> <p><b>forced (2)</b> 23:17;24:22</p> <p><b>forcing (1)</b> 16:16</p> <p><b>Form (1)</b> 4:3</p> <p><b>for-profit (2)</b> 18:10;21:19</p> <p><b>forth (1)</b> 23:11</p> <p><b>forward (1)</b> 26:12</p> <p><b>foster (1)</b> 8:1</p> <p><b>found (1)</b> 4:4</p>	<p><b>four (1)</b> 7:10</p> <p><b>free (2)</b> 25:3;27:9</p> <p><b>Fuksman (5)</b> 15:10,11,14,22; 20:17</p> <p><b>Fulenwider (7)</b> 6:1,5;14:10,15,19; 15:4;21:2</p> <p><b>full (1)</b> 11:25</p> <p><b>fully (1)</b> 21:20</p> <p><b>funded (1)</b> 24:25</p> <p><b>funding (1)</b> 27:3</p> <p><b>funds (1)</b> 19:3</p> <p><b>further (2)</b> 7:5;29:18</p> <p><b>future (2)</b> 17:25;25:25</p>	<p style="text-align: center;"><b>G</b></p> <p><b>General (1)</b> 3:3</p> <p><b>gentlemen (1)</b> 6:6</p> <p><b>Georgia (36)</b> 3:7,15;4:8,18;6:9, 19;7:22;8:9,14,15,17; 10:5;12:12,13,21; 13:1,5,21,22;16:3,6, 11,14,25;18:1,22; 19:15,19;20:13; 24:25;26:1,20;27:6; 28:4,8,10</p> <p><b>Georgians (6)</b> 6:13;8:3;17:4;18:4; 20:2;25:24</p> <p><b>Georgia's (6)</b> 18:19,24;19:23; 20:3;26:14,24</p> <p><b>given (1)</b> 14:19</p> <p><b>goals (2)</b> 7:23;19:19</p> <p><b>Good (8)</b> 3:1,6;6:26;12:13, 18,19;27:7,8</p> <p><b>government (1)</b> 9:25</p> <p><b>Governor (8)</b> 3:11,21;4:6,18; 6:17,22,23;26:11</p> <p><b>Grady (5)</b> 22:15,17,17;23:11, 17</p> <p><b>grants (1)</b> 6:22</p>	<p><b>Great (1)</b> 6:5</p> <p><b>greater (1)</b> 10:12</p> <p><b>guardrails (1)</b> 7:10</p> <p><b>guys (1)</b> 15:16</p> <p><b>gynecological (1)</b> 22:23</p>	<p style="text-align: center;"><b>H</b></p> <p><b>hand (11)</b> 5:2,3,5,11,13,14,20; 21:3;28:20,20;29:3</p> <p><b>happen (1)</b> 17:23</p> <p><b>happened (1)</b> 18:11</p> <p><b>hard (1)</b> 24:4</p> <p><b>harder (2)</b> 16:12,25</p> <p><b>harmful (1)</b> 20:4</p> <p><b>Health (33)</b> 3:2,3,19;4:17;6:1,2, 25;7:9;8:5,6,9;5;10:2, 2,6;13:9;16:1,8,17; 17:18;18:2,4,8,11; 19:13;21:18;22:15; 24:20,22,24;25:5,8; 26:2;28:11</p> <p><b>healthcare (12)</b> 11:17;13:3;16:13; 18:20,21;19:10;20:5, 10;22:16;23:8,13; 24:9</p> <p><b>healthcaregov (4)</b> 8:16;16:15;19:1; 23:24</p> <p><b>Healthy (1)</b> 25:25</p> <p><b>hear (9)</b> 14:12,13;15:13,14, 16;22:6;25:20;28:24, 25</p> <p><b>heard (1)</b> 29:16</p> <p><b>hearing (10)</b> 3:6,9;4:14,20;6:7; 12:4;14:5;20:21;21:1; 29:19</p> <p><b>held (1)</b> 3:9</p> <p><b>help (3)</b> 13:8;26:15;27:10</p> <p><b>Hi (3)</b> 11:13;12:10;25:20</p> <p><b>high (1)</b> 7:8</p> <p><b>high-cost (1)</b></p>	<p>7:24</p> <p><b>Higher (2)</b> 9:11;18:13</p> <p><b>higher-cost (1)</b> 9:12</p> <p><b>home (1)</b> 12:6</p> <p><b>hopefully (1)</b> 15:12</p> <p><b>hopes (1)</b> 15:2</p> <p><b>hospital (1)</b> 23:10</p> <p><b>Human (2)</b> 3:19;6:25</p>	<p style="text-align: center;"><b>I</b></p> <p><b>ideal (1)</b> 14:17</p> <p><b>image (1)</b> 5:14</p> <p><b>implement (1)</b> 7:5</p> <p><b>implementation (1)</b> 8:10</p> <p><b>implemented (1)</b> 19:22</p> <p><b>improve (4)</b> 16:10;19:20;26:23, 24</p> <p><b>inaudible (2)</b> 15:24;17:12</p> <p><b>incentivizing (1)</b> 7:25</p> <p><b>include (2)</b> 8:20;10:5</p> <p><b>included (1)</b> 4:12</p> <p><b>including (1)</b> 12:20</p> <p><b>income (1)</b> 10:14</p> <p><b>incorporated (1)</b> 3:13</p> <p><b>increase (3)</b> 26:23;27:11,12</p> <p><b>increases (1)</b> 18:13</p> <p><b>increasing (2)</b> 17:14;27:14</p> <p><b>independent (1)</b> 10:11</p> <p><b>indicated (3)</b> 10:23;28:18;29:13</p> <p><b>indigent (1)</b> 24:21</p> <p><b>individual (4)</b> 8:12;13:16;16:10; 21:25</p> <p><b>Individuals (8)</b> 4:1;5:18;8:4,7; 9:20;10:3,16;12:21</p>
<p style="text-align: center;"><b>F</b></p> <p><b>face (1)</b> 4:24</p> <p><b>fair (2)</b> 17:7;25:7</p> <p><b>fall (1)</b> 7:18</p> <p><b>families (1)</b> 20:9</p> <p><b>favor (1)</b> 19:17</p> <p><b>February (1)</b> 22:22</p> <p><b>federal (4)</b> 8:22;9:23,25;17:21</p>							



<p><b>industry (1)</b> 19:14 <b>information (5)</b> 9:1,24;16:18,23; 17:5 <b>informed (2)</b> 16:12,24 <b>initial (1)</b> 8:19 <b>initiative (1)</b> 24:2 <b>innovation (2)</b> 6:24;8:1 <b>innovative (1)</b> 7:8 <b>in-person (1)</b> 6:10 <b>input (1)</b> 29:18 <b>in-room (1)</b> 4:20 <b>instead (5)</b> 13:22;16:16;19:2,6, 20 <b>instructions (1)</b> 21:3 <b>insurance (18)</b> 7:9;8:12;16:1,17; 17:6;18:3,8,11;19:14, 17;20:13;21:18; 22:14;23:12;24:20; 25:5;27:17,19 <b>intelligent (1)</b> 24:1 <b>intervention (1)</b> 18:25 <b>into (5)</b> 3:13;6:21;8:4; 17:11;29:14 <b>introduce (1)</b> 5:25 <b>invest (2)</b> 27:3;28:9 <b>investing (1)</b> 27:20 <b>investment (1)</b> 27:9 <b>involves (1)</b> 8:14 <b>issue (2)</b> 8:24;9:2 <b>issued (2)</b> 3:11,21 <b>issues (2)</b> 11:2;22:10 <b>issuing (1)</b> 10:1</p>	<p>20:7 <b>July (10)</b> 3:4,12,21,25;4:2,9; 6:15;7:16,21;29:11 <b>June (3)</b> 11:10,14;12:11</p>	<p>17:17 <b>leveraged (1)</b> 9:16 <b>Lewis (1)</b> 20:7 <b>likely (3)</b> 16:20;20:3;27:16 <b>limit (1)</b> 10:25 <b>limited (2)</b> 11:1;18:3 <b>limiting (1)</b> 4:19 <b>list (1)</b> 15:21 <b>literacy (1)</b> 18:4 <b>literally (1)</b> 24:16 <b>little (6)</b> 5:5;12:6;18:2; 19:15;20:24;26:22 <b>living (2)</b> 20:4;28:3 <b>local (2)</b> 27:9,15 <b>Loke (2)</b> 4:5;6:17 <b>long (4)</b> 7:9;22:19,25;23:18 <b>look (2)</b> 21:6;28:17 <b>looking (2)</b> 14:8;21:19 <b>looks (3)</b> 5:5;11:9;15:18 <b>lost (1)</b> 12:16 <b>lot (4)</b> 24:11,18;27:15,24 <b>low (2)</b> 18:4;19:9 <b>lower (6)</b> 16:2;17:16;18:22; 26:15;28:21;29:3 <b>lowest (1)</b> 19:11 <b>LOYAL (5)</b> 22:6,9,9;25:10,14 <b>L-o-y-a-l (1)</b> 25:14 <b>Lung (6)</b> 12:12,20,22;13:3, 10,14</p>	<p>10:14 <b>maintaining (1)</b> 10:6 <b>makes (1)</b> 24:17 <b>making (2)</b> 16:25;23:18 <b>many (5)</b> 16:2,9;20:2;23:7; 25:23 <b>March (1)</b> 6:22 <b>market (4)</b> 8:4,12;16:11;26:15 <b>marketplace (6)</b> 13:16;16:7,15; 26:24;27:1,11 <b>Marla (6)</b> 22:1,1,2,7,9;26:4 <b>mask (1)</b> 4:23 <b>master's (1)</b> 23:23 <b>math (1)</b> 27:5 <b>Matt (1)</b> 6:5 <b>Matthew (2)</b> 3:1;14:1 <b>may (8)</b> 4:2;6:20;11:5;13:8; 15:19;17:15,16;28:4 <b>Medicaid (3)</b> 10:16;17:13;19:24 <small>medicaidgeorgiagov/patientsfirst (2)</small> 4:4;6:16 <b>medical (1)</b> 16:5 <b>medication (1)</b> 25:2 <b>meet (1)</b> 7:10 <b>members (1)</b> 5:19 <b>mental (1)</b> 24:24 <b>menu (1)</b> 5:8 <b>metal (1)</b> 8:5 <b>microphone (5)</b> 5:23;11:11;22:3,5; 25:18 <b>middle (1)</b> 24:10 <b>might (1)</b> 19:21 <b>million (5)</b> 12:19,21;18:16,23; 27:6 <b>mind (1)</b> 23:13 <b>minutes (6)</b></p>	<p>11:1,3;21:13;22:8, 23;25:19 <b>missed (1)</b> 14:6 <b>mix (1)</b> 17:11 <b>model (7)</b> 9:7;13:1,5,22; 26:14,23;28:10 <b>modeled (1)</b> 7:16 <b>moderator (1)</b> 5:15 <b>modification (1)</b> 3:17 <b>modifications (1)</b> 6:9 <b>modified (3)</b> 6:3;7:20;8:16 <b>moments (1)</b> 29:5 <b>money (1)</b> 24:18 <b>monitor (1)</b> 5:19 <b>month (1)</b> 23:20 <b>moral (1)</b> 25:8 <b>more (17)</b> 4:21;6:23;7:4,25; 10:14;11:19;12:19, 20;16:1;20:1;21:11; 24:18;27:2,15,20; 28:12;29:5 <b>morning (3)</b> 3:1;6:6;29:16 <b>move (1)</b> 15:8 <b>much (2)</b> 19:4;25:15 <b>must (2)</b> 4:8;7:2 <b>muting (1)</b> 22:5 <b>myself (3)</b> 22:13;23:25;24:1</p>
<p><b>J</b></p> <p><b>jeopardize (1)</b> 13:2 <b>John (1)</b></p>	<p><b>K</b></p> <p><b>keep (1)</b> 11:1 <b>Kemp (4)</b> 3:12;6:22;24:16; 26:11 <b>Kemp's (2)</b> 4:18;24:15 <b>Key (1)</b> 8:19 <b>kind (2)</b> 26:9;27:9 <b>knowledge (1)</b> 26:8 <b>KRULL (26)</b> 3:1,2;10:19,21; 11:16,20,22;12:2,8, 16,24;13:7,12,19; 14:1,2;15:5,17;20:17; 21:4,23;22:7;25:10, 15,21;28:15</p> <p><b>L</b></p> <p><b>labor (1)</b> 24:15 <b>Ladies (1)</b> 6:6 <b>landscape (1)</b> 7:15 <b>last (1)</b> 25:12 <b>Laura (2)</b> 25:17,22 <b>law (1)</b> 6:21 <b>least (1)</b> 4:22 <b>leaving (2)</b> 19:7;23:4 <b>left (1)</b> 5:8 <b>legislation (1)</b> 17:21 <b>legislative (1)</b> 7:5 <b>Leigh (1)</b> 21:13 <b>letter (1)</b> 14:22 <b>letters (1)</b> 4:8 <b>level (3)</b> 8:5;23:9;24:6 <b>levels (1)</b></p>	<p><b>M</b></p> <p><b>mail (5)</b> 4:5;6:16;11:8;14:8; 15:2 <b>maintain (4)</b> 4:21;8:4,7;9:25 <b>maintained (1)</b></p>	<p><b>N</b></p> <p><b>name (8)</b> 5:14;11:13;12:10; 22:2,8,9;25:12,22 <b>national (1)</b> 7:15 <b>navigate (1)</b> 19:7 <b>near (1)</b> 17:25 <b>need (4)</b> 14:9,14;22:18; 26:25 <b>needed (2)</b></p>	

<p>19:4;23:6 <b>needs (1)</b> 13:9 <b>network (2)</b> 9:18;17:3 <b>networks (1)</b> 23:10 <b>neutrality (1)</b> 7:12 <b>new (2)</b> 12:3,5 <b>next (5)</b> 5:14;15:8;21:12,25; 25:17 <b>nonpartisan (1)</b> 19:5 <b>nonprofits (1)</b> 28:1 <b>non-QHPs (1)</b> 8:23 <b>nonqualified (1)</b> 8:6 <b>normal (1)</b> 17:10 <b>note (1)</b> 26:10 <b>notice (4)</b> 3:11,12,16;11:3 <b>notifies (1)</b> 5:15 <b>number (3)</b> 4:20;14:22;20:22 <b>numbers (3)</b> 17:14;18:9,15</p>	<p>5:9;6:10;10:19; 21:8 <b>opening (1)</b> 3:22 <b>operating (1)</b> 14:20 <b>operations (1)</b> 9:15 <b>opportunity (7)</b> 10:24;11:23;12:13; 13:25;15:23;26:3; 28:14 <b>opposed (1)</b> 28:10 <b>opposite (2)</b> 16:21;26:17 <b>options (4)</b> 7:17;10:7;17:16; 23:8 <b>oral (10)</b> 4:11,15;5:1,16,17, 21;10:24;21:5;29:8, 15 <b>Order (2)</b> 4:19;5:21 <b>organization (1)</b> 11:18 <b>organizations (1)</b> 13:10 <b>otherwise (1)</b> 27:18 <b>out (7)</b> 7:20;11:23;14:12, 13;23:14;24:2,4 <b>out-of-pocket (1)</b> 17:2 <b>outreach (1)</b> 9:21 <b>over (4)</b> 10:18;11:24;18:16; 27:6 <b>overall (2)</b> 18:20;19:10 <b>overview (2)</b> 6:3,8 <b>overwhelmed (1)</b> 22:18 <b>own (4)</b> 19:7,16,23;25:5</p>	<p><b>participants (2)</b> 20:20,23 <b>participating (3)</b> 4:25;6:12;29:8 <b>particularly (3)</b> 7:24;14:19;20:4 <b>past (1)</b> 24:23 <b>Pathways (1)</b> 24:23 <b>patient (1)</b> 23:2 <b>Patients (4)</b> 6:21;12:21;13:3,8 <b>paying (1)</b> 23:13 <b>people (14)</b> 17:7,21,23;18:17; 21:11;22:18;24:9,11, 16,17,19;25:8;27:16; 28:3 <b>per (1)</b> 18:18 <b>percent (1)</b> 9:11 <b>perform (1)</b> 9:20 <b>period (8)</b> 3:16,22,24;4:10; 10:20;14:20;20:24; 29:10 <b>person (9)</b> 3:9;5:18;10:23; 20:21;23:22;24:1,5; 25:4;29:18 <b>personal (3)</b> 26:1,8,10 <b>physician (1)</b> 23:6 <b>picked (1)</b> 23:25 <b>picks (1)</b> 25:1 <b>Piedmont (1)</b> 23:11 <b>place (2)</b> 24:14;28:7 <b>plan (16)</b> 8:18,20;9:17,17; 10:7,8,12;13:9;18:7; 20:3;22:12;23:16,25; 24:15;27:3,7 <b>planning (1)</b> 27:5 <b>plans (12)</b> 7:25;8:5,6;9:5;10:2, 2,7;16:23;17:19;19:6, 25;23:25 <b>please (7)</b> 4:15,21;5:2;10:25; 22:2,7;28:20 <b>pm (1)</b> 3:25</p>	<p><b>point (2)</b> 9:8;23:7 <b>points (1)</b> 28:12 <b>policies (1)</b> 16:4 <b>Policy (3)</b> 3:2;6:1;19:21 <b>polycymaking (2)</b> 26:12,18 <b>political (1)</b> 19:17 <b>poor (1)</b> 24:9 <b>possible (1)</b> 19:16 <b>postmarked (1)</b> 4:9 <b>potential (1)</b> 7:17 <b>powerful (1)</b> 26:6 <b>preexisting (3)</b> 8:8;13:4;24:12 <b>premium (4)</b> 9:3,3;10:1,3 <b>premiums (5)</b> 7:24;8:12;9:14; 13:16;26:15 <b>present (2)</b> 4:14;10:24 <b>presentation (1)</b> 11:5 <b>presented (3)</b> 4:11;21:20;29:9 <b>press (1)</b> 3:22 <b>previous (3)</b> 3:18;15:23;21:20 <b>primary (2)</b> 8:10;23:6 <b>prior (3)</b> 3:17;6:4;23:20 <b>private (5)</b> 9:15,18,19;17:15; 21:18 <b>privilege (1)</b> 20:10 <b>problem (1)</b> 15:20 <b>procedure (1)</b> 23:5 <b>proceedings (2)</b> 3:13;29:21 <b>process (1)</b> 7:13 <b>products (1)</b> 17:22 <b>professional (3)</b> 25:24;26:2;28:11 <b>profit (1)</b> 19:17 <b>program (6)</b></p>	<p>8:11,15;9:6;10:16; 19:4;26:11 <b>programs (1)</b> 27:4 <b>projecting (1)</b> 10:13 <b>promote (2)</b> 13:23;18:24 <b>proposal (1)</b> 26:17 <b>proposed (3)</b> 11:2;20:3;29:10 <b>protect (1)</b> 20:12 <b>protections (1)</b> 8:7 <b>proven (1)</b> 19:21 <b>provide (14)</b> 4:1;5:21;6:2,7;7:8; 8:2;9:16;13:25;14:3, 23;16:17,19;19:4,25 <b>provided (1)</b> 14:11 <b>providers (1)</b> 17:2 <b>provides (2)</b> 10:12;16:23 <b>providing (3)</b> 3:16;19:3;29:8 <b>public (29)</b> 3:6,8,11,16,24,24; 5:19,24;6:4,7,10,11; 7:20;10:20;11:3,12, 17;12:4;15:9,13; 16:22;22:16;24:22; 25:8;26:2;28:11;29:2, 10,19 <b>purchase (1)</b> 25:4 <b>purchased (2)</b> 18:6;22:12 <b>purchasing (1)</b> 9:17 <b>Pursuant (1)</b> 3:14 <b>pursue (2)</b> 7:7;16:4 <b>put (4)</b> 7:19;15:1;22:3; 26:11</p>
<b>O</b>				
<p><b>obtain (1)</b> 24:14 <b>offer (2)</b> 7:25;8:22 <b>Office (3)</b> 3:3;4:5;6:17 <b>Officer (1)</b> 6:1 <b>official (1)</b> 29:14 <b>often (1)</b> 22:19 <b>Once (2)</b> 5:13;29:17 <b>one (4)</b> 6:23;7:4;10:16; 19:11 <b>online (11)</b> 4:3;5:19;6:14;11:8; 14:16;15:1;16:7; 20:21,22,23;21:6 <b>only (2)</b> 17:14;19:14 <b>onto (1)</b> 24:22 <b>open (4)</b></p>	<p><b>pandemic (5)</b> 17:15,25;18:5; 20:14;24:10 <b>panel (9)</b> 5:4,6,6,10,15,21; 18:15;21:9;29:4 <b>part (3)</b> 26:16,20;27:7 <b>participant (9)</b> 5:4,6,6,9,15,21; 15:9;21:9;29:4</p>			
	<b>P</b>			
				<b>Q</b>
				<p><b>qualified (4)</b> 8:5;9:4;10:2,6 <b>quality (3)</b> 7:9;13:2;16:5 <b>quickly (1)</b> 25:12</p>
				<b>R</b>

<b>racially (1)</b> 27:13	3:7;8:11,17;9:6,7; 13:15;26:11	<b>rural (1)</b> 24:25	<b>showing (1)</b> 15:20	23;24:18,25;25:3; 27:5,8,20,22;28:9,13
<b>raise (5)</b> 5:11;21:3;28:20,20; 29:3	<b>reiterate (1)</b> 29:9	<b>Ryan (2)</b> 4:5;6:17	<b>sick (1)</b> 20:9	<b>statement (1)</b> 11:6
<b>raised (3)</b> 5:2,13,20	<b>relate (1)</b> 11:2	<b>S</b>	<b>side (1)</b> 5:10	<b>States (6)</b> 7:1;11:18;16:2,9; 19:22;27:8
<b>ranking (1)</b> 19:10	<b>release (1)</b> 3:22	<b>safety (1)</b> 4:17	<b>sign (1)</b> 4:15	<b>State's (1)</b> 26:17
<b>rate (2)</b> 9:10;18:13	<b>Relief (1)</b> 3:8	<b>salaries (1)</b> 18:13	<b>signed (1)</b> 6:21	<b>statewide (1)</b> 9:14
<b>rates (1)</b> 9:12	<b>rely (2)</b> 16:16;17:4	<b>same (7)</b> 9:6,9;16:23;19:24; 27:24;28:6,6	<b>six (1)</b> 4:22	<b>status (1)</b> 18:12
<b>rather (1)</b> 28:9	<b>remain (1)</b> 13:17	<b>saying (1)</b> 21:22	<b>skills (1)</b> 18:4	<b>statutory (1)</b> 7:10
<b>ratings (2)</b> 18:20,21	<b>remains (2)</b> 9:6,9	<b>scan (1)</b> 7:14	<b>slated (1)</b> 8:18	<b>still (1)</b> 22:24
<b>reached (1)</b> 11:4	<b>remind (1)</b> 6:13	<b>scheduled (2)</b> 23:4,19	<b>slide (3)</b> 21:3,6,7	<b>strategies (1)</b> 7:8
<b>read (1)</b> 23:24	<b>representing (2)</b> 11:18;12:19	<b>second (4)</b> 3:22;8:14;26:16,20	<b>small (1)</b> 21:8	<b>strategy (1)</b> 26:19
<b>real (1)</b> 25:11	<b>request (1)</b> 13:14	<b>Section (5)</b> 3:7,14,15,18;6:24	<b>social (1)</b> 4:21	<b>streamlines (1)</b> 10:15
<b>realize (1)</b> 17:24	<b>requirements (2)</b> 16:8;17:18	<b>sector (7)</b> 9:15,18,20;21:18; 27:17,19,19	<b>solid (1)</b> 26:13	<b>Street (2)</b> 4:7;6:18
<b>really (7)</b> 26:6,13,17,21,22; 27:7,8	<b>research (1)</b> 24:3	<b>seeking (2)</b> 8:21,24	<b>solutions (1)</b> 13:23	<b>strips (1)</b> 18:25
<b>reason (1)</b> 14:13	<b>reserved (1)</b> 20:11	<b>Senate (1)</b> 6:20	<b>someone (1)</b> 19:13	<b>strong (1)</b> 17:9
<b>recall (1)</b> 6:20	<b>resident (3)</b> 22:10;26:1;28:8	<b>send (1)</b> 8:25	<b>Sorry (1)</b> 12:2	<b>strongly (1)</b> 4:23
<b>receipt (2)</b> 14:10,21	<b>residents (5)</b> 4:18;16:3,16,25; 20:4	<b>senior (2)</b> 11:14;12:11	<b>speak (4)</b> 10:25;15:23;21:17; 25:25	<b>struggle (1)</b> 24:6
<b>receive (1)</b> 25:2	<b>resource (1)</b> 16:22	<b>sense (1)</b> 24:17	<b>speakers (1)</b> 21:20	<b>submit (6)</b> 4:2;6:23;11:7; 12:13;14:16;15:1
<b>received (2)</b> 5:17;14:24	<b>respond (1)</b> 13:13	<b>service (2)</b> 9:21;25:2	<b>speaks (1)</b> 26:7	<b>submitted (4)</b> 3:19;6:14;7:2,18
<b>receiving (1)</b> 17:12	<b>responsible (1)</b> 9:22	<b>Services (3)</b> 3:20;6:25;17:1	<b>specialist (1)</b> 22:23	<b>submitting (1)</b> 3:17
<b>reconcile (1)</b> 10:3	<b>result (1)</b> 17:18	<b>servicing (1)</b> 28:1	<b>spell (1)</b> 25:12	<b>subpar (1)</b> 18:7
<b>reconsider (1)</b> 20:15	<b>retaining (1)</b> 8:13	<b>several (1)</b> 23:14	<b>spend (7)</b> 18:23;19:15;24:18; 27:2,5,22;28:13	<b>subprime (1)</b> 17:20
<b>record (3)</b> 21:22;22:3;29:14	<b>revenue (2)</b> 18:10,17	<b>shareholder (1)</b> 18:14	<b>spending (1)</b> 19:2	<b>sub-prime (1)</b> 17:22
<b>recover (1)</b> 20:5	<b>review (1)</b> 11:7	<b>sharing (1)</b> 26:5	<b>stabilize (2)</b> 8:11;13:15	<b>subsidies (4)</b> 8:22,23,24;9:23
<b>reducing (2)</b> 7:23;8:12	<b>right (6)</b> 5:3,4;20:10;21:6,9; 23:9	<b>Shield (1)</b> 15:24	<b>staff (1)</b> 23:2	<b>subsidy (2)</b> 8:25;10:13
<b>reduction (1)</b> 9:14	<b>right-hand (3)</b> 5:10;28:21;29:4	<b>shift (1)</b> 8:20	<b>stakeholders (1)</b> 14:23	<b>suffer (1)</b> 22:19
<b>reenroll (1)</b> 10:9	<b>risk (1)</b> 18:4	<b>shopping (1)</b> 9:17	<b>stand (1)</b> 20:12	<b>Suite (2)</b> 4:7;6:18
<b>referrals (1)</b> 10:15	<b>role (3)</b> 10:1;25:24,24	<b>short (3)</b> 6:3;17:6;20:24	<b>stand-alone (1)</b> 17:9	<b>supplying (1)</b> 9:24
<b>reflect (1)</b> 27:16	<b>room (5)</b> 4:14;15:15;20:21; 22:21,25	<b>shorthand (1)</b> 21:10	<b>start (3)</b> 11:24;12:8;22:8	<b>supports (1)</b> 13:15
<b>region (1)</b> 9:10	<b>roster (2)</b> 4:16;10:22	<b>shoulder (1)</b> 20:9	<b>State (30)</b> 3:8,15;4:7;6:18;7:4, 14;8:1,21,23,24,25; 9:11,22;10:11,15; 18:18,22;19:9,12,21,	<b>sure (1)</b> 22:1
<b>regions (2)</b> 7:24;9:13	<b>run (1)</b> 24:24	<b>show (1)</b> 21:5		<b>system (3)</b> 3:10;22:15,16
<b>Reinsurance (7)</b>				

	<b>Treasury (5)</b> 3:20;7:1;9:2,2,24	<b>virtually (3)</b> 3:9;5:1;12:3	29:19	3:15
<b>T</b>	<b>try (1)</b> 15:12	<b>virus (1)</b> 24:11	<b>wishing (2)</b> 4:1;20:20	<b>2</b>
<b>tab (1)</b> 25:1	<b>turn (2)</b> 10:18;20:8	<b>visible (1)</b> 5:7	<b>withdraw (1)</b> 13:21	<b>2019 (6)</b> 3:20;4:2;6:22;7:16, 18,19
<b>targeted (1)</b> 9:13	<b>two (2)</b> 8:10;21:19	<b>vitals (1)</b> 23:1	<b>without (2)</b> 7:5;24:13	<b>2020 (7)</b> 3:4,12,21,25;4:9; 6:15;29:11
<b>tax (5)</b> 9:3,3;10:1,3,4	<b>U</b>	<b>W</b>	<b>words (1)</b> 20:7	<b>2021 (1)</b> 7:3
<b>technical (2)</b> 14:4;15:6	<b>unawareness (1)</b> 18:6	<b>wait (4)</b> 22:19;23:3,18,19	<b>work (1)</b> 26:14	<b>2022 (3)</b> 8:18,18,20
<b>ten (2)</b> 18:17;19:12	<b>unbiased (3)</b> 16:13,22;27:10	<b>waiting (2)</b> 22:24,25	<b>worked (1)</b> 19:13	<b>206 (2)</b> 4:6;6:17
<b>tenth (1)</b> 18:21	<b>unconscionable (1)</b> 24:10	<b>Waiver (24)</b> 3:8,18;4:12;6:3,9; 7:2,5,13,17,18,20,22; 8:9,16,19;16:6,9; 17:11;19:13,18,24; 20:15;23:21;26:21	<b>working (3)</b> 20:9;23:22;27:17	<b>22nd (1)</b> 3:4
<b>terms (1)</b> 9:15	<b>Under (4)</b> 8:16;13:4;14:20; 17:21	<b>waivers (4)</b> 6:24;7:4,7;18:24	<b>would-be (1)</b> 18:24	<b>23rd (7)</b> 3:20,25;4:2,9;6:15; 7:19;29:11
<b>test (1)</b> 23:16	<b>undermine (1)</b> 16:4	<b>walk (1)</b> 10:19	<b>writing (2)</b> 11:8;14:3	<b>27th (1)</b> 6:22
<b>Thanks (1)</b> 12:18	<b>Unfortunately (1)</b> 26:16	<b>walk-in (1)</b> 22:20	<b>Y</b>	<b>3</b>
<b>third (1)</b> 5:7	<b>uninsured (3)</b> 8:4;17:23;18:5	<b>wants (4)</b> 15:9;19:19;20:25; 29:6	<b>y'all (3)</b> 20:23;29:5,7	<b>30 (1)</b> 22:23
<b>thorough (1)</b> 3:23	<b>United (2)</b> 7:1;11:18	<b>warfare (1)</b> 25:7	<b>year (4)</b> 7:21;8:18,20;22:13	<b>30334 (2)</b> 4:8;6:19
<b>three (2)</b> 15:18,20	<b>un-mute (4)</b> 11:10;15:11;25:18; 28:23	<b>Washington (2)</b> 4:7;6:18	<b>yearly (1)</b> 18:13	<b>31 (1)</b> 3:14
<b>throw (1)</b> 17:10	<b>unmuted (1)</b> 5:23	<b>way (5)</b> 15:2;27:2,22;28:10, 12	<b>you-all (1)</b> 25:20	<b>31st (1)</b> 7:3
<b>tiered (1)</b> 9:9	<b>un-muted (2)</b> 21:15;22:4	<b>ways (1)</b> 28:2	<b>0</b>	<b>33.112 (1)</b> 3:14
<b>times (6)</b> 15:19,20;17:10; 19:8;20:1;22:19	<b>up (7)</b> 15:20;19:14;21:6,8; 23:3;25:1;26:13	<b>wealth (1)</b> 26:7	<b>07.15.20.01 (1)</b> 4:19	<b>36 (2)</b> 11:19;12:19
<b>titled (1)</b> 24:16	<b>upon (1)</b> 7:3	<b>wealthy (1)</b> 20:11	<b>1</b>	<b>4</b>
<b>Today (13)</b> 3:4;4:11,15;5:16; 9:4;10:24;15:23; 20:18;25:11,16,25; 28:16;29:8	<b>urge (1)</b> 13:20	<b>wear (1)</b> 4:23	<b>1.2 (1)</b> 12:21	<b>45 (2)</b> 3:15;9:10
<b>today's (1)</b> 6:7	<b>use (3)</b> 16:6;22:15;24:23	<b>Web (3)</b> 4:3;9:19;10:10	<b>10:00 (1)</b> 3:5	<b>5</b>
<b>told (1)</b> 23:1	<b>used (2)</b> 16:9;18:12	<b>WebEx (8)</b> 3:10;5:1,8,10,20; 6:12;15:19;28:22	<b>10:36 (1)</b> 29:20	<b>5.6 (1)</b> 18:16
<b>tomorrow (1)</b> 29:12	<b>using (3)</b> 10:13;18:2;21:17	<b>weeks (1)</b> 23:14	<b>10:38 (1)</b> 29:21	<b>50 (1)</b> 4:21
<b>tool (1)</b> 13:15	<b>V</b>	<b>WellStar (2)</b> 23:5,10	<b>106 (1)</b> 6:20	<b>8</b>
<b>top (2)</b> 18:17;19:12	<b>value (1)</b> 15:25	<b>white (1)</b> 27:19	<b>10-percent (1)</b> 9:13	<b>80 (1)</b> 9:10
<b>towards (1)</b> 18:23	<b>vast (1)</b> 26:7	<b>whole (1)</b> 23:7	<b>11:59 (1)</b> 3:25	<b>80s (1)</b> 18:11
<b>transcribed (1)</b> 4:12	<b>via (1)</b> 6:12	<b>window (3)</b> 5:5,11;29:4	<b>115 (2)</b> 4:7;6:18	<b>9</b>
<b>transcription (1)</b> 29:15	<b>videoconferencing (1)</b> 3:10	<b>wish (3)</b> 4:15;5:1,16	<b>1332 (13)</b> 3:7,18;6:3,7,24;7:2, 4,7;16:6,9;17:11; 19:18;20:15	<b>9th (2)</b> 3:12,21
<b>transition (1)</b> 6:11	<b>viewed (1)</b> 10:8	<b>wishes (1)</b>	<b>15 (2)</b> 3:23;9:10	
<b>transitioning (1)</b> 8:14	<b>virtual (2)</b> 5:20;12:4		<b>155.1312 (1)</b>	
<b>trauma (1)</b> 23:9				

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Abella

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. For-profit insurance has no place in a modern capitalistic society because the demand is not elastic (there is no alternative to being sick or dying of preventable disease other than seeking treatment) and both the consumer (patient) and producer (healthcare provider) are separated from the profit-center (insurance).

Follow modern best-practices for lower healthcare costs and better patient outcomes.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Adams

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Akujorobi

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Alber

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Aldridge

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Allmond

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Healthcare should be a right, not a privilege. This move by Gov Kemp will put already vulnerable people at risk of being uninsured. Why doesnt our governor care about ALL Georgians? This seems like a no brainer but here we are.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Allowitz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Anderson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Anderson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system. Because of the changes this state has made each year, my family and our small business that is empowering other small businesses has to yet again go through the challenges of selecting a new insurance that is inevitably more expensive with worse care.

It is not because of the market - its because of the work this state has done to hurt small businesses like ours. This system relies on for-profit insurance companies who will not act in my or familys best interest.

I support a Georgia reinsurance program because it will help lower premiums. Please read that sentence again-

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Andrews

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/21/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Georgia Resident \* Are you a Georgia Resident? (choose one)  
 Yes  No

First Name \* [REDACTED] Last Name \* Andrews

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* General Comment / Other

Comments \* [REDACTED]

Dear Governor Kemp,

We are grateful for the opportunity to comment on Georgias proposal to waive federal rules under the Affordable Care Act (ACA). Mercy Care is a medical home to thousands who need access to high-quality, comprehensive, affordable healthcare services. We serve all who come to our clinics based on a sliding fee scale. So, patients pay what they can afford for our services which include integrated medical and mental health services, dental and vision care, HIV prevention and treatment, outreach programs and respite care.

While recent changes made to the 1332 waiver are understandable and an improvement, we do not understand why you still want to dismantle healthcare.gov and instead force Georgians to use insurance company websites, e-brokers, or agents to shop for coverage. The concern is insurance companies and brokers are regularly incentivized by commissions and may push consumers to plans that do not fit their health needs or financial situation. They are not obligated or incentivized to help qualified Georgians enroll in Medicaid or PeachCare or provide other safety net referrals. In addition, the 450,000 Georgians who bought insurance on the ACA marketplace in 2020 will no longer have one unbiased, neutral site to compare plans. This would disproportionately fall on our patients; consumers/families with low health literacy skills, people with limited English proficiency, and low-income Georgians.

And consider the cost of setting up our own system, when there is a perfectly good systemone that has already gone through the bumps and bruises of start-up years ago. The waiver application assumes that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from healthcare.gov. In our view, the loss of coverage by Georgians violates the ACAs statutory coverage guardrail for 1332 waivers, making the Georgia Access model ineligible for approval by federal officials.

Like many healthcare providers we help our patients enroll in insurances plans for which they are eligible. So, we know they can already enroll in health plans through private insurers and web brokers in the existing enhanced direct enrollment program. We also know the struggles they have navigating complicated systems like the one you are proposing.

Please consider our patients and the thousands of other Georgians like them.

Sincerely,

Tom Andrews  
CEO, Mercy Care  
678-843-8502  
(character limit of 32,500)

---



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Antman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Arnold

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Baker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Baker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Baker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Baker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Baker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I am widely published science/medical/health journalist. I read research on health and medicine, including related health insurance issues, every day because of my work. What Gov. Kemp is doing is based on his political aspirations - NOT on what is best for Georgians' health. It is disgusting, it is foolish, it is ignorant and it is WRONG. He has already shown he cares little for the health of Georgians - by not listening to public health experts and opening the state too early, he is directly responsible for unnecessary suffering and deaths. His position on insurance and the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of all Georgians is vile, stupid and egregious and it will harm even more people.

I support a Georgia reinsurance program; it will help lower premiums and save lives.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Baldonado

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bano

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Barnes

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** barry

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Barstow

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Barton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Basto

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bates

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

When I was in my 20s, I was uninsured, as were most of the people I knew. The people that age now can all get insurance. We need to keep access to the federal insurance, as it will keep prices lower than privatization will, and young people and disadvantaged people need that option.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/23/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Georgia Resident \* Are you a Georgia Resident? (choose one)  
 Yes  No

First Name \* [REDACTED] Last Name \* Beasley-Teague

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED]

State

Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* General Comment / Other

Comments \*



SHARON BEASLEY-TEAGUE STANDING COMMITTEES:  
REPRESENTATIVE DISTRICT 65 GAME, FISH & PARKS  
POST OFFICE BOX 488 LEGISLATIVE & CONGRESSIONAL  
RED OAK, GA 30272 REAPPORTIONMENT  
Email: WAYS & MEANS  
rep.sharonbeasleyteague@yahoo.com HUMAN RELATIONS & AGING  
House of Representatives  
COVERDELL OFFICE BUILDING, ROOM 509, Suite A  
ATLANTA, GEORGIA 30334  
(404) 656-0229 (direct)  
(404) 656-9089 (F)

July 23, 2020  
Ryan Loke  
c/o The Office of the Governor  
206 Washington Street  
Suite 115, State Capitol  
Atlanta, Georgia 30334

The 1332 Waiver Will Insure Fewer People and Encourage Enrollment in Subpar Plans

The ACA 1332 waiver would change where and how consumers purchase health coverage. Georgia would privatize functions of the marketplace by preventing its residents from using HealthCare.gov while failing to create its own substitute platform, likely causing many Georgians to lose coverage. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed central source of unbiased information on the comprehensive insurance available to them. Instead, consumers could enroll in coverage only through private brokers and insurers, who already operate through HealthCare.gov and have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of their commissions.

The 1332 Waiver Will Insure Fewer People and Encourage Enrollment in Subpar Plans

The ACA 1332 waiver would change where and how consumers purchase health coverage. Georgia would privatize functions of the marketplace by preventing its residents from using HealthCare.gov while failing to create its own substitute platform, likely causing many Georgians to lose coverage. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed central source of unbiased information on the comprehensive insurance available to them. Instead, consumers could enroll in coverage only through private brokers and insurers, who already operate through HealthCare.gov and have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of their commissions.

God Bless,

Sharon Beasley-Teague – State Representative , District 65  
(character limit of 32,500)

---

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Beaumont

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums. I support options that serve the underserved and are easily available to all citizens and work in the best interest of all citizens.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bennett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bennett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bennett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bennett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Berger

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

We need to be expanding health care. This model will decrease availability of insurance to the many people who are without insurance and those uninsured. The private model does nothing for our citizens. It only reinforces outdated practices. Healthcare should be just that and not based on ones ability to pay or navigate a system where someone is profiting from a gamble.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Berkman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Berlin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Billings**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Binns

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bloch

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Blumenfeld

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Blundell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Boaz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bock

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bonnejonne

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Boros

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bosler

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bostick

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Boswell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/18/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bosworth

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bottoms

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Boyd

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Boyens

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Boyle

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Brindell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I absolutely do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. For-profit health insurance is fundamentally immoral (not that the 'governor' cares about such things): its whole aim is to deny coverage and claims, while collecting the maximum premium possible. As such, it is not in my interest for this nonsense to continue, and even less in my interest for the "plan" to go forward.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Brooks

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Brown

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

Ga needs the clarity of the Marketplace as a vehicle to understand insurance choices. Insurance companies intentionally try to sell confusing products. The marketplace is critical to being able to make an informed choice about the life and death decision a yr of healthcare. Protect GA and keep the Marketplace.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Brown

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Brown

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Brown

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bruce

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

This plan does not add any new ways for people to shop for health coverage. Instead, it only serves to shut off the most trusted and widely used path for Georgians purchasing their own coverage.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Bruce

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** bryant

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I am strongly and passionately opposed to Gov. Kemp's removal of our option to use healthcare.gov. The move to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

We were so thankful for healthcare.gov when we lost our health insurance in March due to COVID-19 layoffs. The site was incredibly easy to use, the customer service agent was extremely knowledgeable and held my hand every step of the way, there were a wealth of options, and we found affordable insurance for myself and my husband, and a separate plan for our 21 year old daughter who lives out of state.

Healthcare.gov works, is not influenced by for-profit motives, and has made a huge difference for tens of thousands during the COVID-19 crisis. Do Not Remove this well-tested and citizen-serving option from Georgians.

I do support the Georgia reinsurance program part of Gov. Kemp's bill because it will help lower premiums for some citizens.

Thank you.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Buchanan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Burlingame

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Burton-Edwards

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/24/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Callaway

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Reinsurance Program

**Comments \***  
Ditching healthcare.gov is dumb. Don't do it.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Callum

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Camarillo

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Campis** [REDACTED]

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State** [REDACTED]

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Camplone

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/16/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Canada

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cantrell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This proposal should be given a quiet funeral.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cappelletti

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

This act is discrimination pure and simple. Health care is human Right. Please don't do this expand Medicare. Work requirements for people who are houseless, poor, no care for addicts. Those are the people who need it the most. Shame on you governor Kemp.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/24/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Carlson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Reinsurance Program

**Comments \***

Please do not take health coverage away from folks who do not have the means to provide and pay for this themselves. It is simply inhumane. Where are our ridiculous high taxed dollars going for goodness sakes? Thank you for listening.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Carmona

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Carr

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Carroll

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** CARROLL

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Carter

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Carter

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Casey

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Under this plan Georgia consumers would be the only people in the U.S. forced to go without this resource and instead rely on private entities for shopping and enrollment. As a small business owner who is responsible for my family's healthcare, I prefer a way to search for and obtain health insurance without being forced to interact only with for-profit insurance companies.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Chernova

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Choi

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

As a resident of the state of Georgia, I demand that the governor revoke his support towards moving the health insurance platform to a privatized one. During the time of a world pandemic, having insurance at a reasonable and affordable rate is something that all Georgians deserve. We are already paying extreme premiums for car insurance. We don't need to add healthcare to the list of travestities that plague this state.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** CLARKE

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Clayton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Clemmons

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Coles

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Coletti

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Collett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

Hello,

I've bought my health insurance through healthcare.gov since the website was created and absolutely want to keep using it. I totally disagree with any plan to prevent Georgians from using it in the future. The one-stop shopping and price comparison available through healthcare.gov is very valuable and taking that away would be a disservice to Georgians. Please do the right thing for Georgians and maintain our access to healthcare.gov and don't take away something that is working well and providing a valuable service.

Thank you.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Collins

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Conde

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. The ACA made it possible for my family to survive and access the health care we desperately need for mine and my son's hemophilia. It is irresponsible to put a price tag on the lives of Georgians and allow insurance companies to take advantage of people in need. Georgia can and should do better for us all.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Conde

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This plan dismantles a powerful tool that gives many Georgians access to affordable health care. Georgians need the state to look out for their health and finances and this plan does the complete opposite.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Corey

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Corry

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cortes

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cothran

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cottrell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Crain

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

We have recently endure the outcome of Georgia leadership "simplifying" voting in person and by Absentee Ballot. Please do not try to fix healthcare enrollment by making it confusing. Your plan is going to cause more harm than just frustration. Your plan likely will cause people to make selections they really do not want/need. Is this to benefit insurance companies who in turn offer assistance to political friends?

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cranford

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** cubi

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] Cucher

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cuddy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Patients First Act public comment - I am against this act.  
Further, suing the mayor of Atlanta is nuts!  
The doctors should run Georgia - it would be much safer.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Cumbie

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

Im not sure anyone cares, but as a working, single parent of 3 children. I'm working my hardest to support my children. I am and have been uninsured for over a year. I have thyroid issues, a recently diagnosed heart murmur, high blood pressure, and can't afford to see a dr or get an ekg. I know it's not your problem. I look at the cost to purchase insurance through similar market place options and it's all a joke. It's like a pipe dream, that I can never attain. It's scary when your health is failing, you have 3 children under age 8 that rely on you for everything, and you can't afford to do anything about being sick, like seeking a primary care physician or medication to treat what could easily be treated, could I afford it. There are no orget options, so i just don't get treated. I don't know what the answers are. However, I don't feel like anyone in government really cares about people like me because I don't have donation money or any money beyond paying the bills for our household. I've worked my entire life, didn't take food stamps for a very long time, even though we qualified, but didn't need them at the time. I don't want my children to see the government as something to just take advantage of. I want them to know that hard work is to be rewarded. It is. Everyone needs help in one form or another at some time and not necessarily monetarily. I am confident that because GA forgoes the federally funded Medicaid addition, that I can't qualify for Medicaid as a parent of my 3 children, like in FL for example. Praying that God really will be at the center of all decisions being made in the government of GA.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dalbo

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Please put our fellow Georgians ahead of the private Insurance Industry and their lobbyists.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dave

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I strongly and passionately DISAGREE with the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

This would be a harmful, uncompassionate, and frankly completely idiotic move for the people of Georgia that are most suffering right now on top of the already strapped situation most average Georgians find themselves in.

I am a small business owner and moved to Georgia from California end of last year to live with my GF, and have been trying to establish my business here, which is already difficult but even worse with covid.

I can't afford to get a regular plan without subsidies at the moment. The healthcare.gov was essential for me to have decent health coverage and I am grateful for it, especially if I get sick or injured.

I also have an MPH and know the structural problems of our healthcare system and how this move that is proposed will only further the interest of the insurance companies and nobody else, ultimately costing everyone and creating suffering.

There are thousands of people who no longer have coverage from their employer due to no fault of their own, and this current coverage option we have is the only lifeline people have to not subject both themselves and their family from risking a thousand dollar bill or worse.

Before the ACA, medical bankruptcies accounted for 80% of bankruptcies! This helps nobody but the health insurance companies, but hurts the economy and creates unnecessary suffering.

With the ACA coverages, people had a little bit of safety net. Please don't take that away, not in this trying time.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** David

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Davis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I have depended on insurance through healthcare.gov and the ACA from its inception, as I work for a small business, an Emanuel County attorney and State Court judge, who cannot afford to provide group health insurance to his three employees, and the options we have researched before would have cost us, as employees, far more than ACA coverage does, with less actual coverage. Healthcare.gov provides a safe and reliable place to purchase ACA coverage without for-profit brokers costing us even more money, money we do not have. As one of my co-workers is a breast-cancer survivor, and both of us are middle-aged, we can't exactly choose to just go without insurance at all.

I do support a Georgia reinsurance program because it will help lower premiums, but that will only help a few, while the Georgia Access Model will cause harm to many like me and like my co-workers.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Davis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** DAVIS

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** DAVIS

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Davis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Degennaro

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dempsey

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Denson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Desai

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Desai

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Desai-Patel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dickerman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do NOT support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

and while we're at it, MAKE MASKS MANDATORY!

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dillard-Wright

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dobbins

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

This is a really unfortunate plan that would hurt people who greatly need access to healthcare through a system that is unbiased and is familiar to consumers and widely used.

Georgia really doesn't need to stand in a field by itself with a unhelpful enrollment system that would make it even confusing for folks and end up with fewer folks insured. The exact opposite of what we need, especially in light of the pandemic that has uncovered such deep inequities in health care in our state.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

Sally Dobbins

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Doll

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Douglas

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

July 23, 2020

Ryan Loke  
c/o The Office of the Governor  
206 Washington Street  
Suite 115, State Capitol  
Atlanta, Georgia 30334

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing to express my deep concern about this waiver. Under the proposal, the state would opt out of the federal marketplace with no substitute central source of help for the 464,000 Georgians who currently enroll in the federally facilitated marketplace (FFM), known as HealthCare.gov, or for the thousands of Georgians who start the enrollment process at HealthCare.gov and are later determined eligible for Medicaid. This would likely cause many thousands of Georgians to fall through the cracks and lose coverage altogether – especially harming lower-income people and people of color.

I share your concern, outlined in the waiver, about Georgia's high uninsured rate. But the best solution to that problem is to join 37 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. I am distressed that you are instead continuing to pursue a Medicaid waiver that would, by your own estimates, cover just 50,000 of the hundreds of thousands of low-income, uninsured Georgians who would be covered through full expansion, because it would impose so many barriers to coverage. I strongly urge you to withdraw both the Medicaid and 1332 waivers and instead adopt Medicaid expansion, which would sharply reduce Georgia's uninsured rate, help us respond to the ongoing pandemic, and bring billions in additional federal funding into our state.

We are in a pandemic and Georgians are suffering with job losses, deaths and other unexpected life changes. This waiver will increase the uninsured rates and therefore worsen access to care. We as leaders should be exploring options that will assist the masses and not hurt them.

## The 1332 Waiver Will Insure Fewer People and Encourage Enrollment in Subpar Plans

The ACA 1332 waiver would change where and how consumers purchase health coverage. Georgia would privatize functions of the marketplace by preventing its residents from using HealthCare.gov while failing to create its own substitute platform, likely causing many Georgians to lose coverage. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed central source of unbiased information on the comprehensive insurance available to them. Instead, consumers could enroll in coverage only through private brokers and insurers, who already operate through HealthCare.gov and have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of their commissions.

Brokers sometimes also divert consumers towards substandard plans, such as short-term plans, that leave people exposed to catastrophic costs if they get sick; that steering would increase under this waiver, when these plans could be presented alongside comprehensive insurance. Especially during this pandemic, instances of people being unknowingly diverted into subpar plans are common. People enrolled in subpar plans are subject to punitive pre-existing condition exclusions, benefit limitations, and caps on plan reimbursements that add up to potentially high out-of-pocket costs for consumers. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, like diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan. Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable. In addition, despite the hugely consequential and harmful nature of this waiver, the state only provides Georgians 15 days to comment. This violates the spirit of 1332 waiver’s public notice requirement.

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

## The 1115 Waiver Will Prevent Vulnerable People from Accessing Coverage

The 1115 waiver Georgia submitted along with an earlier version of the 1332 waiver would extend Medicaid coverage to residents with earnings below the poverty line only if they meet a burdensome work requirement and pay premiums. There would be no exceptions to the work requirement, meaning people who cannot work due to a disability, serious illness, or caregiving responsibilities could not get coverage. While the state estimates over 408,000 non-elderly uninsured adult Georgians with incomes below the poverty line are uninsured, Georgia projects that only about 50,000 will eventually enroll in Medicaid through the waiver, due to its burdensome requirements.

Upon the waivers’ release, stakeholders also warned that the Medicaid proposal would fall short in addressing the problem of uncompensated care. It “does not significantly move the needle for the rural and safety net hospitals who care for the state’s uninsured patients,” according to the Georgia Hospital Association.

Georgia has the opportunity to expand coverage to hundreds of thousands of people that would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage. It should do so, rather than upending the state’s insurance market at great risk to consumers.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dowd

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums. Even better, we should fully expand medicaid so as many people as possible can be covered at the lowest cost.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Drew

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

While youre at it, please ask the governor to let Keisha Lance Bottoms lead her own jurisdiction. She represents us and he, being a small government guy should realize that it is beyond hypocritical to be against government intervention yet think the governor should have absolute power.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Driggers

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** D'Souza

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dufort

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

Since ACA passed, I have used the exchange to purchase insurance, without subsidy. From the beginning, I have been able to purchase comprehensive coverage - without exclusion for pre-existing conditions. I enjoy the format presented to shop for plans - facts lined up that allows me to easily compare policies. Insurance policies are complicated; even though I was educated at an elite university, it is still difficult to be certain I am choosing the best option for my situation. I am certain that the proposal to force me off the exchange and into the hands of for-profit insurers or brokers will benefit them and not me. There is no public benefit in tossing people like me off the exchange. Health care and insurance does not work in free market mode. Keep the Exchange.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Duggasani

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dunnagan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Dvorak

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Eakin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Edelson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I have comments on the two main parts of Governor Kemp's plan for changes to private health insurance in Georgia.

I oppose the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest, nor that of most Georgians. Such a change will be confusing and make it harder for people to navigate the process of buying coverage.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Edge

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ellington

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ellis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums. I turn 65 next year. PLEASE assist the American people. I have worked hard all my life, paid my taxes, and contributed to society.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Epstein

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I have mixed feelings about healthcare.gov. Not sure going to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

I feel everyone should have a choice to decide what they can afford to pay for insurance, and choose the company they are buying from we do not need to monopolize this system we need to have as many choices as possible. Insurance coverage is very expensive and we can not let the BIG insurance companies dictate the coverages any more than they do so they can make more money.

\*I have had to endure 3 different bouts with cancer in the alst 10 years and I am in remission, however without the insurance choices I had I would have been bankrupt, I am still paying for the last time I had to go through cancer almost 2 years ago. So please think about the people that cannot afford a regular insurance package.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Epstein

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Escourse**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Estep

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Evans

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

As a self-employed single person, I have benefitted from the ACA with lower premiums and better coverage. What has hurt is insurance companies pulling out of the market or not having contracts with local hospitals, such as Anthem BCBS with Wellstar or Piedmont.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Exline**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ezzard

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Fenley

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I Oppose the move from healthcare.gov to a privatized enrollment system.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ferris

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

These reforms that seek to privatize the healthcare insurance market are going to lead to the degradation of the health of so many people not only in this state, but in this entire country. Attempting to limit the ACA's sad excuse for public options even further is a sick move to benefit insurance companies instead of people who need decent insurance. Gov. Kemp's interests solely lie in the pockets of corporations and he does not represent the people of Georgia who need the subsidies from the ACA.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Finney

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Good afternoon Mr. Ryan Loke, I am a citizen of Georgia and I am concerned about the Governor's choice to move from the move from healthcare.gov to decentralized, numerous, privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest or any Georgia citizen.

I appreciate the Governor's plan and support a Georgia reinsurance program because it will help lower premiums. This is important and will be helpful.

Moving Georgia citizen's choices for healthcare, which are life or death choices, from one place, one entry point, to numerous websites - will lead to misunderstanding, bad choices or No choices at all. Citizens will find buying insurance difficult and will NOT buy at all and the reason this is being done will be lost.

Also this plan does that put in place safety measures that will stop insurance brokers from pushing citizens into plans that are NOT good for them and will NOT cover them. This same thing happened to my Mother that has Alzheimer's - a broker sold her insurance that did not cover her. This was deliberate and predatory. This should not happen to anyone.

Please continue to use Healthcare.gov, one site for citizens to buy health insurance and place guardrails on insurance brokers to protect Georgia Citizens so what happened to my Mother will NOT happen to anyone else.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Fisher

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. It has been an extremely beneficial tool for myself and many close to me. Please protect it!

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Fleischmann

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Florio

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system. I believe that relying on for-profit insurance companies to act on my behalf is not in my best interest.

I will support a Georgia reinsurance program because it will help lower premiums.

Why do we want to become the ONLY state in America with what could be a confusing process and system? Why take the chance with people's health insurance that in all the confusion they may NOT get what the thought or-worst case-become so confused that the result is NO insurance at all!

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/18/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] Followill

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Moving from healthcare.gov to a privatized enrollment system will work to the detriment of Georgians. Requiring consumers to enroll through profit-driven insurance companies and web brokers instead of the unbiased and trusted healthcare.gov platform will create confusion and make it harder for Georgians to find a suitable plan.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] Followill

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I strongly oppose any move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums. But KEEP healthcare.gov.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** FORBES

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ford

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ford

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Forde

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Frank

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This will leave citizens vulnerable to predatory insurance companies. My dad works for the military as a contract worker and we've been victim to horrible predatory private insurance companies.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Freeman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Friedly

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Fruchtman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Better access to healthcare is an anti-racist policy. Therefore restricting access to healthcare is a racist policy.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gable

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

RETAIN healthcare.gov as the enrollment system for GA residents who need healthcare. Do not dismantle a good thing that has worked. For profit companies are in it for the profit, bot the best interest of GA citizens.

I DO NOT support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I DO SUPPORT a Georgia REINSURANCE program because it will help lower premiums.

Thank you very much.

Amanda C. Gable, Ph.D.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gable

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I think breaking with the rest of our country by abandoning healthcare.gov for a privatized enrollment system that relies on for-profit insurance companies is a terrible idea.

Georgians should not be forced to trade a system consumers understand and trust to give them unbiased recommendations for an overly complicated model that's ripe for problems. Insurers and brokers would have financial incentives to steer our state's most vulnerable residents toward policies that might be less suitable but more profitable.

I do support a Georgia reinsurance program because it should help lower premiums.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Galimore

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in Georgias best interest.

I support a Georgia reinsurance program because it will help lower premiums.

In these trying economic times, amidst a pandemic, the last thing people need is extra costs with fewer protections. Please continue to lead with your heart and put the people of Georgia first!

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gamboa

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Garcia

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Garmon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Brian Kemp has NO plan for the healthcare of Georgians....ALL he cares about is tax cuts and closing Hospitals... thousand have DIED for lack of Medicaid Expansion.... Kemp only cares about HIMSELF and his rich corrupt cronies ...  
Kemp is a Domestic Terrorist and must be prosecuted for MURDER !!!  
The rest of YOU POLITICANS are as evil as Kemp!

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/24/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Geoghegan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Obviously it's supported by big insurance companies....

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** George

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Even as a physician, I have found navigating health insurance confusing. PLEASE do not add to the massive headache of beurocracy surrouding healthcare by adding a confusing, decentralized enrollment system!

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/18/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ghosh

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I am completely opposed to the governor's move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies.

If this privatization goes ahead, Georgia will become the only state in the U.S. with a confusing, decentralized enrollment system that disempowers consumers like me. I will then be left at the mercy of the sales tactics of insurance companies. For many, it will be harder to find a plan that they feel good about. Others will get lost in the process altogether and unintentionally become uninsured.

I support a Georgia reinsurance program because it will help lower premiums. I do hope you will listen to your constituents like me. We number in the hundreds of thousands!

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/16/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gilbert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gilbert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

No. Not under any circumstances. Already Kemp has shown that he doesn't listen to science or healthcare experts. Under no circumstances should you dismantle, modify, adjust or in anyway molest the ACA website opportunity for Georgians.

Instead elect to participate fully with the ACA and medicare and provide fair and reasonable healthcare for all Georgians.

Insurance companies already take way too much for too little of a benefit.

Patients who are healthier will be more productive, more engaged citizens in every way.

Help care for Georgia.

Keep the Affordable Care Act intact for the sake of everyone.

Sincerely,

Dr Kenneth A Gilbert

Decatur, GA 30033

404-325-7664

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gilkerson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Myself and many of my friends and loved ones have used healthcare.gov to get insurance we we have found ourselves unemployed, underemployed, or starting our own businesses. Finding affordable health insurance is already a confusing and stressful process, the state of Georgia should not do anything to make the process even harder or more stressful.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gold

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

In the midst of a global pandemic and massive job (and insurance) loss it is unconscionable to make it even harder for Georgians to access healthcare.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Goldman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gonzalez

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Goodman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Goodstein

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

We need affordable healthcare for all Georgians. Instead, gov. Kemp's proposal is more of the same: Rather than meeting that need, it will prop up the profit-oriented system that keeps Americans paying so much more for so much less than citizens of other developed countries. In 2020 most of all we need to address the inequities and gaps—not ensure even more vast profits for insurance companies when people need protection.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gotlieb

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I am so glad that our previous comments were considered and positively impacted the 1332 waiver! However, I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Goyer

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Hi there,

As a lifelong resident of GA, I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** GRANT

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gravitz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gray-Grimes

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Green

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

We need healthcare.gov as the standard for health insurance purchases. I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Greenberg

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

This act will harm Georgians by breaking with Healthcare.gov and the Affordable Healthcare Act marketplace. No other health related legislation has allowed more Georgians access to health insurance. More people have signed onto the Healthcare.gov marketplace, doubling the insured in Georgia, taking much of the financial burden off of medical clinics and hospitals. Tens of thousands of Georgians, including thousands of children gained access to healthcare because of the ACA and Healthcare.gov. The governor is aligning himself with the President who has made our health as Georgians a political issue. The President has made it his mission since he announced his candidacy to eradicate the previous President's ACA, even if it means millions would lose they and their children's health insurance.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Greenwald

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

Nope.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Gregory

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Grimes

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Grossman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Guthrie

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hagin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I have been dependent on healthcare.gov for the past 4 years as my employers have never offered me any health insurance of any kind.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Haltiwanger

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of patients.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hannah

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This has been voted and passed many years ago, and I, like many others, do not support this partisan divide over the health of those who are not able to utilize it.

Thank you.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hardacre

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hardin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hardwick

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]  
1849

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Reinsurance Program

**Comments \***

All health insurance should be private insurance as we are a Nation of free markets. By reopening healthcare to free market enterprise, healthcare quality will go up, while costs of healthcare will go down. Also this will create a plethora of healthcare choices for the public.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hardy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Harmon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Harper

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Harper

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Harrell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Harris

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Harting

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Haskell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

Dear Governor Kemp and Georgia's leaders,

I do NOT support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I have had to use healthcare.gov to receive health insurance in the past. I needed to use the system because both of my parents were diagnosed with cancer, so I needed to leave my job to take care of them and my disabled sister. I've also used it in the past because I am a small business owner.

I have found the support and assistance from the staff at healthcare.gov to be very helpful. Without their help, I would have fallen into significant financial distress.

I am a lifelong Georgian and feel strongly in my opposition.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hayashi

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hayman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Such a change would be confusing and would make choosing an appropriate plan more difficult. Healthcare.gov has provided a usable one stop system that makes obtaining health insurance manageable without the sales lingo and pitches of insurance brokers and companies. We need an easily navigable system to make sure everyone who is eligible can get and stay covered with health insurance.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Head**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hemmingway

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hemphill

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Healthcare.gov has allowed many Georgians to successfully purchase insurance through an unbiased and trusted site.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Henry

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Henry

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hernandez

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Herrmann

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums. I can say with the utmost confidence that healthcare.gov has saved my life, and I will move to another state if this option is no longer available to me as a Georgian.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hesselgrave

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hicks

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Higgins

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

It makes NO SENSE to bypass healthcare.gov except to confuse the average Georgian. WHY make it more difficult?

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Highland

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hill

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

It seems illogical

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hilliard-Yntema

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

I would really wish for a system that truly protects vulnerable families.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hinson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I have depended upon coverage provided under the Affordable Care Act for years now. It has been reliable, providing good coverage and consumers KNOW what they're getting under the plans offered. While premiums are high they reflect the state of the overall insurance market and the cost of medical care. DO NOT CHANGE THE ENROLLMENT PROCEDURES.

I DO support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hogan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] HoLland

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hopson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hudgin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Humphries

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

Insurance companies and brokers are regularly incentivized by commissions and may push consumers to plans that do not fit their health needs or financial situation. They are not obligated or incentivized to help qualified Georgians enroll in Medicaid or PeachCare or provide other safety net referrals.

Consider the cost of setting up our own system, when there is a perfectly good systemone that has already gone through the bumps and bruises of start-up years ago.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Hyatt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jackson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who have a history of not acting in the best interest of consumers.

A Georgia reinsurance program is needed that will help lower premiums to make access to healthcare affordable. Access to healthcare should be treated as a basic right and not a privilege.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jackson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jain

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This plan will result in a confusing, decentralized enrollment system that disempowers consumers and will leave many uninsured, especially our most vulnerable populations who often require healthcare the most.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jamison

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jamison

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jarrett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

Georgia needs to continue to participate in ACA via the Federal marketplace online. The State needs to act in the best interest of specially those citizens who suffered grievously with Covid 19 fatalities because of inadequate health care & coverage. Providing lower cost but medically inadequate care is not a solution - it's only the hidden iceberg of a huge healthcare unresolved problem

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jenkins

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Johnson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Johnson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Johnson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I worry about the potential drawbacks of a new, decentralized website for registration. Moving away from healthcare.gov may sound smart in theory, however, if this new website is not easy to use and fully transparent for those searching for coverage, it will do much more harm than good. We are in the midst of the largest healthcare crisis of our lifetimes, you absolutely must listen to your constituents and make decisions that will not have a negative impact on those most marginalized by the current recession and the coronavirus.

I support a Georgia reinsurance program because it will help lower premiums, but I will not support anything that could cause Georgians to lose coverage in the middle of a global pandemic.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** johnson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/18/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Johnson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Johnston

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Johnston

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/19/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Unbiased information on health insurance coverage is what folks need in the state of Ga. They have enrollment support from assisters that they trust (be them navigators, or certified application counselors). The individuals and families that are looking for affordable coverage may not have all of their options made clear to them, with out this help.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/19/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jones

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/16/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jordan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Julia

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Jungerman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. People should be able to continue to use healthcare.gov, a site that they know and trust.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kahl

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kahn

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I write you as a primary-care physician who has practiced nearly 40 years. I cared for many inner-city residents who had Medicare or Medicaid or no form of insurance. In many instances, it was much harder to provide needed care when the patients had private insurance of dubious quality.

My wife and I have reached the age to qualify for our own Medicare coverage. Our experience as Medicare PATIENTS is far better than what we suffered under private policies.

Now that I have analyzed the macro-economics of US health care, it's clear that the major reason for our failures in national health coverage is the perpetuation and dominance of private, investor-based insurance plans. Such plans must be quickly removed from the big picture. Health care in our State and country will become affordable and effective only when care is provided within a UNIVERSAL, SIMPLIFIED, plan supported by progressive taxes.

For these reasons, I can NOT support a Georgia reinsurance program. Gov Kemp's revised proposal might or might not lower premiums. It will, however, introduce complexity and greater administrative overhead to our plan. It will tend to reinforce the existence and unnecessary roles of private, for-profit insurers. I want our State dollars to be spent on services for Medicaid patients, not for insurance-company overhead.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Karwoski

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I could not get health insurance ever again for GYN, after a negative endometrial biopsy, from any health insurance company that served Georgia except 2. One said that, if I paid my premiums faithfully for 5 years (& didn't get sick), they would revisit the issue. The other company was Blue Cross, which I paid until I had no money left to pay them. Fortunately now I get Medicare.

I fear the for-profit insurance companies might forget to inform people that they may be eligible for Medicaid. My daughter was a Medicaid kid, thank heaven, so she had an operation on her mouth at age 12, without which she would have permanently lost the ability to enunciate. Now she's in graduate school after working for years & paying taxes.

It's not that for-profit insurance companies are evil, but I think they are human, and I feel that healthcare.gov provides an important check and balance for insurance companies.

I do support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Katz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Katz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies. This s a waste of precious government money that should be used to cover more people in Georgia who need health care.

I support a Georgia reinsurance program because it will help lower premiums.

You should also expand Medicaid to cover all low income people who need it!  
Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaye

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Healthcare is difficult to navigate for many Georgians, and moving away from a centralized enrollment system would create unnecessary confusion for many citizens. Insurance company sales language is not clear, and information about plan options will be difficult to parse. Healthcare.gov helps ensure everyone is able to find a health insurance plan they feel good about.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaziu

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaziu

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaziu

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaziu

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaziu

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kaziu

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Keeler

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kelly

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I am writing today to ask you to reject the move away from healthcare.gov and towards a privatized enrollment system. These privatized systems rely on for profit insurance companies that do not have the best interests of the people in mind. It is essential that we continue to provide the unbiased healthcare.gov enrollment platform that consumers know and trust.

Additionally, I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kelly

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kennedy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Having to provide all of my family's insurance is hard enough as it is (both my husband and I are self-employed). Please don't hand this to private companies whose top interest is something other than the health of me and my family. We have to have this health insurance, and the cost is staggering as it is. Please don't take away the part of this that helps me know that the information I am using is trusted to be non-biased. Please do not penalize those who are self-employed, or small business owners.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kent

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kezh

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** kim

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kimura

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Knight

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Knight

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Knight

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Knowlton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums, but that is less important to me than leaving the poor and the less educated about medical care at the mercy of for-profit insurance companies.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Knowlton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Knox

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kobsa

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kolka

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kovacs

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Kreuter

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies. This works for the insurance industry NOT for the people. The Governor should be working for Health for All!

I support a Georgia reinsurance program because it will help lower premiums.

Its time to expand for all.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Krewson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** LACONSAY

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

Brian Kemp has made it clear time and again that he does not care about the health and welfare of the people of Georgia. He only cares about money. Do not privatize our healthcare and while you're at it, resign immediately. Kemp, his supporters, and Trump are a selfish and dangerous plague on this country.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lambert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

As someone who is both married to a nurse and the daughter of a nurse, I dont support the move from healthcare.gov.

Behavior change takes a long time. People are just beginning to learn about and understand healthcare.gov. Why on Earth would we switch to a more confusing, decentralized hodgepodge of systems from private companies?

People HATE dealing with their insurance companies, and there is all kinds of research in tech around the user experience of going to multiple platforms to complete simple tasks (spoiler: Its bad.)

The governors job is to represent the interests of Georgians. I ask that he come up with something better.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Landy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

By working together to protect accessible, unbiased ways to shop and enroll in affordable, comprehensive health coverage, we will ensure hardworking young people, parents, veterans, students, and many other Georgians have access to the health care they need when they need it.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lansing

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Larson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of the people of Georgia, including myself and my family.

During these chaotic and uncertain times given the COVID-19 pandemic, the last thing we should do is add to the confusion of Georgia consumers. The cost could be deadly.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lauer

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lee

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/18/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lee-Szymanski

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Leggett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lehman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Leno

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Leon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Leveille

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** lewis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lewis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgias proposal to waive federal rules under the Affordable Care Act (ACA).

I do not understand why you still want to dismantle healthcare.gov and instead force Georgians to use insurance company websites, e-brokers, or agents to shop for coverage. Insurance companies and brokers are focused on their commissions not what is good for consumers. Would they have any reason to enroll someone in Medicaid or PeachCare or provide other safety net referrals?

While I am blessed to have a job and healthcare at this time, I know many who rely on the ACA marketplace. They will no longer have one neutral site to compare plans. And I can't imagine how much money the state is going to spend duplicating a website they already have. Websites rarely are built without any hiccups, and they certainly are not cheap.

Those who have limited literacy skills will be at the mercy of those who are put in a position to either make more money or make less. It is too much of a risk to put families in harms way. The confusion alone of trying to navigate a new system will put families at risk.

Please consider moving forward with the system we currently have, the ACA marketplace.

Sincerely,

Diana Lewis  
Lawrenceville, GA  
678-843-8509

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Liang

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lichtenfeld

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Im grateful Im now on Medicare but having relied on Healthcare.gov for 3 years I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** LICHTENSTEIN

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** LICHTENSTEIN

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Also, I believe there is already limited participation by private insurance agents in the healthcare.gov exchange and that it has been not a raging success (per an agent friend of mine). Apparently, too much work for too small a commission. I agree that sometimes the hidden hand of pure capitalism gives a good result, but in healthcare the private sector has had the chance to do this during all the history before ACA and it failed to deliver. See no reason it will do better now without being allowed to gouge consumers.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lightner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lindbeck

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lipscomb

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I wish for once the governor would put the health of Georgians first especially during a pandemic. I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act on our best interest.

Lower premiums through a Georgia reinsurance program is what's needed to support Georgians who have been impacted by COVID and must worry about the health of themselves and their families.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Little

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I DO NOT support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

The insurance industry is an annual maze that is difficult to navigate, even for my single income family. Every year brings us a new and increasingly complex set of rules and plans from which to choose. I can't imagine this is any easier for lower income families, those not accustomed to the lexicon of insurance terms, and families struggling with our new current realities with the economy and Covid 19. Families are stressed enough without the hoops and hurdles all the private insurance marketing creates. We just want to take care of our families and stay healthy to be effective members i our communities.

I DO support a Georgia reinsurance program because it will help lower premiums. Again, each year brings new plans, with increased costs and reduced benefits. Georgia citizens need help!

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Llaneras

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Healthcare is a basic human right in modern society, and not only does privatization of the enrollment system makes things worse for the working class, it just postpones the only sensible and humane healthcare plan we have. We demand Medicare for All Now!

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Lock**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] Long

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

I think about my patients and how hard they say it is to pick a plan. I would hate for them to be swayed by people just trying to get their money.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Loupe

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Love

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Reinsurance Program

### Comments \*

During a pandemic is not the time to change anything to do with how Georgians get their healthcare.  
Stop making decisions that are killing people.  
Open enrollment needs to happen as usual.  
Mandate masks!

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lovell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Lovell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

Georgia residents are better served via healthcare.gov than they would be via persons with a profit motive for what they are trying to sell. Healthcare.gov has been functioning well for several years, offers information translated into several languages, is non-partisan, and assures persons receive the variety of options available to them. The website can also link people needing personal assistance to persons licensed by the state to provide that assistance.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** lowery

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Luke

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** LYON

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mack

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** MacLean

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Madan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Maddux

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I don't understand the point when we have a tested Marketplace system that already has the bugs worked out. Let's not use our states resources reinventing the wheel!

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Manning

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Marks**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Marks**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Marshall

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Masoner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

KEEP KEMP AWAY FROM HEALTHCARE.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Maude

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** May

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

Many working Georgians have no other option than Healthcare.gov. Since our employers don't have to provide health insurance. It's not free, the deductible is huge and our local hospitals don't accept most of it. You have to come up with a much better plan than to cut off hard workingonly option for healthcare. You seem very cold hearted.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McCord

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I am very much in support of the Georgia reinsurance program proposed by Governor Kemp.

I am opposed to the proposal to replace healthcare.gov with a privatized enrollment system.

Thank you for your consideration,  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McDaniel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

I also support expansion of Medicaid to help poor Georgians regardless of color or political affiliation.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McDermott

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** mcdonald

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

This seems to benefit insurance companies and "the system" more than the citizens of Georgia. I'm sure health care CEOs support this waiver but health care providers strongly disagree with it. Thank you

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** mcedwards

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

If the COVID crisis has not taught you anything, what can be said about you? Please do not clutter-up the enrollment system. If we must improve what is there, do so incrementally and in a way that does not complicate the process for consumers.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McFadden

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McIntyre

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Life is hard enough living with a chronic illness like severe rheumatoid arthritis. Please don't make it any harder by going to your proposed system.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McKagen

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McKnight

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McLure

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McNeil

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McNeill

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** McQuain

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Medvedoff

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Meehling

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Megli

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mellick

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Merritt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Please do not eliminate healthcare.gov! It's the only place to find reliable information from insurance providers. A privatized enrollment system will add confusion with advertising rather than information. We know from long experience that for-profit insurance companies often do not act in the best interest of patients.

I do support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mette

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Michalove

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Miles** [REDACTED]

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Kemp is not just dumb, he's also insane. If he removes GA from the healthcare marketplace, how will anybody discover all the offerings available to them or compare prices? It will take an army to do that sort of research. Georgians are SICK AND DYING of COVID. We need easy access to affordable healthcare now more than ever. LEAVE GA IN THE HEALTHCARE MARKETPLACE.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Miller

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who cannot be trusted to act in the best interest of Georgia citizens. There's nothing wrong with healthcare.gov; it works just fine and, more importantly, people trust it.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Miller

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mims

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system, which relies on the for-profit insurance companies. Those companies do not act in the public's interests. This new plan does not allow any newer ways to shop for insurance.

I support the Georgia Reinsurance Program, because it will help to lower premiums starting in 2020.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Miness**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mink

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Missett

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

Do not go ahead with the Georgia Access model. It will strip hundreds of thousands of Georgians of healthcare, during a pandemic.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mittel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mixon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Montgomery

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Montgomery

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Montgomery

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Morecroft

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

The current health crisis makes proper health insurance even more important to those of us who live in Georgia! The honest and clear Information available on Healthcare.gov is vital so everyone will understand their insurance plans. Therefore, I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mormino

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Dear Mr. Loke,

In 1992, my soon-to-be mother-in-law had a heart attack while only in her forties and with no preexisting conditions that she was aware of. As a consequence, she had to have multiple bypass surgery and lost both of her legs. That was when she and her husband -- who still had two teens at home -- discovered that they were under insured. After diligently paying into the system for years, they ended up half a million dollars in debt in just one month's time despite being insured.

My in-laws trusted that if they worked hard and paid their dues, they would have a safety net, but they did not. Insurance companies and brokers do not have the best interests of the public at heart. The public needs healthcare.gov, an unbiased clearinghouse that will only offer comprehensive plans and will let folks know what their best options are. It is unconscionable to prohibit Georgians from having access to this invaluable resource. I fervently ask Governor Kemp to remove the "Georgia Access model" -- which, in fact, affords less access -- from Georgia's healthcare plan.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Morrison

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Moss

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Moss

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mullis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Please, stop trying to impress your rich party members. Start acting like the leader of a state that is more than Atlanta and poor and disadvantaged.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Mullis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Murphy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Murphy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Murphy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Nagel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Naik

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Nesin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Furthermore, as a U. S. citizen, I want Georgians to be able to continue to rely on healthcare.gov which is our national healthcare mechanism. The federal government has already invested the time and resources to develop and fine tune this mechanism for all Americans. Please keep healthcare.gov fully operating in Georgia.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Nettles

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

I am in favor of KEEPING healthcare.gov for Georgians to have access to health insurance that covers pre-existing conditions. Also for many Georgians, these plans are subsidized and that is more important now - during the coronavirus pandemic!

We also should expand Medicaid to cover MORE Georgians. We can do better by our citizens by keeping the ACA and expanding Medicaid.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Newton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Its confusing. Healthcare should not be confusing at all!

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Neyman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

We must keep healthcare.gov for the many Georgians who rely on this system for providing their insurance coverage - not for-profit insurance companies! I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Nguyen

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Nielsen

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Nist

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

It would cost millions of taxpayer dollars to setup a new system and would add an extra step for the process that is unnecessary. We already have MASSIVE debt due to the coronavirus crises. This is a terrible waste of thinly stretched resources.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Niziolek

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Northcutt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** O'Cleary

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** O'Connor

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I have been a Georgia licensed volunteer Certified Application Counselor for several years helping low income Georgians navigate the healthcare.gov system and select an insurance policy. I am concerned that many people will go for a "cheaper" policy and will not be able to compare policies that don't meet the basic requirements of the ACA with those that do. How will premium tax credits be determined for eligible Georgians? IRS says: "The amount of the premium tax credit is generally equal to the premium for the second lowest cost silver plan available through the Marketplace that applies to the members of your coverage family, minus a certain percentage of your household income." If Georgia does not use the Marketplace, how will this be done? If Georgia Access can't do it, does that mean no Georgians will get a premium tax credit? Similarly, under the Affordable Care Act, in addition to getting premium tax credit, some Georgians may also be eligible for "Cost-sharing reductions": lower deductibles, co-payments or co-insurance and out of pocket maximum. These cost sharing reductions only apply if the individual selects a Silver plan. How will that work with non-ACA compliant insurance plans? If each insurance broker has their own website, how will Gold, Silver, Bronze etc. policies be identified? Will non-ACA policies be clearly identified as such? I assume they will not be eligible for premium tax credits or cost-sharing reductions. Georgians need to know that before they select a policy.

I support a Georgia reinsurance program because it will help lower premiums if it is adequately funded..

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/24/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Oliver

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Olson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Mr Kemp et al,  
When will you guys stop trying to serve ONLY the well off; when will you serve those who really need help.

I do NOT support the move from healthcare.gov to a privatized enrollment system.

If you want to offer BOTH options, and let people choose, Great! Choice and competition keeps costs low and services high.

Switching to a non-competitive, for-profit only insurance alternative will not be in the best interests of most Georgians

The reinsurance program idea will actually lower premiums; so thank you.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** O'Neal

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** O'Sullivan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Owen

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Owens

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I don't support GA's proposed move from the centralized healthcare.gov site to a privatized enrollment system. Kemp's idea relies on for-profit insurance companies; we need to care for people not profits.

I DO support a GA reinsurance program since it will help lower premiums, but more needs to be done.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Owens

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Paez

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Parris

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of my aging parents and myself.

I support a Georgia reinsurance program because it will help lower premiums. Healthcare.gov allows Georgians to shop for coverage with the assurance that all plans are comprehensive and will cover their health needs. Healthcare.gov also applies any available financial help, has been built to meet the needs of diverse audiences (those with disabilities, people whose first language is not English, etc.), and will notify shoppers if they may be eligible for Medicaid or other public coverage.

Insurance companies and brokers are regularly incentivized by commissions and may push consumers to plans that do not fit their health needs or financial situation. They are not obligated or incentivized to help qualified Georgians enroll in Medicaid or PeachCare or provide other safety net referrals.

Thank you.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Partington

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pasackow

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** pasackow

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pasackow

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

### Comments \*

by not using healthcare.gov, Georgia is eliminating an unbiased platform, making it harder for Georgians to compare and select healthcare plans. We do not need to rely on private healthcare companies. Why are we re-inventing the wheel and using precious taxpayer dollars in the time of a pandemic. I strongly urge the adoption of healthcare.gov as a proven platform to select plans. thank you.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pasquarelli

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Patel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

The federal health care exchange has done remarkably well in terms of helping people who previously could not get health insurance obtain access. As a physician I have seen that many of the people that utilize it are self employed individuals and small business owners that do not have access to employer provided health care. The health exchange has allowed them to get insurance that meets the same minimal qualifications that all health plans must meet. Altering these exchanges would only hurt these individuals and the state as well by forcing may to be uninsured again. Uninsured individuals still seek care but it costs everybody when they show up to the ER and require hospitalization. The current system is not perfect but it has made positive changes compared to whatever "system" we had before. Government is designed to protect its citizens and ensure that no subset of the population is taken advantage of anyway. Altering the current health exchange will certainly harm those who use it which is currently a sizeable number of Georgians.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Patel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Patel

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Patterson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Patterson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

I do not support the Governors proposed Georgia Access model. This appears to be an attempt to garner favor with the insurance industry over the interests of Georgia consumers. It is more political than practical.

The healthcare.gov marketplace is working this fix is designed to break it.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/16/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Patillo

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This plan is completely illogical and not in the best interest of consumers.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Payne

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Peera

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pellerin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pena

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Penix

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Perry

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. In the midst of a pandemic now is not the time for narrowing who can and cannot receive healthcare.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Perryman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

I also would like to note that the State of Georgia should have a health care plan for Native Americans/American Indians in the State of Georgia or assist NA/AI governments and non-profits in developing one.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Philip

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pieraerts

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pierson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Piez

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** PITTS

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Poirier

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This appears to be an attempt to provide another revenue stream to business at the expense of those in need of healthcare.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/16/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Poland

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Porter

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pradhan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Kemp is trying to make awful changes to healthcare in ga- leaving thousands uninsured, harder for them to get insurance etc.. but will help insurance companies

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pradhan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Thank you for allowing my comments. The 1332 Waiver was conceived in 2019, before Covid-19. It is my belief that the waiver is no longer relevant in todays health care crisis climate. Even if Covid-19 was not an issue the waiver could cost Georgia even more money than if Medicare is extended. By removing healthcare.gov citizens are left on their own to choose the best coverage. Many of those citizens are not very knowledgeable when it comes to health care and are more likely to choose incorrect plans. Choosing incorrect plans will lead citizens to be underinsured which is unacceptable during a pandemic. Uninsured/underinsured plans will also end up costing the state more money. The cost of expanding medicare is the same, if not less expensive, than the waiver. And will cover around 500,000 citizens. While the waiver will cost Georgia more money, with a rise in subsidies, and will cover 50,000 people. This does not make economical sense. Leave more people uninsured or underinsured and end up paying more money? It seems like this waiver is benefiting insurance companies and not Georgia and its citizens. It could be a health care nightmare and economic disaster to have thousands of citizens without proper health care. Georgia needs to do better by it's citizens.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Price**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I dont support moving health insurance exchanges off of healthcare.gov. This is a known and trusted site that people rely on.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Prince-Farmer

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. My family will rely on the ACA for healthcare in the near future and I do not want it privatized.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** prinzivali

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Proctor

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ptashkin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

I also strongly believe that if the state feels it necessary to delay implementation of the 1332 waiver, it should seek to do the same with the harmful 1115 waiver that would enforce work requirements and other barriers for individuals trying to access care. With the millions who are out of work due to COVID, there is no reason the state should be pursuing this waiver with such fervor.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Pursley

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. As a three time cancer survivor with a genetic mutation I need the ACA or I will be broke and dead. The ACA Marketplace website is the best way for us to get our insurance. Leave it alone.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Queen

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

This act will harm Georgians by breaking with Healthcare.gov and the Affordable Healthcare Act marketplace. No other health related legislation has allowed more Georgians access to health insurance. More people have signed onto the Healthcare.gov marketplace, doubling the insured in Georgia, taking much of the financial burden off of medical clinics and hospitals. Tens of thousands of Georgians, including thousands of children gained access to healthcare because of the ACA and Healthcare.gov. The governor is aligning himself with the President who has made our health as Georgians a political issue. The President has made it his mission since he announced his candidacy to eradicate the previous President's ACA, even if it means millions would lose they and their children's health insurance.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Quigley

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Quiros

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rabinowitz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]  
1539

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Reinsurance Program

**Comments \***  
Obamacare is not perfect, but it is necessary until we find a better solution. Please do not take away peoples ability to access healthcare.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Radde

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ragland

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rapaport

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Reddish

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I have read about this and want you to have a good set of feedback. I agree with the following 2 statements. Can these 2 plans be considered separately from each other?

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Reed

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Healthcare.gov provides unbiased information that makes choosing a plan straightforward and ensures that I get what I need in the least confusing way.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Reed

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Reid

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums. As I am disabled, I need all the help I can get to access healthcare.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Resnick

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rhinehalt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Georgia should support the marketplace available through healthcare.gov instead because it helps the health and finances of thousands of Georgians. The state should be investing in a health care plan that actually helps Georgians rather than one that focuses on putting millions of dollars in the pockets of insurance companies.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Richardson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Riffle

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Rink** [REDACTED]

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. They are in it for the money. What is the benefit to me of moving to this private system? Insurance companies are a huge problem in our healthcare system!

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Robb

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Just today my fiancé, who grew up in South Georgia, told me a story of a baseball game he was playing in high school. A woman drove up to the field in her truck and started screaming at her son that they cant afford for him to be injured. He got in the car and they drove away.

It is an absolute travesty that in the greatest and richest country in the world, as you politicians always say, breaking your leg could mean poverty.

And poverty means you cant risk breaking your leg or even something less severe because healthcare has ultimately become a privilege for the rich under these jackass policies that privilege profit over people.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Robbins

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Roberts

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Roberts

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. The ability to compare and contrast plans on a neutral platform is an essential part of making sure Georgians get what they need. I ask you to reconsider.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Roberts

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** ronin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rose

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I support the reinsurance measure which would help to lower premiums starting in 2022.

However, the Georgia Access Model is a bad idea. This would force consumers to enroll in coverage through profit-driven insurance companies and web brokers instead of the unbiased enrollment site that consumers know and trust (healthcare.gov). This plan does not add any new ways for people to shop for health coverage. Instead, it only serves to shut off the most trusted and widely used path for Georgians purchasing their own coverage.

I urge you to be sure to keep healthcare.gov as an enrollment platform as part of whatever changes are implemented.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/16/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rosenthal

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ross

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rothenberg

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rundle

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Rusk

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sabogal

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Public Comments for Waiver 1332

People in the state of GA should be allowed to select and purchase health care. I don't understand why the state has to come up with another plan and exclude access to healthcare.gov. The Affordable Care Act is already in place and working. Why is it so difficult to allow people to get some kind of health care that provides coverage for basic health? The state of GA did not accept the funds for Medicaid expansion which would have resolved some of these problems. Rural hospitals are struggling and now with the pandemic are in dire need of support. Its time to recognize that health care is a right, like clean air and water. Forget about the waiver and think about making what we already have in place better and more accessible and affordable to all citizens of the state.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Saliba

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sanders

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Governor Kemp's proposal will harm Georgians by breaking with Healthcare.gov and the Affordable Healthcare Act marketplace. No other health related legislation has allowed more Georgians access to health insurance. More people have signed onto the Healthcare.gov marketplace, doubling the insured in Georgia, taking much of the financial burden off of medical clinics and hospitals. Tens of thousands of Georgians, including thousands of children gained access to healthcare because of the ACA and Healthcare.gov. The governor is aligning himself with the President who has made our health as Georgians a political issue. The President has made it his mission since he announced his candidacy to eradicate the previous President's ACA, even if it means millions would lose they and their children's health insurance. The administration should be looking for ways to ensure that more Georgians can obtain health insurance.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sanders

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sattler

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Governor Kemp, I appreciate your effort to address health care issues for all Georgians. The reinsurance program is a great idea to help lower insurance premiums.

However, I do not support the complete move from healthcare.gov to a 100% privatized enrollment system. At the least, combine the two programs and give people even more options to address their needs.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schick

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schmidt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/22/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Georgia Resident \* Are you a Georgia Resident? (choose one)  
 Yes  No

First Name \* [REDACTED] Last Name \* Schmidt

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED] State Georgia Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* Georgia Access Model

Comments \*

As your constituent and a physician providing primary care at a center serving more than 17,000 patients in Atlanta, GA, I request that choosing coverage remain on the healthcare.gov platform. I have seen first hand the effects of COVID in hospital job layoffs, forcing many of our own healthcare system's employees to now be uninsured. One specifically said "I can;t afford COBRA to extend my coverage, it's too expensive!"

Governor Kemp has proposed a plan that would make it more difficult for Georgians to shop for and enroll in health coverage. The plan dismantles the most widely used and only unbiased place that consumers can shop for comprehensive coverage (healthcare.gov) and forces Georgians to use private brokers or insurance company websites to shop.

- o Healthcare.gov allows Georgians to shop for coverage with the assurance that all plans are comprehensive and will cover their health needs.

- o Healthcare.gov also applies any available financial help, has been built to meet the needs of diverse audiences (those with disabilities, people whose first language is not English, etc.), and will notify shoppers if they may be eligible for Medicaid or other public coverage.

- o Georgia would be the only state without this comprehensive comparison tool

- o More than 500,000 Georgia consumers have been using healthcare.gov for more than seven years to enroll in comprehensive coverage.

- o This move does not add any new ways for Georgians to shop for or enroll in coverage. It only takes away the most widely used and unbiased tool available.

- o The switch from healthcare.gov to the private model will mean some Georgians unintentionally become uninsured.

Georgia should put the brakes on this plan and instead focus on lowering premiums (with a successful reinsurance program) and expanding coverage to all low-income Georgians.

- o These changes are complicated, and the state has made no concrete commitments about how they will educate consumers.

- o The state has not set aside a budget for in-person enrollment or a major public awareness and marketing campaign. These strategies have proven necessary in other states that have made changes to their marketplaces.

- o Georgia would be the first state to try this plan, at the same time as it is rolling out other big health care changes and cutting its budget. If Georgia takes on too much at one time, it could fall short and risk people's health insurance in the process.

Respectfully,

Stacie Schmidt

(character limit of 32,500)

---

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schofield

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Reinsurance Program

**Comments \***

July 23, 2020

Ryan Loke  
C/o The Office of the Governor  
206 Washington Street  
Suite 115, State Capitol  
Atlanta, Georgia 30334

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing to express my deep concern about this waiver. Under the proposal, the state would opt out of the federal marketplace with no substitute central source of help for the 464,000 Georgians who currently enroll in the federally facilitated marketplace (FFM), known as HealthCare.gov, or for the thousands of Georgians who start the enrollment process at HealthCare.gov and are later determined eligible for Medicaid. This would likely cause many thousands of Georgians to fall through the cracks and lose coverage altogether – especially harming lower-income people and people of color.

I share your concern, outlined in the waiver, about Georgia's high uninsured rate. But the best solution to that problem is to join 37 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. I am distressed that you are instead continuing to pursue a Medicaid waiver that would, by your own estimates, cover just 50,000 of the hundreds of thousands of low-income, uninsured Georgians who would be covered through full expansion, because it would impose so many barriers to coverage. I strongly urge you to withdraw both the Medicaid and 1332 waivers and instead adopt Medicaid expansion, which would sharply reduce Georgia's uninsured rate, help us respond to the ongoing pandemic, and bring billions in additional federal funding into our state.

As a person personally impacted by chronic disease, it is vital that people have health coverage that is accessible and affordable.

The 1332 Waiver Will Insure Fewer People and Encourage Enrollment in Subpar Plans.

The ACA 1332 waiver would change where and how consumers purchase health coverage. Georgia would privatize functions of the marketplace by preventing its residents from using HealthCare.gov while failing to create its own substitute platform, likely causing many Georgians to lose coverage. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed central source of unbiased information on the comprehensive insurance available to them. Instead, consumers could enroll in coverage only through private brokers and insurers, who already operate through HealthCare.gov and have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of their commissions.

Brokers sometimes also divert consumers towards substandard plans, such as short-term plans, that leave people exposed to catastrophic costs if they get sick; that steering would increase under this waiver, when these plans could be presented alongside comprehensive insurance. Especially during this pandemic, instances of people being unknowingly diverted into subpar plans are common. People enrolled in subpar plans are subject to punitive pre-existing condition exclusions, benefit limitations, and caps on plan reimbursements that add up to potentially high out-of-pocket costs for consumers. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, like diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable. In addition, despite the hugely consequential and harmful nature of this waiver, the state only provides Georgians 15 days to comment. This violates the spirit of 1332 waiver’s public notice requirement.

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

#### The 1115 Waiver Will Prevent Vulnerable People from Accessing Coverage

The 1115 waiver Georgia submitted along with an earlier version of the 1332 waiver would extend Medicaid coverage to residents with earnings below the poverty line only if they meet a burdensome work requirement and pay premiums. There would be no exceptions to the work requirement, meaning people who cannot work due to a disability, serious illness, or caregiving responsibilities could not get coverage. While the state estimates over 408,000 non-elderly uninsured adult Georgians with incomes below the poverty line are uninsured, Georgia projects that only about 50,000 will eventually enroll in Medicaid through the waiver, due to its burdensome requirements.

Upon the waivers’ release, stakeholders also warned that the Medicaid proposal would fall short in addressing the problem of uncompensated care. It “does not significantly move the needle for the rural and safety net hospitals who care for the state’s uninsured patients,” according to the Georgia Hospital Association.

Georgia has the opportunity to expand coverage to hundreds of thousands of people that would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage. It should do so, rather than upending the state’s insurance market at great risk to consumers.

Sincerely,

Rep. Kim Schofield  
State Rep. District 60  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schroeder

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. This sounds like a plan for Kemp to make money for his buddies rather than to support the healthcare and lives of Georgians.

I support a Georgia reinsurance program because it will help lower premiums.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schultz

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schwalje

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Schwalje

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** scibetta

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Scott

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] Sermons

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Shackelford

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Shafer

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Shannon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** sheaffer

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Shockey

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Reinsurance Program

#### Comments \*

It is extremely dangerous to remove Georgia from healthcare.gov. The protections for consumers are important to ensure that citizens are not taken advantage of by marketers for insurance companies. I am old enough to remember what that looks like when people had worthless insurance policies that left them without essential services and in debt for thousands and thousands of dollars.

By removing one state from the exchange it weakens the ACA overall which is bad for the entire country, not just Georgia. Instead of doing this, why not work to shore up protections for health care consumers? This aspect of this proposal makes no sense whatsoever.

It is also unclear what this would do to protect people with preexisting conditions. Weakening those protects again, leaves consumers at the will of companies whose only motive is to profit. I find that predatory. Do not let this stand.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sims

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Singh

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Singleton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of the patient. My family will be paying for years after my spouse received a heart transplant in December. It is amazing how much the for-profit sector has inflated healthcare costs to the detriment of American families. By moving healthcare.gov to a private company makes it a futile effort to help those who need it most.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sitkin

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

My only option for health insurance is through the marketplace. I have preexisting conditions and need affordable insurance.

I support a Georgia reinsurance program because it will help lower premiums. Please support this and our Georgia communities.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sivley

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I greatly prefer the existing enrollment website.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** SMITH

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the ending of enrollment for health insurance through healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of the citizens of Georgia. Georgia citizens deserve one place to be able to see an unbiased and free comparison of health insurance offerings, such as healthcare.gov.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I ALSO SUPPORT MANDATED MASKS STATEWIDE.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Smith

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I care deeply about this issue.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Snyder

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Solomon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Solomon

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** soriano

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

My family relies on health insurance from HealthCare.gov, our children have pre existing conditions! Please leave HealthCare.gov alone. It has been a Blessing to us!

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Southall

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Spann

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I am a lifelong Georgia resident with Type 1 Diabetes, and was able to finally leave my corporate job and start a business in Georgia with my own health insurance in 2016 because of healthcare.gov.

I do not support the move from healthcare.gov to a privatized enrollment system or any loss of access to healthcare.gov to Georgians because it may prevent Georgians with preexisting conditions from having the opportunity to be entrepreneurs.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Spitzner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Spransy

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. Health insurance is already difficult to navigate, and having a centralized portal like healthcare.gov makes it easy for consumers to view all of their options in one place, and doesn't require them to reach out to for profit insurance companies to learn about their coverage options.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you for helping to ensure that Georgians have access to quality affordable care.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Steiner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Stephenson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

I don't think we should move away from healthcare.gov to view health insurance policies. I prefer the apolitical model we have now where no one private company can influence what the user sees or has access to.

And our federal tax dollars have already gone into that system, so I'm disinclined to switch away from it.

I'm also concerned about access for less tech literate people. With a nationwide system, we have a much larger sample size to see pressure points and the flaws in the system are more likely to be addressed sooner.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Still**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I have spent my entire career work in front offices for doctors and nursing facilities. I have helped many people chose the correct type of insurance that meets their needs. And after services to get their insurances to pay for needed services.

FOR PROFIT COMPANIES ARE NOT IN THE INTEREST OF INDIVIDUALS. These companies do not fit all individuals.

I support a Georgia reinsurance program because it will help lower premiums.

Please do not force consumers to enroll in coverage through profit-driven insurance companies and web brokers instead of the unbiased enrollment site that consumers know and trust (healthcare.gov). This plan does not add any new ways for people to shop for health coverage. Instead, it only serves to shut off the most trusted and widely used path for Georgians purchasing their own coverage.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Stolp

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I have serious concerns about the 1332. If for-profit insurance companies manage the types of plans then the plans will be developed to serve their financial needs and not the healthcare needs of Georgians. I am most concerned about the impact this will have on the quality of plans that chronically ill patients so desperately need.

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Stovall

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Street** [REDACTED]

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Studdard

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

While reinsurance would help some middle- and high-income Georgia consumers by lowering premiums, the rest of the Governors plan is illogical and risky. The plan does not add any new ways for people to shop for health coverage. Instead, it only serves to shut off the most trusted and widely used path for Georgians purchasing their own coverage.

Georgia would become the only state in the U.S. with a confusing, decentralized enrollment system that leaves consumers to translate the sales lingo of insurance companies and sort through conflicting information about their plan options. For many, it will be harder to find a plan that they feel good about. Others will get lost in the process altogether.

It is likely that some Georgians would end up uninsured because of the confusing, decentralized system, increasing Georgias 3rd in the nation uninsured rate.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Studer

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sully

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Sutton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Syed

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Taylor

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

When making choices that will no doubt change lives, please ask yourself what you want your family to read about you years from now when learning about their ancestry.

The ability to read about your ancestry is increasing. Your life choices will no doubt be noted.

People want to find out what their family has done, etc.

What do you want to be remembered for? Saving lives or being a part of something that took them?

Please consider making life easier for all and be remembered for saving lives.

Namaste

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Teague

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to some make shift attempt at hurting people with more complicated methods of choice.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Thomas

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Thomas

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Thomason

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Thompson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Thompson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Tivzenda

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Tollefson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest, not in the best interest of so many Georgians.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Trammell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

July 23, 2020

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing to express my deep concern about this waiver. Under the proposal, the state would opt out of the federal marketplace with no substitute central source of help for the 464,000 Georgians who currently enroll in the federally facilitated marketplace (FFM), known as HealthCare.gov, or for the thousands of Georgians who start the enrollment process at HealthCare.gov and are later determined eligible for Medicaid. This would likely cause many thousands of Georgians to fall through the cracks and lose coverage altogether – especially harming lower-income people and people of color.

I share your concern, outlined in the waiver, about Georgia's high uninsured rate. But the best solution to that problem is to join 37 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. I am distressed that you are instead continuing to pursue a Medicaid waiver that would, by your own estimates, cover just 50,000 of the hundreds of thousands of low-income, uninsured Georgians who would be covered through full expansion, because it would impose so many barriers to coverage. I strongly urge you to withdraw both the Medicaid and 1332 waivers and instead adopt Medicaid expansion, which would sharply reduce Georgia's uninsured rate, help us respond to the ongoing pandemic, and bring billions in additional federal funding into our state. Our House Democratic Caucus and I have consistently advocated for Medicaid Expansion in the General Assembly, and I am happy to work together with you to accomplish Medicaid Expansion in Georgia.

I am concerned that the 1332 waiver will insure fewer people and encourage enrollment in subpar plans. The ACA 1332 waiver would change where and how consumers purchase health coverage. Georgia would privatize functions of the marketplace by preventing its residents from using HealthCare.gov while failing to create its own substitute platform, likely causing many Georgians to lose coverage. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed central source of unbiased information on the comprehensive insurance available to them. Instead, consumers could enroll in coverage only through private brokers and insurers, who already operate through HealthCare.gov and have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of their commissions.

Brokers sometimes also divert consumers towards substandard plans, such as short-term plans, that leave people exposed to catastrophic costs if they get sick; that steering would increase under this waiver, when these plans could be presented alongside comprehensive insurance. People enrolled in subpar plans are subject to punitive pre-existing condition exclusions, benefit limitations, and caps on plan reimbursements that add up to potentially high out-of-pocket costs for consumers. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, like diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable. In addition, despite the hugely consequential and harmful nature of this waiver, the state only provides Georgians 15 days to comment. This violates the spirit of 1332 waiver's public notice requirement. Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Thanks for the opportunity to submit this comment.

Very truly yours,

Bob Trammell  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Tunnell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Turney

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Turney

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Valenti

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Valera

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** van den Berg

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

I am opposed to the proposed legislation. It falls short of covering all adults with incomes up to 138% of the federal poverty line. The governor has chosen to pursue a more expensive plan that will cover fewer people. It would be more advisable to expand Medicaid as envisioned by the Affordable Care Act; we would maximize federal funding available to Georgia to provide health insurance and improve health outcomes. This legislation falls short of creating a pathway to health insurance to those Georgians who have been effectively locked out of the health care system.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Van Doren

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest or the best interest of my patients.

I support a Georgia reinsurance program because it will help lower premiums.

Overall, I wish that our state government would stop wasting time, taxpayer dollars, and lives and simply expand Medicaid as the majority of other states have already done to their benefit. Please stop attempting to reinvent the wheel with more expensive plans that cover fewer people and simply use the existing framework that has led to savings, lower rates of uninsurance, and better health outcomes in so many other states.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Vasi

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Vaughan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

I do NOT support Governor Kemp's plan to bypass the federal marketplace for insurance and for Georgian's to instead be forced to use the Georgia Access Plan. This version of the governor's plan denies Georgian's the freedom to enroll in coverage that is best suited to their health needs. Instead, they would be forced to engage private entities that may provide inadequate benefits. These private entities do not guarantee to select the best plan for an individual's health needs. This is just a plan for and by Georgia's republican leaders to circumvent the federal marketplace. The Georgia Access model will be yet another way to deny marginalized Georgians access to adequate health care. I stand in opposition to the plan.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Vaughan

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Verdell

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Vogt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Reinsurance Program

**Comments \***

I would like people to have the option of signing up for insurance through public means rather than private companies.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Waddle

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

As a Registered Dietitian and clinical provider, I am urging you to consider my recommendations.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wade

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of consumers. I work with families and children who rely on lower cost insurance to maintain their physical and mental health. In the wake of COVID-19, having health insurance is more important than ever so families can access the medical and mental health treatment they need to stay healthy.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Waggener

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Waggener

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

Enrollment in health care MUST be made available to all residents of Georgia. So many of us hospitality, retail and entertainment industry workers do not receive healthcare through our jobs. Those who do, but are suddenly out of work, are also out of luck. To force restaurants and stores to be open, in the midst of a global pandemic and a STEEP increase of local COVID-19 cases - just to provide people with luxury/nonessential goods and services - is unconscionable. To deny us protection from our customers by refusing to mandate masks is ignorant and cruel. There is absolutely NO excuse for keeping healthcare from us. The absolute least this state can do is allow us access to necessary, life-saving care when we do, inevitably, get sick as a result of these horrifically irresponsible policies.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wagner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wakeley

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Walker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Walker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Please do not remove my options or access to healthcare.gov. We are looking to start a business in my family and are counting on the healthcare.gov options. Please consider the needs of voters like me rather than the profits of large insurance companies. Don't force me to us privatized enrollment systems where insurance companies profit off me and do not act in my best interest.

I do support the reinsurance program as this will help lower premiums. Thank you for this change.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wallace

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wallace

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Healthcare.gov allows Georgians to shop for coverage with the assurance that all plans are comprehensive and will cover their health needs. Healthcare.gov also applies any available financial help, has been built to meet the needs of diverse audiences (those with disabilities, people whose first language is not English, etc.), and will notify shoppers if they may be eligible for Medicaid or other public coverage.

Insurance companies and brokers are regularly incentivized by commissions and may push consumers to plans that do not fit their health needs or financial situation. They are not obligated or incentivized to help qualified Georgians enroll in Medicaid or PeachCare or provide other safety net referrals.

Consider the cost of setting up our own system, when there is a perfectly good systemone that has already gone through the bumps and bruises of start-up years ago.

The waiver application assumes that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from healthcare.gov.

More than 500,000 Georgia consumers have been using healthcare.gov for more than seven years to enroll in comprehensive coverage.

These changes are complicated, and the state has made no concrete commitments about how they will educate consumers.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Walton

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Ware

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wasson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support Georgia's moving away from using the healthcare.gov enrollment site that has served consumers well and that they trust. Moving to a new enrollment system relying on for-profit insurance companies will not serve the best interests of Georgians, and will be confusing for consumers.

The proposed reinsurance program would help lower premiums for som people which is something I can support.

Thank you.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Watson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Watts

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Webb

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Webster

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Weisman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interests of my patients. Already I have patients with "samaritan" plans that do not cover preventive services or the medications I prescribe. These underinsured and uncovered plans not only hurt the individuals with these plans. they drive up costs for everyone else as hospitals and pharmaceutical companies seek to make up their losses on the backs of the insured.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Weisman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Weisshaar

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Weisshaar

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wells

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wells

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I am disappointed that Georgia so often and so callously continues to prioritize big business over the needs of the majority of its residents.

I support a Georgia reinsurance program because it will help lower premiums. Please let me know where you stand on this issue and why.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wells

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I 100% do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies to present all the facts. Georgia is part of the United States of America, and I believe we should continue using the federal healthcare.gov

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Werner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

As a constituent living with MS, an MS activist, and an officer on the Board of Trustees at the National MS Society, I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

The Georgia Access model would force consumers to enroll in coverage through profit-driven insurance companies and web brokers instead of the unbiased enrollment platform that consumers know & trust (healthcare.gov).

I support a Georgia reinsurance program because it will help lower premiums starting in 2022.

While reinsurance would help middle- and high-income Georgia consumers by lowering premiums, the plan does not add new ways for people to shop for health coverage. Instead, it shuts off the most trusted and widely used path for Georgians purchasing their own coverage.

Georgia would become the only state in the U.S. with a confusing, decentralized enrollment system that disempowers consumers, leaving them vulnerable to the sales tactics of insurance companies. For many, it will be even harder to find a plan that they feel good about. Others will get lost in the process altogether and unintentionally become uninsured.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** West

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

You should be ashamed of yourself. Because of your incompetence, GA hospitals are at capacity and we're having to route Georgians to KY for covid-19 treatment. While Georgians are dying on your watch, you try to gut our access to reasonable health care. This blood is on your hands.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** West

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wheeler

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Whipple

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. I have used healthcare.gov in the past to buy health insurance and I found it very easy to use; it clearly explained my options and the prices. Putting this responsibility on an private corporate entity is very risky, as they do not have the interest of the public as a primary goal.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Whitley

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Whitney

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/13/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wienert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wienert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/20/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wienert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wienert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/15/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** wiles

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Please expand Medicaid. It will keep Hospitals open and provide health care in the least expensive manner.

healthcare .gov works well for those uninsured by their employers who do not meet requirements for Medicaid.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wilkins

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Willard

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Williams

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Willis

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wilson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** wilt

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Health care is a human right. Any person with morals should believe that. No one should have to question if they can afford medical care. With the current pandemic, the need for universal health care is more evident than ever.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wimberly

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/14/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Winecoff

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest. As someone with a chronic illness, my finances have always been strained by the cost of my health services. I implore you to feel compassion towards the people rather than giving rights to insurance companies. Please don't force us to live under the foot of profit driven companies.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/17/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Winkler

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies. It is unwise to stop using healthcare.gov which has been performing adequately for many years.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Winston

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Save publically funded healthcare.gov!

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wolff

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Womble

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wood

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

I am not in favor of the revised Georgia Access waiver 1332 proposal. I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I have had absolutely no problems with the Healthcare.gov website, even in its first year. I SO appreciate having all of the plans that are available for me on display in a single location, presented without bias. There is a consistency of language across all vendors which provides clarity, with no "shades" of meaning that would trip you up. I like having the comfort of knowing that they will all cover the essential services. I like being able to toggle through the effects of the different metal quality ratings to see likely total costs for different levels of insurance usage.

The plan that is being presented will take Georgians back to the Wild West of insurance shopping during the pre PPACA days. We will have to navigate multiple biased channels, avoid the pitfalls of inadvertently selecting sub-par plans, and resist profit minded sales pitches. Insurance shopping will be vastly more confusing and I feel that it will provide an unnecessary barrier that many Georgians will not be able to overcome.

If Georgia truly wants to put Patients First and does not want to use the federal site, then they should make the commitment go all in and run their own central full service shopping site that allows direct, easy, unbiased comparison between offerings and usage scenarios. It should not merely be a portal to off site plans of brokers. A Georgia site should bring all information to it, not the other way around. The ramifications of placing the medical and financial fate of its citizens in the hands of a multitude of profit minded actors are just too severe. We need transparency and trust.

I see no benefit at all of Georgia running a mere portal to outside websites. Only the potential for harm.

If Georgia truly wants to put Patients First, they should also return support to the navigator outreach program that was removed in the prior administration. The people need someone that acts as an advocate for THEM.

When done correctly, my government, both state and federal, acts as a "union" to look out for its citizens' rights and will provide a bulwark against profit minded entities. I want to have one big collective voice rather than be a single individual at the mercy of the big companies.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \***      General Comment / Other

**Comments \***

I understand that block grants for subsidy changes are not under discussion at this time due to financial costs of the current pandemic. But, I would hope that going forward, the realization of unforeseen situations such as pandemics and other major disasters would show the wisdom of leaving this funding in the hands of the federal government with the ability to deficit spend.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \***      Reinsurance Program

**Comments \***

I support a Georgia reinsurance program because it will help lower premiums.

(character limit of 32,500)

---

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Woodward

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

Following my planned early retirement at 61 and unplanned divorce at 62 later that year, I was on Obamacare for the next three years. Selecting the best healthcare insurance was easy and affordable, despite Georgia's political leaders' many efforts to undermine it. Denying that same right to poor Georgians by not expanding Medicare in the middle of this pandemic in 2020 is cruel and heartless!

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Woodworth

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Reinsurance Program

#### Comments \*

Please do not remove the use of healthcare.gov.

Georgians need more help, not less.

Medicaid expansion would be great.

We are not shiftless ignorant backwoods folk - we are the elderly, those with the bad luck to have horrible diseases like Muscular Dystrophy. Stand WITH the citizens, not against them.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** [REDACTED] **Word**

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)



## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Wuellner

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Zay

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

#### Comments \*

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

My partner was laid off during covid and having the option to use healthcare.gov during this time has opened up our options. Now as she goes back to work as a full-time nanny this month, I want to let you know that we HEAVILY rely on services like this to make health care possible. If we didnt get discounts and credits based on income, we could be paying \$500+ a month just for one person to receive insurance. We deserve health care just like you and everyone high up in the Georgia government. This program just barely makes it possible for so many people, please dont take away our healthcare options during a pandemic. Especially as you have great healthcare coverage and have never had to worry you might have to go to a hospital for something as simple as a Urinary Tract Infection because your insurance requires a large deductible to pay upfront and no where would take you with payment.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much for taking the time to read this.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Zepeda

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Zimmerman

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.

(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Georgia Resident \*** Are you a Georgia Resident? (choose one)  
 Yes  No

**First Name \*** [REDACTED] **Last Name \*** Zoppo

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

I do not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in my best interest.

I support a Georgia reinsurance program because it will help lower premiums.

Thank you very much.  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** American Cancer Society Cancer Action Network

**Stakeholder Type \*** Advocacy Group

**First Name \*** [REDACTED] **Last Name \*** Youmans

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Reinsurance Program

#### Comments \*

In our comments in response to Georgia's proposed 1332 waiver in December 2019, ACS CAN supported Georgia's proposed reinsurance program. We continue to support the proposed reinsurance program and urge its enactment. A well-designed reinsurance program can help to lower premiums and mitigate the plan risk associated with high-cost enrollees. We note that the draft waiver anticipates the reinsurance program will reduce premiums by 10.2 percent in plan year 2022. These savings could reduce federal government subsidy payments, and lower premiums for consumers who enroll in coverage through the exchange but are not eligible for subsidies.

Georgia's proposed reinsurance waiver is similar to that adopted in Colorado, which has been shown to reduce premiums. A reinsurance program may encourage insurance carriers to enter the market. A reinsurance program may also encourage plans already in the market to continue offering plans through the exchange. Further, the expected maintenance or increase in plan competition due to the reinsurance program may help to keep premiums from rising. These premium savings could help cancer patients and survivors afford health insurance coverage and may enable some individuals to enroll who previously could not afford coverage – the draft waiver anticipates increased enrollment of 0.4 percent.

We are pleased that the proposal states that Part I of the waiver will not impact the comprehensiveness of coverage in Georgia. ACS CAN believes that patient protections in current law – like the prohibition on pre-existing condition exclusions, prohibition on lifetime and annual limits, and Essential Health Benefits requirements – are crucial to making the healthcare system work for cancer patients and survivors.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

In the second part of its draft 1332 waiver, Georgia proposes to eliminate healthcare.gov as an enrollment platform for residents of Georgia and transition to an entirely new model, the Georgia Access Model, under which the private sector would provide front-end consumer shopping experiences and operations with the State validating whether an individual is eligible for subsidies and providing those subsidies to plans. Georgia would be responsible for ongoing program management and compliance of participating entities. The State believes this will help to promote competition and improve customer service.

We are concerned that under this proposal, consumers would be steered toward specific plan options. The waiver states that web-brokers will be required to display all available Qualified Health Plans (QHPs) and differentiate for customers plans that are eligible for Advanced Premium Tax Credits (APTCs)/Premium Tax Credits (PTCs) and those that are not. For patients with cancer and cancer survivors, it is crucial to choose a health insurance plan that provides coverage for their unique needs. Cancer patients and survivors must pay particular attention to whether a plan covers the medications they need, whether their (often multiple) physicians are in-network, whether their treatment center is in-network, and the cost-sharing that will be required of them.

Even if brokers don't outright omit plan choices in their systems, there is still the potential for them to display certain plans differently – or provide more clear and detailed information about certain plans they have an incentive to sell – and in other ways alter the plan shopping experience so that the consumer is not truly presented with all the relevant choices. Under the proposed waiver, an agent or broker could sell an individual a QHP or a non-QHP plan, the latter of which would not necessarily provide important patient protections such as coverage of Essential Health Benefits.

We are concerned the waiver fails to provide adequate information regarding the transition from the existing healthcare.gov platform to the new Georgia Access Model. While the waiver claims that an estimated 25,000 individuals would enroll in coverage under the Georgia Access Model, it fails to provide any evidence with which to substantiate this claim. We note that even with the best of intentions, as states transition from one model to another, enrollment often declines as evidenced by Nevada's recent experience. We are concerned that without adequate patient protections, which are not identified in the draft waiver, individuals in active cancer treatment could lose coverage or experience a gap in coverage. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \***      General Comment / Other

**Comments \***

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Georgia's revised Draft Section 1332 waiver proposal. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. Access to health care coverage is paramount for persons with cancer and survivors. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive. In the United States, more than 1.8 million Americans will be diagnosed with cancer this year – an estimated 55,190 in Georgia. An additional 15.5 million Americans are living with a history of cancer – 446,900 in Georgia. For these Americans access to affordable health insurance is a matter of life or death.

On behalf of the American Cancer Society Cancer Action Network, we thank you for the opportunity to comment on the proposed section 1332 waiver. We strongly support Georgia's proposed reinsurance waiver, which we believe will provide long-term viability of the individual market while not eroding important consumer protections. We have serious concerns with the proposed Georgia Access Model and would discourage Georgia from proceeding with the second phase of its 1332 waiver. If you have any questions, please feel free to contact me at 850-251-2111 or [Heather.youmans@cancer.org](mailto:Heather.youmans@cancer.org).

(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/22/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Business/Organization \* American Diabetes Association

Stakeholder Type \* Non-Profit

First Name \* [REDACTED] Last Name \* De La Garza

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED] State Texas Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* General Comment / Other

Comments \*



July 22, 2020  
Ryan Loke  
c/o The Office of the Governor  
206 Washington Street, Suite 115  
State Capitol  
Atlanta, GA 30334

Re: Georgia Section 1332 Modified Waiver Application

Dear Governor Kemp,

On behalf of the more than 34 million American living with diabetes and the 88 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the State of Georgia's modified 1332 Waiver application.

Diabetes is an epidemic nationally and in Georgia. There are around 1,183,000 Georgians with diabetes (both diagnosed and undiagnosed). Another 2,674,000 Georgians have prediabetes. People with diabetes have medical expenses that are about 2.3 times higher than those without diabetes. Diagnosed diabetes costs Georgia an estimated \$11 billion a year. For those with diabetes having access to healthcare is more important than ever.

We support state innovation that increases access to comprehensive and affordable health coverage and applaud the State's plan to establish a waiver-funded reinsurance program to improve the affordability of Affordable Care Act (ACA) compliant individual market health insurance.

While we are supportive of the reinsurance program as outlined, we believe that the subsequently proposed Georgia Access model will encourage consumer enrollment in substandard plans and put Georgians at risk of losing coverage altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, and those with diabetes would be most at risk of experiencing adverse consequences from the outlined plan.

We are deeply troubled by, and strongly oppose, the State's proposal to eliminate the option for consumers to enroll in coverage through the federal marketplace website and to use federal coverage subsidies to promote enrollment in insurance products that are exempt from critical consumer protections. These proposals will undermine access to and the affordability of comprehensive health coverage for Georgians with preexisting conditions.

Eliminating the federal enrollment platform would eliminate a widely used option for obtaining comprehensive health coverage and rely exclusively on industry-run and third-party enrollment options that consumers have access to already.

Many Georgians who now rely on federal subsidies to afford coverage will almost certainly be cut off from financial help due to the "innovative" program rules described in the application, while others who depend on comprehensive coverage are likely to have fewer plan choices and higher premiums. Meanwhile, state promotion of third-party websites that sell deficient insurance products alongside comprehensive coverage is likely to deepen consumer confusion and increase the risk that individuals will be steered to plans that do not meet their needs or expectations.

The waiver application assumes that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from the federal enrollment platform.

Despite our concerns related to the Georgia Access portion of the state's waiver application, the American Diabetes Association is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

In December of 2019 the ADA sent a comprehensive letter on the 1332 waiver and the comments and citations to supporting research in the letter are still relevant to this waiver so I am attaching it for your review.

Thank you for the consideration of our comments on Georgia's Section 1332 modified waiver application. If you have any questions, please contact: Veronica De La Garza at [vdelagarza@diabetes.org](mailto:vdelagarza@diabetes.org) or 1-800-676-4065, ext. 6017.

Sincerely,

Veronica De La Garza  
Director, State Government Affairs  
American Diabetes Association  
(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple

topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \***      General Comment / Other

**Comments \***

December 3, 2019

Ryan Loke  
c/o The Office of the Governor  
206 Washington Street, Suite 115  
State Capitol  
Atlanta, GA 30334

Re: Georgia Section 1332 Waiver Application

Dear Mr. Loke:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the State of Georgia's draft Section 1332 Waiver Application.

As the global authority on diabetes, the ADA funds research to better understand, prevent and manage diabetes and its complications; publishes the world's two most respected scientific journals in the field, *Diabetes* and *Diabetes Care*; sets the standards for diabetes care; holds the world's most respected diabetes scientific and educational conferences; advocates to increase research funding, improve health care, enact public policies to stop diabetes, and end discrimination against those denied their rights because of the disease; and supports individuals and communities by connecting them with the resources they need to prevent diabetes and better manage the disease and its devastating complications.

We support state innovation that increases access to comprehensive and affordable health coverage and applaud the State's plan to establish a waiver-funded reinsurance program to improve the affordability of Affordable Care Act (ACA) compliant individual market health insurance.

We are deeply troubled by, and strongly oppose, the State's proposal to eliminate the option for consumers to enroll in coverage through the federal marketplace website and to use federal coverage subsidies to promote enrollment in insurance products that are exempt from critical consumer protections. These proposals will undermine access to and the affordability of comprehensive health coverage for Georgians with preexisting conditions. Not only are these policies harmful to the individuals we represent and to thousands of other Georgians who rely on comprehensive coverage to meet their care needs, they violate the statutory requirements of the waiver program and cannot be lawfully approved or implemented. We strongly urge the State to reconsider its approach and we stand ready to assist policymakers in the development of lawful policy reforms that will reduce the uninsurance rate and make comprehensive coverage more affordable for more Georgians.

**Reinsurance**

We support the State's proposal to establish an individual market reinsurance program beginning in plan year 2021. Reinsurance programs are proven tools for providing market stability and moderating premiums, to the direct benefit of consumers. Medicare Part D includes a reinsurance program, and the temporary program established by ACA lowered individual market premiums by 10 to 14 percent in 2014. Since that program lapsed, 12 states have received federal approval to use a Section 1332 waiver to fund state-operated reinsurance programs.

These efforts have made a real difference for consumers. All 12 states with waiver-funded reinsurance have experienced, or are set to experience in 2020, substantial decreases in premium rates — average statewide reductions have ranged from 6 to 30 percent — as a result of these programs. It appears likely that Georgia's proposed reinsurance program would produce similar benefits in 2021. If not otherwise undermined by the counterproductive policies described in the "Georgia Access Model," reinsurance could be expected to promote stability and competition in the State's private insurance market in the years that follow.

**Georgia Access Model**

Unfortunately, the Georgia Access Model would impose substantial and highly disruptive changes on the State's individual market that would offset the benefits of the proposed reinsurance program and harm the many thousands of Georgians who rely on the existing market for comprehensive coverage.

The State would terminate residents' access to federal premium and cost-sharing assistance. It would establish, instead, a less generous program that caps the total amount of assistance money Georgians can receive and promotes enrollment in deficient insurance products, making comprehensive coverage more expensive.

The State would also prohibit residents from using the federal enrollment platform. Though the application claims this limitation will improve the enrollment experience for consumers, it would, instead, eliminate a widely used option for obtaining comprehensive health coverage and rely exclusively on industry-run and third-party enrollment options that consumers have access to already.

The State would undertake these changes "to spur innovation." Yet many Georgians who now rely on federal subsidies to afford coverage will almost certainly be cut off from financial help due to the "innovative" program rules described in the application, while others who depend on comprehensive coverage are likely to have fewer plan choices and higher premiums. Meanwhile, state promotion of third-party websites that sell deficient insurance products alongside comprehensive coverage is likely to deepen consumer confusion and increase the risk that individuals will be steered to plans that do not meet their needs or expectations.

In sweeping aside these serious and foreseeable harms, the State relies not so much on actuarial analysis as it does on conclusory assertions. The State's application omits several key analyses necessary for evaluating the probable effects of the waiver and bases its claimed compliance with the federal guardrails on assumptions unsupported by analysis.

In so doing, Georgia may hope to avail itself of the new flexibilities in waiver design that have been offered to states in recent federal guidance. We believe the policy changes announced in the October 2018 waiver guidance are clearly inconsistent with federal law and that the guidance itself — which was issued in the absence of notice and comment rulemaking and has been determined by the Government Accountability Office to constitute a rule — is procedurally invalid. Yet, the Georgia Access Model fails to satisfy even the lax standards of that document, which requires more from states than unsupported assertions of adherence to federal law.

#### The Waiver Program Would Segment the State's Insurance Market, Harming Georgians with Preexisting Conditions

The State's proposal would divert federal financial assistance used by Georgians to enroll in comprehensive health coverage for use in promoting the sale of what would be, in effect, a new class of insurance product not subject to the same consumer protection standards as the current individual market. These "Eligible non-QHPs" are designed to market coverage that provides skimpier benefits and fewer cost-sharing protections than permissible under current law. Though the application states that these plans must "maintain protections for those with preexisting conditions" and may not medically underwrite, it declines to go beyond these generalities, making it impossible for the public to understand specifically what these new and less regulated plans can, and cannot do. Can Eligible non-QHPs charge consumers a higher premium based on gender or age? May they impose annual or lifetime limits on the benefits they choose to cover? Though the State asserts that Eligible non-QHPs will remain in the single risk pool, how will risk adjustment function, given that the plans will operate under different rules than the rest of the market? The application is silent on these critical questions.

The proposal is clear, however, in its intention to exempt Eligible non-QHPs from otherwise applicable benefit and cost-sharing requirements. In markets where insurers can avoid covering critical benefits and services used by people with preexisting conditions, experience shows that insurers take advantage. It is well documented that in the years before passage of the ACA, individual health insurance routinely excluded coverage for mental health services and substance use disorders, maternity care, and prescription drugs. Similarly today, short-term plans, which are exempt from the essential health benefits (EHB) requirement, commonly exclude coverage for these same essential benefits as a way of reducing exposure to unhealthy risks and increasing profits. Because they have critical gaps in coverage, these products are far less attractive to people who expect to use medical care, such as individuals with diabetes. Instead, they draw healthy consumers away from the wider market, cherry picking low-cost enrollees while individuals with preexisting conditions seek out comprehensive coverage options. This dynamic causes the market for comprehensive coverage to become smaller, sicker, and more expensive, with serious consequences. Those who rely on comprehensive plans to address their care needs — the people we represent and many others with preexisting conditions — face higher costs, fewer plan choices, and an increased risk that the insurers who offer such coverage will cease to do so altogether.

The October 2018 waiver guidance articulated five new principles that the federal administration expects states to consider and advance when developing a waiver program. The State's application claims that the Georgia Access Model "aligns with and advances" four of these principles. The fifth principle asks states to "[s]upport and empower those in need. Americans should have access to affordable, high value health insurance." Tellingly, the State does not even attempt to argue that its program aligns with and advances this goal.

We strongly urge the State to withdraw the Georgia Access Model and to consider only those reforms that do not harm people with preexisting conditions by dividing the market between healthy and sick.

#### The Waiver Program Would Promote Enrollment in Limited Benefit Products and Jeopardize Georgians' Access to Comprehensive Health Insurance

To receive approval, a Section 1332 waiver application must demonstrate that “it will provide coverage that is at least as comprehensive as the coverage defined in section 1302(b)” of the ACA and offered by Qualified Health Plans (QHPs) on the marketplace. The Georgia Access Model seeks to take federal dollars used by Georgians to enroll in coverage that offers EHB protections and use some of those funds to subsidize enrollment in a new coverage product that is entirely exempt from the EHB protections of section 1302(b). The proposal, in other words, is designed to funnel federal dollars toward providing and promoting coverage that fails the federal statutory requirement.

The application appears to try to obscure the logical implications of this approach by grounding its guardrail analysis on the assumption that the new “Eligible non-QHPs” will cover 90% of the benefits that real QHPs do. This assumption is without basis. The application provides no explanation or analysis to suggest how it reached this conclusion. Experience shows the opposite. As described above, insurance products sold in markets operating under similar lax rules typically offer far fewer benefits than QHPs. The State’s assumption to the contrary is implausible and does not accurately assess the degree to which Eligible non-QHPs are likely to diverge from comprehensive coverage.

In addition, the application repeatedly assures readers that the Georgia Access Model will not eliminate QHPs or otherwise affect the availability of these comprehensive plans. Yet, reading further into the document reveals these promises, too, stem from a baseless assumption. The State’s guardrail analysis “assume[s] insurers will continue to offer QHPs that cover all ten EHBs. Under this assumption, the waiver does not change the availability of QHPs.” This assumption is made without justification or analysis and runs counter to what we expect from a market structured in the manner that the State proposes. Required to demonstrate how its proposal complies with the federal law guardrails, the State instead offers “analysis” that takes as a given the very condition it is supposed to be testing for: the guardrails are met, it says, because we assume for the purpose of analysis that they are met. There is no doubt that “analysis” in this application fails federal requirements.

#### The Waiver Program Would Increase the Cost of Comprehensive Coverage, While the Funding Cap Would Cause Georgians to Lose the Premium and Cost-Sharing Assistance They Now Receive

The State must also demonstrate that its waiver program “will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable” as those provided under the ACA.

The State acknowledges that, by promoting enrollment in limited benefit products, it will trigger adverse selection against the market for comprehensive health plans and, in so doing, will cause comprehensive coverage to become more expensive. Relying on the same assumptions identified above — that non-Eligible QHPs will voluntarily offer 90% of QHP benefits and that QHP availability will be unaffected by the State’s upending of the market rules — the state projects the cost of comprehensive plans will rise only 1.1%. As explained above, the assumptions underlying this estimate are without basis and are at odds with analysis of markets similar to the one Georgia seeks. Accordingly, the State’s projection that its proposal will only modestly increase premiums does not meet the federal Section 1332 application requirements. Though the application asserts Eligible non-QHPs will choose to offer similar benefits to QHPs, it expressly declines to make any claims about how generous these new products will be with respect to cost-sharing. In other words, an Eligible non-QHP that, improbably, were to offer 90% of a QHP’s benefits could be expected to impose severe cost-sharing limitations that would make the actuarial value of the product far lower than its QHP counterpart.

For these reasons, it is likely that the waiver program will cause greater adverse selection than the State acknowledges and increase the cost of comprehensive coverage by far more than its estimates allow. This would hurt Georgians in at least two ways.

First, unsubsidized enrollees who require comprehensive coverage — for example, to manage a chronic condition, such as diabetes, or to receive mental health or substance use disorder services — will be forced to pay substantially higher premiums to maintain access to the care they need. Of course, those who are now healthy but unexpectedly develop a need for expensive care will face a similar hardship when choosing a new plan.

Second, the State will reach its self-imposed subsidy funding cap far earlier than it anticipates. Because the State’s coverage subsidies will be tied to the price of a QHP, program choices that have the effect of inflating the cost of comprehensive coverage will also inflate the per-person cost of the subsidy. But while, as the application admits, these higher costs should be “entirely born[e] by the State,” the program’s funding cap would in fact limit the State’s commitment. Instead, and by design, the State would shift the cost burden to its lower- and middle-income residents. When the State hits its funding cap, Georgians who otherwise would receive federal premium and cost-sharing assistance will, instead, receive nothing. These individuals will be forced to choose whether to pay the full cost of coverage — in the case of comprehensive plans, the waiver-inflated cost — or go uninsured. Residents who become eligible for coverage and subsidies mid-year —because, for example, they lose coverage through their employer, or age off of a parent’s plan—would be at particular risk for being left behind by the State’s reforms. A subsidy cap such as the one Georgia proposes cannot be squared with the plain language of the affordability guardrail.

Finally, it appears the waiver program may deprive Georgians of affordable coverage by eliminating, without replacement, the federal cost-sharing assistance relied on by nearly 300,000 residents. The State proposes to waive in its entirety Section 1402 of the ACA, which establishes the law’s cost-sharing reduction (CSR) subsidy. Though federal funding for CSRs was cut off in 2017, eligible consumers continue to receive this valuable assistance because insurers are required by federal law - specifically Section 1402 -

to provide it. Were this section rendered inoperative in Georgia, insurers in the State would no longer be obligated to enroll eligible consumers in reduced cost-sharing plans. Without this assistance, these low-income consumers would be exposed to thousands of dollars in increased cost-sharing. The application suggests the State will utilize the "same . . . federal subsidy structure" as is currently in place. However, there is no explicit mention in the application of a cost-sharing component to the state subsidy program. Were the Georgia Access Model not to provide cost-sharing assistance as protective to consumers as the CSR subsidy, it would be an enormous omission that on its own would cause the application to fail.

#### The Waiver Program Would Reduce the Number of Georgians with Comprehensive Health Insurance

Federal law requires the State to show that its waiver program "will provide coverage to at least a comparable number of its residents as the provisions of [Title I of the ACA] would provide." The Georgia Access Model, by design, would promote enrollment in coverage products that do not comply with Title I of the ACA. According to the application, this approach will cause the number of Georgians insured by comprehensive coverage to decrease by at least 10 percent. We understand the October 2018 waiver guidance purports to allow for the approval of a program that lowers enrollment in comprehensive coverage, so long as it offsets these losses with gains in non-ACA-compliant products. As noted above, it appears this guidance is procedurally invalid.

The State's waiver program would require consumers to purchase coverage directly from a private insurer, or via web and traditional brokers, many of whom receive substantially higher commissions for enrolling individuals in non-ACA-compliant coverage than in comprehensive coverage. Given the substantial risk of consumer confusion regarding the features and limitations of the various disparate insurance products the State expects will be marketed by these entities (which include not just QHPs and Eligible non-QHPs, but also "accident supplemental plans, critical illness plans, limited-benefit plans, short-term limited duration plans" and more), it is likely that at least some consumers will land in non-comprehensive products that do not align with their needs and expectations.

#### The Application Fails to Account Fully for the Waiver Program's Effects on the Federal Budget

The application contains estimates of the approximate amount of federal pass-through dollars that will be available to the State to help fund the waiver program. However, the State's analysis significantly underestimates the amount by which the program is likely to reduce federal revenues. In particular, because the waiver program would eliminate federal premium tax credits in Georgia, employers of Georgia residents would no longer be liable for employer shared responsibility payments with respect to their Georgia employees. Once properly accounted for, these lost revenues will materially reduce the federal funding available for what is already an insufficiently funded subsidy program.

#### The Application Provides Insufficient Information to Assess the State's Ability to Implement the Waiver Program on Time and Without Disruption for the More than 450,000 Georgians Who Depend on the Current Enrollment and Subsidy Framework

The State's plan to cease enrollment through HealthCare.gov, direct the more than 450,000 Georgians who use that platform to alternate enrollment pathways, and at the same time implement a new state subsidy program (and communicate those critical details to enrollees) is a substantial undertaking, posing a significant risk of disruption to consumers' coverage and finances. The State recognizes, correctly, that these proposals will require a "detailed transition strategy, including thoughtful and clear communication for consumers and the public." Yet while we do not expect a fully articulated transition strategy to be contained in the application, the State has provided scant information about how it will address the various significant technical, operational, and administrative challenges it hopes to undertake. As but one example, the State says it will use the same subsidy eligibility and program parameters for its subsidy program as are currently in place. This suggests the State will authorize and administer an advanceable premium tax credit and a cost-sharing reduction subsidy, the former of which will require annual reconciliation at tax time. Reconciliation is a complicated process to administer, and to communicate to the public. Not only is there no information in the application about how this would occur, it is not even fully clear that this is, in fact, the State's plan. In the application's current form, it is impossible to assess the State's claims about the timing and implementation of its ambitious reforms.

#### Conclusion

Thank you for the opportunity to provide these comments. Our comments include numerous citations to supporting research, including direct links to the research for the benefit of the Department in reviewing our comments. We direct the Department to each of the studies cited – made available through active hyperlinks – and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act. If you have any questions, please contact: Veronica De La Garza at [vdelagarza@diabetes.org](mailto:vdelagarza@diabetes.org) or 1-800-676-4065, ext. 6017.

Sincerely,

Veronica De La Garza  
Director, State Government Affairs  
American Diabetes Association  
2451 Crystal Drive, Suite 900  
Arlington, VA 22202

Citations:

- 1 "Georgia Section 1332 Waiver Application," Nov. 4, 2019, at 7.
- 2.U.S. Government Accountability Office, "Department of Health and Human Services and Department of the Treasury—Applicability of the Congressional Review Act to State Relief and Empowerment Waivers," GAO, July 15, 2019; Christen Linke Young, "The Trump Administration Side-Stepped Rulemaking Processes on the ACA's State Innovation Waivers--and It Could Make Their New Section 1332 Guidance Invalid," The Brookings Institution, Nov. 28, 2018.
- 3 American Academy of Actuaries, "How Changes to Health Insurance Market Rules Would Affect Risk Adjustment," May 2017
- 4 Office of the Assistant Secretary for Planning and Evaluation, "Essential Health Benefits: Individual Market Coverage," U.S. Department of Health & Human Services (HHS), Dec. 16, 2011; Michelle M. Doty, Sara R. Collins, Jennifer L. Kriss et al., "Failure to Protect: Why the Individual Insurance Market Is Not a Viable Option for Most U.S. Families," The Commonwealth Fund, July 21, 2009; see also Dania Palanker, JoAnn Volk, and Justin Giovannelli, "Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers," The Commonwealth Fund, March 24, 2017.
- 5 Dania Palanker, JoAnn Volk, and Kevin Lucia, "Short-Term Health Plan Gaps and Limits Leave People at Risk," The Commonwealth Fund, Oct. 30, 2018; Dania Palanker, Kevin Lucia, and Emily Curran, "New Executive Order: Expanding Access to Short-Term Health Plans Is Bad for Consumers and the Individual Market," The Commonwealth Fund, Oct. 11, 2017. Karen Pollitz, Michelle Long, Ashley Semanskee, and Rabah Kamal, "Understanding Short-Term Limited Duration Health Insurance," Kaiser Family Foundation, Apr. 23, 2018.
- 6 Georgia Section 1332 Waiver Application at 24.
- 7 <https://www.federalregister.gov/documents/2018/10/24/2018-23182/state-relief-and-empowerment-waivers>
- 8 Georgia Section 1332 Waiver Application at 53.
- 9 Id. at 42. See also id. at 53 ("The actuarial modeling also assumes that currently available QHPs will continue to be available in all rating areas").
10. Gary Claxton, Karen Pollitz, Ashley Semanskee, and Larry Levitt, "Would States Eliminate Key Benefits if AHCA Waivers are Enacted?" Kaiser Family Foundation, Jun. 14, 2017. Congressional Budget Office, Cost Estimate: H.R. 1628, American Health Care Act of 2017, May 24, 2017. PricewaterhouseCoopers, LLP, "Challenges of partial reform – Lessons from State Efforts to Reform the Individual and Small Group Market Before the Affordable Care Act," California Health Care Foundation, Feb. 2017. Adele Kirk, "Riding the Bull: Experience with Individual Market Reform in Washington, Kentucky, and Massachusetts," Journal of Health Politics, Policy and Law 25(1), 2000.
11. Georgia Section 1332 Waiver Application at 53.
12. Id.at 54.
13. Id. at 20 (anticipating hitting the cap but downplaying its impact on existing consumers).
14. Id. at 54.
15. Centers for Medicare & Medicaid Services (CMS), 2019 Marketplace Open Enrollment Period Public Use Files, Nov. 2019.
16. Kaiser Family Foundation, Explaining Health Care Reform: Questions About Health Insurance Subsidies, Nov. 20, 2018.
17. Georgia Section 1332 Waiver Application at 23.
18. Centers for Medicare and Medicaid Services, Letter to Commissioner Doug Ommen from Randy Pate, Director of the Center for Consumer Information & Insurance Oversight, Oct. 19, 2017.
19. Georgia Section 1332 Waiver Application at 18.

(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/22/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Business/Organization \* American Lung Association in Georgia

Stakeholder Type \* Advocacy Group

First Name \* [REDACTED] Last Name \* Deen

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED]

State Georgia

Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* Georgia Access Model

Comments \*

The American Lung Association in Georgia appreciates the opportunity to submit comments on Georgia's Section 1332 Waiver Application.

The American Lung Association is the oldest voluntary public health organization in the United States, representing more than 36 million Americans with lung disease, including more than 1.2 million individuals in Georgia. For patients with lung disease – including asthma, COPD and lung cancer – having quality and affordable healthcare is essential.

While the Lung Association supports reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with lung diseases and other pre-existing conditions. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. The Lung Association urges Georgia to withdraw its application for the Georgia Access Model.

Georgia's application proposes to no longer use Healthcare.gov for enrollment and instead have people enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and the Lung Association opposes this change.

The Lung Association fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would inevitably lose coverage during the transition. This could have a serious impact on the health of patients who are in the middle of treatment for lung cancer, rely on regular visits with healthcare providers for COPD, or must take daily medications to manage their asthma and cannot afford a sudden gap in their care. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. There is no clear methodology for producing this estimate, except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase, enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year.

Today, patients with lung disease who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients and lead them to purchase coverage that does not cover preventive and primary care, hospitalizations, emergency room visits, prescription medications and other treatments and services needed to maintain their health. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections. This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with lung disease to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, the Lung Association opposes the changes in the Georgia Access Model.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \***      Reinsurance Program

**Comments \***



Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14% in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9% in their first year.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10% in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

Georgia's proposal estimates that this reinsurance program will cost the state \$104 million, which will come from the state's general fund. As Georgia moves forward with allocating funding for this program, it is important that the state not do so by cutting funding for other public health and coverage programs. This would diminish health and access to care for Georgians, undermining the core goals of a reinsurance program.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \***      General Comment / Other

**Comments \***

As the Lung Association and other organizations in Georgia wrote in a letter to Governor Kemp on July 17, a fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. The Lung Association asks that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

While the Lung Association supports reinsurance as a tool to stabilize premiums in the individual marketplace, we are deeply concerned that the remainder of the state's Section 1332 Waiver Application will jeopardize access to quality and affordable healthcare coverage for patients with lung disease and other pre-existing conditions. The American Lung Association urges Georgia to withdraw its application for the Georgia Access Model and instead focus on solutions that promote adequate, affordable and accessible coverage without jeopardizing access to care for patients with lung disease and other pre-existing conditions.

Thank you for the opportunity to provide comments.

(character limit of 32,500)

---

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** Association of Web-Based Health Insurance Brokers

**Stakeholder Type \*** Trade Association

**First Name \*** [REDACTED] **Last Name \*** Nakahata

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

Mr. Ryan Loke  
c/o Office of the Governor  
206 Washington Street, Suite 115  
State Capitol  
Atlanta, GA 30334

Dear Mr. Loke:

The Association of Web-Based Health Insurance Brokers (AWHIB) appreciates the opportunity to present written comments regarding Georgia's revised Section 1115 Waiver. AWHIB is a trade association of web-broker entities (WBEs) that have signed agreements with the Centers for Medicare and Medicaid Services (CMS) and are currently leveraging the Federally Facilitated Exchange's (FFE) direct enrollment and enhanced direct enrollment application programming interfaces (APIs). AWHIB members include brokerage firms that sell health insurance online directly to consumers, private health insurance exchanges, and technology companies that support individual agents and brokers.

AWHIB supports the goals of the state's Section 1332 waiver and the Georgia Access Model to increase affordability and promote innovation while maintaining access to QHPs and preserving essential consumer protections. AWHIB recognizes that the state seeks to provide its residents with better access to insurance, improved customer service and a choice of affordable coverage options. AWHIB members already serve Georgia consumers through the FFE, and stand ready to assist the state in the development and implementation Georgia Access Model.

AWHIB recommends that the state reuse much of the technical architecture and compliance structures that have already been developed for the FFE's enhanced direct enrollment (EDE) program to avoid reinventing the wheel. This includes closely adhering to the technical standards and specifications developed for EDE, and leveraging CMS' EDE compliance reviews. AWHIB members that participate in EDE have developed the electronic interfaces needed to exchange information with the FFE to render an eligibility determination and submit an enrollment, and we recommend that Georgia reuse the standards and specifications supporting these existing interfaces. Current EDE partners also have already completed CMS' rigorous approval process and have implemented compliance structures in place to support EDE. The FFE's EDE program is effective and road-tested, and using EDE as a template

will not only facilitate rapid adoption by web-brokers and issuers, but will also help provide the state with a ready-made workforce of agents and brokers that currently use web-brokers' and issuers' EDE platforms.

AWHIB further recommends that the state leverage experienced/proven technical resources, both from an EDE perspective and from a state exchange perspective to develop and support the back-end functionality for the Georgia Access model. This will also help expedite adoption, build upon lessons learned and facilitate adoption of best practices.

Finally, while AWHIB fully supports the state's intent to promote strong consumer choice, we recognize that there may be circumstances in which the requirement for web-brokers to display all QHPs might potentially hinder web-broker participation. While web-brokers will seek to be appointed by every QHP issuer in Georgia, there may be some instances in which a web-broker is not able to secure an appointment from a particular QHP issuer. Lack of an appointment could prevent a web-broker from displaying information about a given QHP, particularly if web-brokers are reliant on QHP issuers for plan information. However, there are steps the state could take to help address this, including the following:

1. Make available to web-brokers a standardized set of QHP data so that web-brokers can display a consistent set of plan data for all QHPs, regardless of whether they have been appointed by the QHP issuer;
2. Permit web-brokers to notify the consumer when they are not able to facilitate enrollment into a specific QHP due to lack of an issuer appointment, and to provide a link to the state's website for more information on how to enroll in the specific QHP; and
3. Encourage all QHP issuers to appoint approved web-brokers.

These steps would help web-brokers display information about all QHPs, even if not appointed by a specific QHP issuer. AWHIB would like to work with the state to make sure that web-brokers are able to meet the QHP display standard and participate in Georgia Access.

AWHIB appreciates the opportunity comment on the revised waiver and we look forward to working with the state to implement this program.

Sincerely,

eHealth, Inc.  
AWHIB Board Member

Getinsured, Inc.  
AWHIB Board Member

GoHealth  
AWHIB Board Member

Stride Health  
AWHIB Board Member

Willis Towers Watson  
AWHIB Board Member  
(character limit of 32,500)

---

## Public Comments for Waiver 1332

Comment Date \* 7/23/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Business/Organization \* Atlanta Legal Aid Society

Stakeholder Type \* Non-Profit

First Name \* [REDACTED] Last Name \* Bliss

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED] State Georgia Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* Georgia Access Model

Comments \*

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing on behalf of Atlanta Legal Aid Society to express our organization's concern about the ACA Section 1332 waiver. Since 1924, Atlanta Legal Aid Society has offered free civil legal aid for low income citizens across metro Atlanta. We are home to a Health Law Unit that helps clients with chronic conditions access health insurance, among other services. We also lead a Health Law Partnership that assists low-income children with access quality health care and tackling socioeconomic barriers to maintaining good health. Because of our commitment to health-related legal issues, we are in an acute position to identify issues with the 1332 Waiver.

Our state is in the midst of the COVID-19 public health crisis, and Georgians are in dire need of comprehensive and affordable health insurance options. To that end, Atlanta Legal Aid Society is supportive of the 1332 waiver proposal's reinsurance program. Like those approved in other states, the reinsurance program would reduce premiums and provide market stability. Implementing this aspect of the waiver would be a positive move forward for Georgia consumers.

However, the Georgia Access model portion of the 1332 waiver would create a number of issues for Georgians, and may ultimately undermine the state's goal of increasing coverage across Georgia. The model would eliminate the consumer's option to access coverage through the unbiased platform offered by federally facilitated exchange HealthCare.gov (FFE). This change would decrease transparency for consumers and would ignore the misalignment of incentives for web-brokers and insurance companies. The Georgia Access model would also allow insurers to issue subpar insurance plans, which may increase premiums and state costs.

Thank you in advance for your consideration of our comments on Georgia's 1332 waiver application. We look forward to engaging further on the topic.

#### The Georgia Access Model Would Create Barriers to Accessing Insurance Information

The Georgia Access Model proposes removing the state from the FFE without creating its own exchange platform. Instead, consumers would compare coverage options and enroll through private web brokers and insurers. This proposal would make it difficult to obtain clear and transparent information on insurance options. Further, direct enrollment entities already have a track record of steering consumers toward substandard plans that expose them to catastrophic costs if they get sick; failing to alert or assist consumers when they are eligible for Medicaid; and making it difficult to compare plans.

The waiver application assumes that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from HealthCare.gov. Over 450,000 Georgians enjoy health exchange coverage with plans that cover essential health benefits. It remains to be seen if those Georgians would be able to keep federal exchange coverage. In our view, the potential loss of coverage by Georgians violates the ACA's statutory coverage guardrail for 1332 waivers, making the Georgia Access model ineligible for approval by federal officials.

#### The Georgia Access Model Would Lower Insurance Coverage Standards and Raise Costs

The Georgia Access model proposes alarming changes to the high-quality standard of coverage set by the ACA. Under the proposal, the state would allow tax credits to be used to purchase substandard health plans that exclude coverage for essential health benefits, such as prescription drugs, maternity care, and substance abuse services.

Using tax credits for substandard plans in this manner would create adverse selection that would increase premiums for high quality plans. Healthier people, even those eligible for tax credits, would inevitably enroll in cheaper, more limited coverage to keep costs down. This move would shrink the risk pool for high-quality insurance and would consequently raise premium costs. Higher premium costs will raise the per-person costs of tax credits, resulting in a higher cost to the state.

Respectfully,

Charles R. Bliss Molly Katherine Anderson  
Director of Advocacy Law Assistant | Equal Justice Works Legal Fellow  
Atlanta Legal Aid Society Atlanta Legal Aid Society  
crbliss@atlantalegalaid.org | (404) 614-3988 manderson@atlantalegalaid.org | (770) 817-7502  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/24/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** CJN CONSULTING, INC

**Stakeholder Type \*** Business Owner

**First Name \*** [REDACTED] **Last Name \*** Paul

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***  
need subsidised insurance  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** Cystic Fibrosis Foundation

**Stakeholder Type \*** Non-Profit

**First Name \*** [REDACTED] **Last Name \*** Kellermann

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

July 23, 2020

Ms. Lynette Rhodes  
Executive Director, Medical Assistance Plans  
Georgia Department of Community Health  
2 Peachtree Street, NW, Suite 36450  
Atlanta, Georgia 30303

Submitted electronically at: <https://medicaid.georgia.gov/patients-first-act-public-comment>

RE: Georgia Section 1332 State Empowerment and Relief Waiver Draft Application

Dear Ms. Rhodes,

Thank you for the opportunity to comment on Georgia's Section 1332 Waiver application. On behalf of people with cystic fibrosis (CF), we write to express our serious concerns with the waiver's request to transition the state's individual market to the Georgia Access Model.

Cystic fibrosis is a life-threatening genetic disease that affects approximately 840 people in Georgia. Over half of adults living with CF in the state rely on Medicaid for some or all of their health care coverage. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. Cystic fibrosis is both serious and progressive; lung damage caused by infection can be irreversible and have a lasting impact on length and quality of life. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications.

While the CF Foundation supports reinsurance as a tool to stabilize premiums in the individual market, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality, affordable healthcare coverage for people with cystic fibrosis and other pre-existing conditions. Under the proposed Georgia Access Model, the state would require Georgians to enroll in coverage through insurers, brokers, and private websites rather than through Healthcare.gov. This plan increases the risk

that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs.

The Cystic Fibrosis Foundation urges Georgia to withdraw its application for the Georgia Access Model and offers the following comments on the waiver application.

#### Georgia Access Model

Georgia's application proposes to discontinue use of Healthcare.gov for enrollment and instead direct people to enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and we oppose this change.

#### Impact on Enrollment and Coverage

The CF Foundation is concerned that the state's planned transition from Healthcare.gov to several disparate, private health insurance websites could cause confusion for Georgians who currently purchase plans through the federal marketplace and for some to lose coverage as a result. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment; however, there is no clear methodology for producing this estimate except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year. CF care is expensive and patients cannot afford to lose coverage for any of period of time; without it, they would not be able to afford the care and treatments they need to stay healthy.

#### Plan Choice and Adequacy

Today, patients with CF who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell qualified health plans (QHPs) alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients, including those with CF, and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections. This problem would likely worsen in Georgia under this proposal.

We fear that under the new enrollment platform, patients are more likely to enroll in substandard, inadequate coverage. Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with cystic fibrosis to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage. This failure to appropriately shield patients from risk is unacceptable.

#### Impact on Premiums

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down.

#### Reinsurance Program

The Cystic Fibrosis Foundation supports reinsurance as a tool to help stabilize health insurance markets. Reinsurance programs help insurers cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. These programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.

While we support Georgia's proposed reinsurance program, we are disappointed to see that the state has decided to delay implementation by a year to 2022. Stabilizing the individual market and facilitating patient access to affordable, comprehensive coverage is especially important given the economic uncertainty caused by the COVID-19 pandemic. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.2 percent in 2022 and increase the number of individuals obtaining health insurance through the individual market. Therefore, we encourage the state to consider implementing its reinsurance plan in 2021, as proposed in its original application.

\*\*\*\*\*



The Cystic Fibrosis Foundation opposes this waiver proposal. Instead, we urge Georgia to focus on solutions that promote adequate, affordable, and accessible coverage without jeopardizing access to care for patients with cystic fibrosis and other pre-existing conditions.

Thank you for your consideration.

Sincerely,

Mary B. Dwight  
Chief Policy & Advocacy Officer  
Senior Vice President of Policy and Advocacy  
(character limit of 32,500)

---

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** Georgia Budget and Policy Institute

**Stakeholder Type \*** Non-Profit

**First Name \*** [REDACTED] **Last Name \*** Harker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** Georgia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

**Comments \***

July 23, 2020

Ryan Loke

c/o The Office of the Governor

206 Washington Street

Suite 115, State Capitol

Atlanta, Georgia 30334

Re: Georgia Section 1332 Waiver Application

Dear Mr. Loke,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Georgia Budget and Policy Institute to provide our feedback about the ACA Section 1332 waiver.

We appreciate your team's work to make several positive updates to the Georgia Access phase of the waiver plan, including maintaining the structure of the federal premium subsidies to ensure there is not a cap on subsidies available to Georgians and no longer allowing these subsidies to be used on non-qualified health plans. However, we are concerned about the plan to remove an option for Georgians to enroll for individual health insurance plans.

In our September 2019 analysis of 1332 waiver options, we outlined several approaches to utilize these waivers to help more people get enrolled in coverage – which is critical because 838,563 uninsured Georgians have incomes that could qualify them for subsidized health insurance. The most effective approach to help more uninsured Georgians already eligible for marketplace subsidies get enrolled is to invest in outreach and enrollment assistance. The federal government cut outreach and enrollment assistance by 86 percent from 2016 to 2018, making it harder to reach more people and get them enrolled. Additional outreach efforts must also be paired with assistance to reduce cost-sharing to make sure that coverage is affordable for Georgians with low-to-moderate incomes.

This plan does not create any new paths to enrollment or provide targeted assistance to reach potential enrollees. Georgians can already enroll in health plans through private insurers and web brokers in the existing enhanced direct enrollment program. The Georgia Access plan anticipates a 25,000 increase in enrollment due to web broker marketing efforts. Brokers already market to and enroll people in individual health coverage today and this waiver plan does not make it clear how these efforts will be any different. And evidence from past transitions from federal to state marketplaces suggests that thousands of Georgians might lose coverage in the move away from HealthCare.gov. If the state wants to utilize brokers to increase enrollment as envisioned in the plan, it can do so without taking away the centralized, unbiased platform offered by HealthCare.gov.

Direct enrollment entities have a track record of steering consumers toward substandard plans that expose them to catastrophic costs if they get sick, failing to alert or assist consumers when they are eligible for Medicaid, and making it difficult to compare plans. Limiting enrollment to such private companies while dismantling HealthCare.gov's centralized enrollment platform and consumer assistance will likely cause some Georgians to lose coverage altogether. It additionally gives web brokers and insurers increased opportunity to steer healthy consumers to substandard plans, resulting in adverse selection that could increase premiums for comprehensive coverage.

Despite our concerns related to the Georgia Access portion of the state's waiver application, Georgia Budget and Policy Institute reiterates our support for the reinsurance phase of the plan, particularly how it is structured to provide greater benefits to rural areas where premiums are often higher.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

Laura Arker

Senior Policy Analyst  
Georgia Budget and Policy Institute

---

(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/23/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Business/Organization \* Georgia Hospital Association

Stakeholder Type \* Trade Association

First Name \* [REDACTED] Last Name \* Conley

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED] State Georgia Zip [REDACTED]

### Comments

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* General Comment / Other

Comments \* [REDACTED]

PLEASE NOTE: A hard copy of these comments with citations will follow via overnight mail.

Dear Governor Kemp:

On behalf of the Georgia Hospital Association (GHA) and its 161 hospital and health system members, we welcome the opportunity to submit comments on the modified Georgia's State Relief and Empower Waiver: Reinsurance and Georgia Access Model (the "Modified 1332 Waiver"). GHA appreciates the state's hard work under the Patients First Act to develop a Georgia solution to reduce premiums, increase coverage, and promote a more competitive private insurance marketplace.

Prior to the COVID-19 pandemic, Georgia had the second highest percentage of uninsured residents in the nation, and health insurance premiums on the individual market are unaffordable for many. This is a significant contributor to the current health care crisis in our state, which has led to seven hospital closures since 2010 and resulted in a rank of 46 out of 50 for access to quality health care and preventative services. Unfortunately, the COVID-19 pandemic has exacerbated the crisis. Significant rates of unemployment will likely add to the numbers of uninsured Georgians, and hospitals nationwide are estimated to incur at least \$323.1 billion in losses by the end of 2020.

The Patients First Act provides the state with a historic opportunity to not only increase access to affordable, comprehensive health care coverage, but also improve the overall health of Georgia citizens in all parts of the state. With these goals in mind, GHA supports the state's Modified 1332 Waiver.

#### GHA Supports the Modified 1332 Waiver's Phase I Reinsurance Program

As we noted in our comments to the state's original 1332 waiver application, the tiered reinsurance program in the Modified 1332 Waiver will help improve the health of Georgians both by increasing coverage and allowing those who already have coverage afford to use it. While we would have liked to see the Phase I Reinsurance Program implemented for plan year 2021, as originally proposed, we understand the changing landscape and ongoing pandemic make this impossible. For these reasons, GHA strongly supports the reinsurance program in the Modified 1332 Waiver.

#### GHA Supports the Georgia Access Model in Phase II of the Modified 1332 Waiver

The Modified 1332 Waiver significantly streamlines the Georgia Access Model and addresses most of the recommendations in our comments to the original 1332 waiver application. The changes remove much of the uncertainty regarding the permissibility of the waiver and simplify the administration obligations on the state. GHA strongly supports the changes to Phase II of the Modified 1332 Waiver, and we recommend that the state similarly streamline the process for consumers to compare all the plans available to them.

Once implemented, the Georgia Access Model will also be complex for individuals purchasing insurance. While the federal Marketplace can be confusing, it does provide a centralized location where individuals can compare plans offered by different insurers. The ability to easily compare plans will be even more important under the Georgia Access Model because there will likely be more plans to compare. We recognize that creating a similar state exchange would in and of itself be a costly and time-consuming endeavor. However, relying solely on the free market will likely require individuals to search multiple websites, brokers or insurers in order to truly compare all available plan options. We continue to urge the state to consider incentives for brokers to create online, telephonic and in-person mechanisms for individuals to compare all available plans in their geographic area

\*\*\*\*\*

GHA appreciates the state's work to create an innovative Modified 1332 Waiver that lowers premiums and "capitalizes on commercial market resources and maximizes state flexibility and oversight to drive innovation in access, affordability, and customer service, placing the unique needs of Georgia's residents at the center." We look forward to continuing to work with the state to help implement these important programs in an efficient and effective manner. Please feel free to contact me at 770-249-4531 or [erogers@gha.org](mailto:erogers@gha.org) with any questions or if you desire to discuss these comments further.

Respectfully submitted,

Earl V. Rogers  
President and CEO  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/21/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** Georgians for a Healthy Future

**Stakeholder Type \*** Non-Profit

**First Name \*** [REDACTED] **Last Name \*** Colbert

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State** Georgia

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** General Comment / Other

**Comments \***

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Georgians for a Healthy Future to express our organization's deep concern about the ACA Section 1332 waiver.

Georgians for a Healthy Future (GHF) is a statewide, non-profit consumer health advocacy and policy organization. Our organization's vision is of a day when all Georgians have access to the quality, affordable health care they need to live healthy lives and contribute to the health of their communities. Since 2010, we have been actively engaged in monitoring and advocating on ACA implementation issues that impact health care consumers in our state. As you know from our work together to pass the Surprise Billing Consumer Protection Act this year, we regularly field calls and questions from consumers with individual coverage as they navigate a dynamic health care landscape.

While we are supportive of the reinsurance program as outlined, we believe that the subsequently proposed Georgia Access model will encourage consumer enrollment in substandard plans and put Georgians at risk of losing coverage altogether. Georgians with little or no experience buying or using health insurance (e.g. young people), those with limited English proficiency, Georgians with low health literacy skills, and people with cognitive disabilities would be most at risk of experiencing adverse consequences from the outlined plan.

Georgians for a Healthy Future would like to specifically document the following concerns with the Georgia Access waiver.

1. The elimination of healthcare.gov unilaterally disarms Georgia consumers against insurance companies and web-brokers.

Following its rollout in 2012, healthcare.gov has become a central tool for consumers as they shop for and compare comprehensive health coverage. The federally facilitated marketplace is the only unbiased platform with no financial stake in the plans purchased by Georgia consumers. It limits the plans presented to those that cover the ten essential health benefits and abide by all other ACA requirements and is structured to ease the shopping experience, even for consumers with low health literacy skills.

Georgia's proposal to decentralize the enrollment process and move consumers to a tangle of privately-operated sites would disadvantage Georgia shoppers to the benefit of web-brokers and insurance companies. This move decreases transparency for consumers and ignores the misalignment of incentives for these kinds of companies.

Websites operated by private entities likely web-brokers are permitted to show substandard plans alongside comprehensive plans, which would require consumers to discern between the two types of plans. Many consumers struggle to successfully distinguish between non-ACA-compliant plans and comprehensive coverage that meets ACA standards. [1] Under Georgia's proposal, these consumers would have difficulty understanding their choices, putting them at risk of enrolling in plans that do not cover the health services they need or plans that have consequential financial implications (e.g. benefit cap).

This dynamic is made worse by the misaligned incentives of web-brokers and insurers who would be newly responsible for helping consumers shop and enroll with the best interests of consumers. Direct enrollment entities have a track record of steering consumers toward substandard plans that expose them to catastrophic costs if they get sick and making it difficult to compare plans. [2] Limiting enrollment to such private companies while dismantling healthcare.gov's centralized enrollment platform gives web-brokers and insurers more opportunity to direct healthy consumers to substandard plans, resulting in adverse selection that could increase premiums for comprehensive coverage.

The risk is perhaps greater for consumers who seek coverage but whose income is low enough that they or their children would be eligible for Medicaid. Unlike healthcare.gov, there is no stated requirement or incentive that the private enrollment entities provide consumers with information about their likely Medicaid eligibility or provide Georgia's Medicaid eligibility system with their coverage application for an eligibility determination.

The waiver application assumes with no evidence that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. However, it is likely that in the midst of this significant shift a meaningful number of Georgians will fall through the cracks as they struggle to understand how and where to enroll in coverage and the choices available to them. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from HealthCare.gov. [3]

#### Plan disclosure requirements

The ACA requires that health plans "utilize the standard format established for presenting health benefits plan options" so that consumers can easily understand plan features and costs and compare across insurers. The state's proposal does not specify how it might deal specifically with the requirements of plan disclosure outlined in the ACA. Without robust regulations about how plans can allowably be presented to consumers by enrollment entities, Georgia would remove yet another tool from consumers' toolbox to help them understand their health plan choices. Failure to provide strong rules, oversight and enforcement would multiply the negative consequences of Georgia's proposed dismantling of healthcare.gov and would disproportionately impact Georgia consumers with lower educational attainment, limited health literacy skills, or limited English proficiency.

#### 2. A number of implementation issues are left unaddressed in the waiver application.

The Georgia Access waiver articulates that the newly established Office of Health Strategy and Coordination will implement the provisions of the proposed waiver. However, GHF is concerned that the Office will not be sufficiently resourced to carry out its responsibilities. The transition from healthcare.gov to the country's first-ever de-centralized enrollment system would be a significant undertaking, for which Georgia is budgeting only \$6.1 million in 2022 and \$1.2 million annually thereafter.

Based on the costs incurred by previous state transitions away from the ACA marketplace, it seems unlikely that this is enough money for Georgia to ensure a responsible transition. If funding is insufficient, it raises the likelihood of a difficult transition and significant reductions in coverage. It also suggests that regulatory oversight that might otherwise limit improper activities by enrollment entities to steer consumers into substandard plans will be lacking.

Despite the significance of the Office's decisions on Georgia consumers, there is no guarantee in the authorizing legislation or the waiver application that consumers will have a meaningful voice in the decision-making of the Office. While the authorizing legislation states that the Director of the Office may appoint advisory committees, GHF feels it is imperative that consumers are consistently and meaningfully engaged by the Office in the decision-making process.

#### 3. The Georgia Access waiver violates at least one of the statutory guardrails set forth in Section 1332 the Affordable Care Act.

#### Scope of Coverage

The application projects that 2022 enrollment will increase by 25,000 consumers as a result of the Georgia Access Model, but no

quantitative evidence is presented to back up this claim. Because enhanced direct enrollment is already a viable pathway to coverage for Georgia consumers, the waiver fails to provide consumers any additional enrollment options. Web-brokers can and do market to and enroll consumers in individual market coverage already. Georgia's application assumes that, by reducing consumers' choice of enrollment pathways, web-brokers and similar entities will do something they are not doing already — they will compete harder and market more than they have been.

Further, the evidence available from other state transitions suggests that the move from one system to another; the lack of resources that the state has dedicated to this initiative; and the absence of funds for robust marketing, consumer education, or enrollment assistance efforts will cause Georgia consumers to fall through the cracks. Nevada's transition to its own enrollment platform for 2020 was by all accounts smooth but the state still saw an enrollment decline. An as-yet-untried transition from healthcare.gov to the model proposed can reasonably be expected to reduce enrollment, even if all goes well. The loss of coverage incurred as a result of the Georgia Access Model would violate the ACA's scope of coverage guardrail.

#### Comprehensiveness and Affordability

The established behaviors of enhanced direct enrollment entities to steer consumers to substandard plans also provides reason to believe that Georgia consumers under the Georgia Access model will be at increased risk of enrolling in less comprehensive coverage. Inherent in this model is the danger that enrollment in comprehensive coverage will fall as individuals (due to confusion, steorage, or other factors) shift into non-comprehensive plans. Such a shift out of comprehensive coverage may be especially likely to occur during the transition to Georgia Access, in consumers' first attempts to enroll under the new model. If this occurs frequently enough, the state's plan would violate the comprehensiveness guardrail.

The adverse selection of healthy consumers selecting relatively skimpy, non-ACA compliant plans could leave a sicker risk pool in the individual market, pushing up premiums for comprehensive qualified health plans. Even if overall enrollment levels in the individual market are stable, those who remain in the individual market could be relatively sicker, causing premiums to be higher than they would be otherwise. It is possible that this negative effect on premiums for comprehensive coverage could be larger than the improvement in affordability due to reinsurance, thus violating the ACA's affordability guardrail.

A state acting in good faith could put in place strong oversight and evaluation practices to ensure these outcomes do not occur. To date, Georgia has not demonstrated an appetite for any meaningful level of oversight with respect to its ACA marketplace, largely ignoring it and at times taking action seemingly meant to undermine it. [4,5] Given the state's track record, it is difficult to ignore the risks posed to consumers by the Georgia Access Model with respect to the comprehensiveness and affordability guardrails.

-----  
Despite the enumerated concerns related to subsequent provisions of the Georgia Access waiver application, GHF is supportive of the proposed regional reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application. We hope that you will consider Georgians for a Healthy Future a resource as you seek to bring affordable, quality health coverage to more Georgians.

Sincerely,

Laura Colbert  
Executive Director  
Georgians for a Healthy Future

#### References

1. Consumer Representatives to the National Association of Insurance Commissioners, 2019. Report on Testing Consumer Understanding of a Short-Term Health Insurance Plan. Available at [https://healthyfuturega.org/ghf\\_resource/new-consumer-testing-shows-limited-consumer-understanding-of-short-term-plans-and-need-for-continued-state-and-naic-action/](https://healthyfuturega.org/ghf_resource/new-consumer-testing-shows-limited-consumer-understanding-of-short-term-plans-and-need-for-continued-state-and-naic-action/)
  2. Julie Appleby, December 21, 2018. Short-Term Health Plans Hold Savings For Consumers, Profits For Brokers And Insurers. Kaiser Health News.
  3. HealthInsurance.org, June 11, 2020. Nevada health insurance marketplace: history and news of the state's exchange. Available at <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>
  4. Atlanta Journal Constitution, September 11, 2013. State insurance chief still hoping to halt Obamacare.
  5. WABE, August 29, 2019. Kemp Backs New Insurance Option Aimed at Rural Georgia.
- (character limit of 32,500)





## Public Comments for Waiver 1332

**Comment Date \*** 7/22/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** Hemophilia Federation of America

**Stakeholder Type \*** Non-Profit

**First Name \*** [REDACTED] **Last Name \*** Ramseur

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED] **State** District of Columbia **Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

The United Hemophilia Foundation (UHF) and Hemophilia Federation of America (HFA) appreciate the opportunity to submit comments on Georgia's Section 1332 Waiver Application to implement the Georgia Access Model. As discussed below, our organizations are concerned that the Georgia Access Model will severely limit access to critical health care for persons with bleeding disorders and other pre-existing conditions. We therefore urge Georgia to withdraw its waiver application.

UHF is a 501(c)(3) nonprofit charitable organization located in Albany, Georgia, dedicated to improving the health, wellness, and overall quality of life for Georgians with hemophilia and other rare bleeding disorders through education, awareness, and advocacy. HFA is a national non-profit organization that represents individuals affected by bleeding disorders across the United States. UHF and HFA work to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies, and services, regardless of financial circumstances or place of residence.

#### About Bleeding Disorders

Hemophilia is a rare, genetic bleeding disorder that impairs the ability of blood to clot properly. It affects about 20,000 Americans, including an estimated 500-699 males in Georgia. Without treatment, people with hemophilia bleed internally, sometimes due to trauma, but other times simply as a result of everyday activities. This bleeding can lead to severe joint damage and permanent disability, or even – with respect to bleeds in the head, throat, or abdomen – death. Related conditions include von Willebrand disease (VWD), another inherited bleeding disorder, which is estimated to affect more than three million Americans.

Patients with bleeding disorders have complex, lifelong medical needs. They depend on prescription medications (clotting factor or other new therapies) to treat or avoid painful bleeding episodes that can lead to advanced medical issues. Current treatment and care are highly effective and allow individuals to lead healthy and productive lives. However, treatment is also extremely expensive, costing anywhere from \$250,000 to \$1 million or more annually, depending on the severity of the disorder and whether complications such as an inhibitor are present. Access to treatment, care, and coverage are all critical needs for people living with bleeding disorders.

#### Overview

While UHF and HFA support reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned

While UHF and HFA support reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with bleeding disorders and other pre-existing conditions. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs.

#### Georgia Access Model

Georgia's application proposes to cease using Healthcare.gov for enrollment and instead have Georgians enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage. UHF and HFA oppose this change.

UHF and HFA fear that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov, including individuals and families with bleeding disorders, would inevitably lose coverage during the transition to the new enrollment system. As previously mentioned, access to treatment, care, and coverage are all critical needs for people living with bleeding disorders. A gap in care, even temporary, could lead to excruciatingly painful joint bleeds, permanent physical damage or even death for an individual with a bleeding disorder. Moreover, patients who do not have access to comprehensive quality care to cover treatment and prescription drug expenses, often forgo appointments with their health care providers, skip doses of necessary medications or both. As a result, emergency departments also tend to see an increase in individuals using their services for primary care. Unfortunately, this leads to poor health outcomes – and to high medical bills that many times go unpaid, leaving the patient and the hospital in a financial bind.

Georgia asserts that enrollment in health plans will increase by 25,000 due to the change to direct and broker-mediated enrollment. But the state offers no clear methodology for producing this estimate, simply asserting that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase, enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year.

Today, patients with bleeding disorders who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick and/or need specialized care and treatments. This could create confusion for patients and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections. This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others, influencing their recommendations. Increasing the reliance on insurers and brokers will limit the ability of patients with bleeding disorders to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market for ACA-compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, UHF and HFA oppose the changes in the Georgia Access Model.

#### Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.0 percent in 2021 and increase the

number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

#### Comment Period

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may avoid getting tested and/or treated due to fears about the cost of care. That puts all Georgians at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. UHF and HFA ask that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

In summary, UHF and HFA oppose the Georgia Access Model, as currently envisioned. Instead, we urge Georgia to focus on solutions that promote adequate, affordable and accessible coverage without jeopardizing access to care for patients with bleeding disorders and other pre-existing conditions.

Thank you once again for the opportunity to submit comments. Should you have any questions or comments please do not hesitate to reach out to Miriam Goldstein, HFA Director of Policy, at [m.goldstein@hemophiliafed.org](mailto:m.goldstein@hemophiliafed.org).

Sincerely,

Sonji Wilkes  
Sr. Director, Policy, Advocacy & Government Education  
Hemophilia Federation of America  
999 North Capitol St., NE, St. 201  
Washington, DC 20002

Carletha Gates, PhD  
Executive Director  
United Hemophilia Foundation, Inc.  
2800 Old Dawson Rd.  
Suite 2-210  
Albany, GA 31707  
(character limit of 32,500)

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** Kaiser Foundation Health Plan of Georgia

**Stakeholder Type \*** Health Plan

**First Name \*** [REDACTED] **Last Name \*** Simpson

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State**

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

**Comment Topic \*** General Comment / Other

### Comments \*

Submitted electronically to: <https://medicaid.georgia.gov/patients-first-act-public-comment>

July 23, 2020

Mr. Ryan Loke  
Special Projects Coordinator  
C/O Office of the Governor  
203 Capitol Place SW  
Atlanta, Georgia 30334

RE: Section 1332 Waiver Modifications – Reinsurance Program and Georgia Access Model

Dear Mr. Loke:

Kaiser Permanente of Georgia (Kaiser Permanente) appreciates the opportunity to provide written comments in response to the modifications to Georgia's Section 1332 State Innovation Waiver.

Kaiser Permanente of Georgia is comprised of the largest non-profit health plan (Kaiser Foundation Health Plan of Georgia) and the second largest medical group in Georgia (The Southeast Permanente Medical Group). Kaiser Permanente of Georgia serves members living in Metro Atlanta and Athens.

Kaiser Permanente entered the federal marketplace at the inception of the Patient Protection and Affordable Care Act (PPACA) in 2014. Ten percent of Kaiser Permanente's business takes place in the individual market with a projected year-end total of 21,000 members in 2020. Of these 21,000 members, nearly 15,000 rely on the federal exchange to receive health care coverage. Kaiser Permanente serves individuals and the Small Business Health Options Program (SHOP) members who utilize the federal exchange to gain health insurance coverage. It is our belief that a robust, competitive marketplace with comprehensive coverage options creates better opportunities for Georgians to obtain health insurance.

Previously, Kaiser Permanente submitted comments in support of Georgia's proposed reinsurance program (Phase I) and offered considerations for strengthening the Georgia Access Model (Phase II). Since then, the COVID-19 pandemic has altered the health care landscape across the country and in Georgia. We appreciate the State's efforts to revise the waiver application in light of the unanticipated impacts of the pandemic on Georgia and its residents, and we support the proposed changes. To the extent they are not addressed by these modifications, we reiterate our previous comments and remain eager to work with the State to ensure Georgia's Section 1332 waiver benefits all Georgians who need its aid.

#### Phase I: Reinsurance

As expressed in previous comments, Kaiser Permanente supports Phase I of Georgia's Section 1332 Waiver Application and proposed reinsurance program. In the spirit of partnership, we offered recommendations to further strengthen the program and we continue to support those recommendations. Given the resources required to successfully implement a reinsurance program, we also support the State's decision to shift the effective date of the reinsurance program from PY 2021 to PY 2022. This will allow the State to continue to prioritize resources for critical COVID-19 response efforts and will ensure the success of the reinsurance program when implemented.

#### Phase II: Georgia Access Model

As more hard-working Georgians find themselves between employment opportunities losing employer sponsored coverage, it is more important than ever that consumers have access to high-quality, affordable health care through the individual market.

Kaiser Permanente supports and commends the Governor's office for submitting the modifications to the Georgia Access Model. The changes ensure APTC/PTC subsidies are available for all Georgians who rely on these resources to assist in paying their health care costs. Access to financial assistance is especially critical in this time of economic uncertainty.

We also support Georgia's decision not to provide subsidies for eligible non-QHPs. As stated in our previous comments, Kaiser Permanente believes individuals who seek more comprehensive benefits such as mental health, substance abuse, maternity benefits for women, and prescription drug coverage for chronic conditions should benefit from APTC/PTC subsidies. This change will ensure Georgians who buy comprehensive coverage continue to receive the full advantage of federal subsidies.

\* \* \*

Kaiser Permanente of Georgia appreciates the opportunity to comment on the modified waiver and hope to continue to partner with Georgia throughout the implementation of this program. Please contact Kirk McGhee at [kirkland.a.mcghee@kp.org](mailto:kirkland.a.mcghee@kp.org) or Shea Ross-Smith at [shea.ross@kp.org](mailto:shea.ross@kp.org) with any questions.

Sincerely,

Jim Simpson  
President  
Kaiser Foundation Health Plan  
Georgia Region  
(character limit of 32,500)

---

## Public Comments for Waiver 1332

Comment Date \* 7/22/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Business/Organization \* National Organization for Rare Disorders (NORD)

Stakeholder Type \* Advocacy Group

First Name \* [REDACTED] Last Name \* Gallagher

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED]

State District of Columbia Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* Georgia Access Model

Comments \*

The National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on Georgia's Section 1332 Waiver Application to implement the Georgia Access Model.

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. We are committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

While NORD supports reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality, affordable health care coverage for patients with rare diseases. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. NORD urges Georgia to withdraw its application for the Georgia Access Model.

#### Georgia Access Model

Georgia's application proposes to no longer use Healthcare.gov for enrollment and instead require people to enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable health care coverage and NORD opposes this change.

The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. There is no clear methodology for producing this estimate, except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year. NORD fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would inevitably lose coverage during the transition. For rare disease patients who require daily, weekly or monthly medications and/or health care provider engagement, this sudden loss in coverage could result in their being unable to meet with their provider or get prescriptions filled, leading to hospitalization or death.

Today, patients with rare diseases who shop on Healthcare.gov can trust that they are purchasing a comprehensive health insurance plan that will allow them to manage their health conditions. This is extremely important for rare disease patients, as their health care can be complex and quality care is crucial to maintaining their overall health. However, under the Georgia Access Model, issuers and brokers could sell qualified health plans (QHPs) alongside other types of plans, often known as "skimpy plans" or "short term plans" that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick.

There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections. This could create confusion for all patients, including those with rare diseases and lead them to purchase coverage that does not meet their needs. Additionally, rare disease patients are diagnosed at all ages and typically have long diagnostic odysseys, averaging between 5-7 years. If a person unknowingly selects less comprehensive coverage and then is diagnosed with a rare disease, they could discover their health plan lacks comprehensive coverage and could be faced with extremely high out-of-pocket costs to maintain their health.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with rare diseases to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, NORD opposes the changes in the Georgia Access Model because they would harm the rare disease patients we represent who rely on affordable, comprehensive health plans to maintain their health.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.



**Comment Topic \***

Reinsurance Program

**Comments \***

## Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of health care programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10 percent in 2021 and increase the number of individuals obtaining health insurance through the individual market. NORD applauds the state for their work to create a reinsurance program that would help patients with pre-existing conditions obtain affordable, comprehensive coverage. However, we remain deeply concerned about the reinsurance program being coupled with a provision in the application that would divert Georgia citizens away from QHPs that deliver on affordable, comprehensive health care through healthcare.gov.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \***

General Comment / Other

**Comments \***

## Comment Period

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for rare disease patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties in the state are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our health care system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the rare disease community – at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. NORD asks that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

NORD thanks the state of Georgia for the opportunity to comment on this 1332 waiver application and looks forward to working with the state to ensure that rare disease patients have access to quality, affordable health care. For questions regarding NORD or these comments, please contact me via email at [hross@rarediseases.org](mailto:hross@rarediseases.org)

(character limit of 32,500)

---

## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** The American Heart Association

**Stakeholder Type \*** Non-Profit

**First Name \*** [REDACTED] **Last Name \*** Cortes

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State** Georgia

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

The American Heart Association (AHA) appreciates the opportunity to submit comments on Georgia's Section 1332 Waiver Application to implement the Georgia Access Model.

The AHA believes everyone should have access to quality and affordable health coverage. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, the AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on the individual marketplace as their primary source of care. Plans on Healthcare.gov provide critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD – with these adults reporting higher rates of heart disease, hypertension, and stroke – Healthcare.gov displays plans with the coverage for the healthcare services these individuals need.

While the AHA supports reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with cardiovascular disease. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. The American Heart Association urges Georgia to withdraw its application for the Georgia Access Model.

#### Georgia Access Model

Georgia's application proposes to no longer use Healthcare.gov for enrollment and instead have people enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and the AHA opposes this change.

The American Heart Association fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would inevitably lose coverage during the transition. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. There is no clear methodology for producing this estimate, except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost

removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year (1).

Today, patients with cardiovascular disease who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections (2). This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with cardiovascular disease to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, the American Heart Association opposes the changes outlined in the Georgia Access Model.

#### Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year (3). A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year (4).

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.0 percent in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

#### Comment Period

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. The American Heart Association asks that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

1. Nevada health insurance marketplace: history and news of the state's exchange. Louise Norris, HealthInsurance.org. June 11, 2020. Available at: <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>

2. Seeing Fraud and Misleading Marketing, States warn Consumers About Alternative Health Insurance Products. The Commonwealth Fund, Dania Palanker, JoAnn Volk, and Maanasa Kona. October 30, 2019. Available at: <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>, and The Marketing of Short-Term Health Plans, The Robert Wood Johnson Foundation, January 31, 2019. Available at: <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>

3. American Academy of Actuaries, Individual and Small Group Markets Committee. An Evaluation of the Individual Health Insurance

market and implications of Potential Changes. January 2017. Retrieved from [https://www.actuary.org/files/publications/Acad\\_eval\\_indiv\\_mkt\\_011817.pdf](https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf).

4. Avalere. State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average. March 2019. Retrieved from <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>.

(character limit of 32,500)

## Public Comments for Waiver 1332

Comment Date \* 7/23/2020

On behalf of \* I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

Business/Organization \* The Leukemia and Lymphoma Society

Stakeholder Type \* Advocacy Group

First Name \* [REDACTED] Last Name \* Balog

Email \* [REDACTED]

Address [REDACTED]

City [REDACTED] State Georgia Zip [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic \* Reinsurance Program

Comments \*

Dear Governor Kemp,

Thank you for the opportunity to comment on the revised Georgia Section 1332 Waiver Application.

The mission of The Leukemia & Lymphoma Society (LLS) is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and improve the quality of life of patients and their families. LLS is committed to ensuring that blood cancer patients have access to high quality, stable coverage to ensure that they are able to receive appropriate and timely care. It is in service of this mission that we write to express our deep concerns with the proposal and urge the state not to advance the waiver.

The newly modified waiver application seeks to waive certain portions of the Affordable Care Act (ACA) to delay implementation of Georgia's previously requested reinsurance program and newly establish the Georgia Access Model. Given the uncertainty caused by the COVID-19 pandemic and resulting economic downturn, LLS recognizes the desire to delay implementing reinsurance to 2022, and remains supportive of reinsurance as proposed mechanism to stabilize individual market premiums. However, we are very concerned about the Georgia Access Model. The updated Georgia Access proposal makes unprecedented changes to the state's individual insurance market, and poses serious and real danger to cancer patients' ability to purchase quality health coverage for themselves and their families.

#### Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs in other states have shown promising initial results in controlling overall premium growth, and in some cases, resulting in premium reductions. States that have already created their own reinsurance program achieved a nearly 20% reduction in individual market premiums on average in their first year.

At the federal level, reinsurance has been used to stabilize premiums in a number of healthcare programs, including Medicare Part D. Further, a temporary reinsurance fund for the individual market was also established under the ACA and reduced premiums by an estimated 10 to 14%.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program was projected to reduce premiums by 10% in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage while ensuring all consumers benefit from lower premiums. LLS is supportive of this portion of the revised 1332 application and encourages the state to implement reinsurance without further delay.

In closing, while we are pleased to support the establishment of a reinsurance program as proposed by this waiver, LLS has significant concerns about all other proposed provisions. We encourage you to withdraw the 1332 waiver as revised, and instead work with groups like LLS to improve access to affordable, quality health coverage. Thank you for the opportunity to provide comments on this important matter. Questions or requests for further information on LLS and our position can be addressed to Sarah.balog@lls.org or 678-852-6383.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \***

Georgia Access Model

**Comments \***

While we are pleased to see the state pursue reinsurance, we are deeply concerned that the Georgia Access Model will jeopardize access to quality and affordable healthcare coverage for patients with blood cancers and other pre-existing conditions. Under the proposal, GA would waive the ACA's marketplace requirements in order to replace Healthcare.gov and move to a direct enrollment model that is solely reliant on brokers and insurance companies. This model would expose patients and consumers to extreme financial risk by encouraging enrollment in substandard plans and put Georgians at risk of losing coverage altogether. We therefore urge the state to withdraw this portion of the application.

LLS fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would lose coverage if this waiver were to be implemented. Blood cancer patients are uniquely dependent on continuous access to health insurance coverage for treatment of their cancer. In many patients, their blood cancer is treated with daily, self-administered anti-cancer treatment via a prescription drug. Without uninterrupted health insurance coverage, patients risk a relapse of their cancer which would otherwise respond to treatment.

The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. The state has provided no evidence-based analysis or clear methodology for producing this estimate, save for the untested assumption that plans market directly and "effectively" to consumers as Georgia moves away from Healthcare.gov. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, overall enrollment declined in its first year. Removing Healthcare.gov without a replacement, as proposed, will only exacerbate the challenges with these transitions and lead to decreased, rather than increased enrollment.

Today, patients with blood cancer who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. Healthcare.gov shows consumers all qualified health plans (QHPs) available in their area and does not favor certain plans over others. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans, such as short-term, limited-duration (STLD) plans, that can legally discriminate against people with pre-existing conditions and may not cover enrollees' medical expenses if they get sick. These plans pose a clear and well-documented risk to consumers. A recent study commissioned by The Leukemia & Lymphoma Society to examine the impact of STLD plans on consumers and the insurance market found that most plans do not cover prescription drugs, among other essential health benefits. Additionally, these plans commonly impose high deductibles and maximum out of pocket limits that significantly exceed the cost-sharing required by plans sold in the ACA marketplace. For example, the study found that:

- A patient newly diagnosed with lymphoma while covered by a STLD plan could pay \$23,100 to \$45,800 in out-of-pocket expenses (including premiums and cost sharing for medical expenses) during the six months following diagnosis.
- In contrast, a patient who is newly diagnosed with lymphoma while enrolled in an ACA-compliant plan could pay \$6,300, on average, in out-of-pocket expenses over the same time period.
- A newly diagnosed lung cancer patient risks facing out-of-pocket expenses of more than \$100,000 in the six months following diagnosis if the patient is unable to renew the STLD coverage and becomes uninsured.

As these findings demonstrate, the exorbitant out of pocket costs often imposed by STLD plans are alarming, and the proposed changes in the Georgia Access Model could create confusion for patients and lead them to purchase non-ACA compliant coverage like STLD plans that do not meet their current or future health care needs.

Additionally, there is significant evidence issuers of STLDI and non-compliant plans utilize deceptive and misleading marketing tactics which leads individuals to unknowingly enroll in substandard coverage. This problem would likely worsen in Georgia under this proposal as brokers and agents commonly receive larger commissions for certain plans over others, which can influence their recommendations to patients. The House Energy and Commerce reviewed 14 companies' broker compensation rates and found that the commission rate for STLDI plans range between 10 percent to 40 percent, with an average commission rate of 23 percent. In comparison, the commission rate for ACA-compliant plans was approximately 2 percent. Should they choose, Georgians can already enroll in health plans through private insurers and web brokers. Rather than giving consumers new options, privatizing the ACA marketplace would eliminate their option to access coverage through the unbiased platform offered by Healthcare.gov. This change decreases transparency for consumers and ignores the misalignment of incentives for web-brokers and insurance companies.

While we are pleased to support the establishment of a reinsurance program as proposed by this waiver, LLS has significant concerns about all other proposed provisions. We encourage you to withdraw the 1332 waiver as revised, and instead work with groups like LLS to improve access to affordable, quality health coverage. Thank you for the opportunity to provide comments on this important matter. Questions or requests for further information on LLS and our position can be addressed to Sarah.balog@lls.org or 678-852-6383.

(character limit of 32,500)

---

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \***

General Comment / Other

**Comments \***

Inadequate Comment Period -

Importantly, given the significant changes proposed in this waiver and the negative effect it would have on Georgia's health insurance market, LLS and 14 other partner organizations recently sent a letter urging the state to extend the current period for public comment on the proposed 1332 waiver. As noted in the letter, a fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

In closing, while we are pleased to support the establishment of a reinsurance program as proposed by this waiver, LLS has significant concerns about all other proposed provisions. We encourage you to withdraw the 1332 waiver as revised, and instead work with groups like LLS to improve access to affordable, quality health coverage. Thank you for the opportunity to provide comments on this important matter. Questions or requests for further information on LLS and our position can be addressed to Sarah.balog@lls.org or 678-852-6383.

(character limit of 32,500)

---



## Public Comments for Waiver 1332

**Comment Date \*** 7/23/2020

**On behalf of \*** I am commenting on behalf of.. (choose one)  
 Myself  Business/Organization

**Business/Organization \*** TheGeorgia Association of Health Underwriters

**Stakeholder Type \*** Advocacy Group

**First Name \*** [REDACTED] **Last Name \*** Walker

**Email \*** [REDACTED]

**Address** [REDACTED]

**City** [REDACTED]

**State** Georgia

**Zip** [REDACTED]

### Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

**Comment Topic \*** Georgia Access Model

#### Comments \*

The Georgia Access model as currently proposed has unintentionally omitted the Independent Agent/Broker from the process. The Independent Agent/Broker i on the front line interacting with the consumers of Health Care, the Insurance Carriers and in some instances the offices of the Medical Providers. We are the liaison between everyone, the "glue" that holds it all together.

In other states, such as,Connecticut, California, Nevada, and Pennsylvania to name a few, all viewed Agent and Brokers to be a vital element in the successful implementation and the operation of their efforts to provide access to Health Care for their citizens.

It is unfortunate, the Georgia Association of Health Underwriters, a nearly 500 member association of Agents and Brokers that are dedicated, well trained, certified and qualified to assist consumers with their Health Care decisions, did not have a seat at the table.

It is our position that the Georgia Association of Health Underwriters should be an addition to the Georgia Access proposal and process.

(character limit of 32,500)



July 23, 2020

Mr. Blake Fulenwider  
Chief Health Policy Officer  
Georgia Department of Community Health  
2 Peachtree St. NW, 40th Floor  
Atlanta, Ga. 30303

Re: 1332 Wavier

Mr. Fulenwider,

On behalf of the Georgia Association of Health Underwriters, I want to thank you for the opportunity to provide input in the public discussion of the 1332 Wavier and the subsequent implementation of Georgia Access.

First, I want to convey that we all are seeking the same end result, which is, to provide access to the citizens of Georgia, affordable, essential and quality healthcare in an efficient manner. With that being said, the desire to "streamline" the process by which consumers can access, view and enroll in health care plans in the proposed model, has unintentionally, omitted a key element in the process.

The "key element", is the role of the Independent Agent. The Agent fills the void of not having a trusted advisor, a resource that acts as a liaison to connect and explain the intricacies of understanding insurance coverage, exclusions and the financing of Health Care and assuring the customer that they have selected a plan that is custom tailored to their individual needs.

The proposed model of Georgia Access with the objective to streamline the process and help the under served and the most economically challenged in our community, may cause that very segment of the population the most stress in the process. It assumes that everyone has access to the internet and that everyone is computer literate. Most people that are economically challenged do not have access to a computer, the internet, in many instances they lack the experience and computer skills to navigate portals of Web- Brokers, accessing an Insurance Carrier's website, or that of the Georgia Department of Insurance. This is where an Independent Agent will be able to assist those individuals that are disadvantaged.

I emphasize the term, "Independent Agent" because it has been articulated that one proposed option is to direct consumers to the Carriers' website. An unintended consequence is that by having a consumer go directly to a Carrier's website and interacting with a Carrier Representative, the Carrier Representative's loyalty is with the company he/she represents. This could potentially remove the objectivity in the plan recommended. Independent Agents/Brokers represent several Carriers and are in a position the advise clients with the plan that is best suited for the client's need. In addition, the Independent Agent/Broker will provide customer service and conflict resolution on behalf of the client without any additional costs.

It has been the experience of many seasoned professional Agents/Brokers, if a consumer decides to analyze and enroll in plans blindly, normally, there are negative repercussions and that is when they seek the advice and counsel of an experienced and knowledgeable Agent to intervene. However, you now have an Agent that has been alienated and left out of the process and is unwilling to assist. The consumer is now experiencing unnecessary aggravation and it all results in negative publicity of the total program.

The Agents/Brokers of the Georgia Association of Health Underwriters are often the most conscientious, educated, well trained and ethical in the industry. When undertaking a revamping of such an important system, such as, Health Care, it would behoove us all to partner with an Association and individuals whose goal is provide service and simplify an important task for the end user. This Partnership should occur on the front-end rather than the back-end.

The recommendation I am making is not unusual nor is it out of the ordinary, it is occurring all across the Nation in other states, in which, Agents/Brokers and or Associations such as the Georgia Association of Health Underwriters were a part of the process in the beginning. It is the position of the Georgia Association of Health Underwriters that our Agents/Brokers should be a Partner with Georgia Access and not just a silent Partner. We should be a Partner that is front and center and it should be conveyed to the public that we are a Key Element in providing health care to the citizens of Georgia. The Georgia Association of Health Underwriters want to be a catalyst for positive change in Health Care in the State of Georgia.

Sincerely,



Mychal H. Walker, Sr., CLTC  
Immediate Past President  
Georgia Association of Health Underwriters

cc: Matt Krull, Health Policy Counsel, DCH

July 23, 2020

*Via Overnight Mail and Online Webform at*

<https://medicaid.georgia.gov/patients-first-act-public-comment>



Brian P. Kemp, Governor  
Office of the Governor  
c/o Ryan Loke  
206 Washington Street  
Suite 115  
State Capitol  
Atlanta, Georgia 30334

***Re: Modified Reinsurance and Georgia Access Model – State Relief and Empowerment Waiver (Section 1332 Waiver)***

Dear Governor Kemp:

On behalf of the Georgia Hospital Association (GHA) and its 161 hospital and health system members, we welcome the opportunity to submit comments on the modified State Relief and Empower Waiver: Reinsurance and Georgia Access Model (the “Modified 1332 Waiver”). **GHA appreciates the state’s hard work under the *Patients First Act* to develop a Georgia solution to reduce premiums, increase coverage, and promote a more competitive private insurance marketplace.**

Prior to the COVID-19 pandemic, Georgia had the second highest percentage of uninsured residents in the nation,<sup>1</sup> and health insurance premiums on the individual market are unaffordable for many. This is a significant contributor to the current health care crisis in our state, which has led to seven hospital closures since 2010 and resulted in a rank of 46 out of 50 for access to quality health care and preventative services.<sup>2</sup> Unfortunately, the COVID-19 pandemic has exacerbated the crisis. Significant rates of unemployment will likely add to the numbers of uninsured Georgians, and hospitals nationwide are estimated to incur at least \$323.1 billion in losses by the end of 2020.<sup>3</sup>

---

<sup>1</sup> Kaiser Family Foundation, *2018 Health Insurance Coverage of the Total Population*, <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited July 17, 2020).

<sup>2</sup> GEORGIA DEPARTMENT OF COMMUNITY HEALTH WAIVER PROJECT, *GEORGIA ENVIRONMENTAL SCAN REPORT* (2019).

<sup>3</sup> American Hospital Association, *Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19*, <https://www.aha.org/press-releases/2020-06-30-new-aha-report-losses-deepen-hospitals-health-systems> (last visited July 17, 2020).

**Georgia Hospital Association**

1675 Terrell Mill Road, Marietta, Georgia 30067 / Phone: 770-249-4500 / Fax: 770-955-5801 / <http://www.gha.org>

The *Patients First Act* provides the state with a historic opportunity to not only increase access to affordable, comprehensive health care coverage, but also improve the overall health of Georgia citizens in all parts of the state. With these goals in mind, **GHA supports the state's Modified 1332 Waiver.**

### **GHA Supports the Modified 1332 Waiver's Phase I Reinsurance Program**

As we noted in our comments to the state's original 1332 waiver application, the tiered reinsurance program in the Modified 1332 Waiver will help improve the health of Georgians both by increasing coverage and allowing those who already have coverage afford to use it. While we would have liked to see the Phase I Reinsurance Program implemented for plan year 2021, as originally proposed, we understand the changing landscape and ongoing pandemic make this impossible. For these reasons, **GHA strongly supports the reinsurance program in the Modified 1332 Waiver.**

### **GHA Supports the Georgia Access Model in Phase II of the Modified 1332 Waiver**

The Modified 1332 Waiver significantly streamlines the Georgia Access Model and addresses most of the recommendations in our comments to the original 1332 waiver application. The changes remove much of the uncertainty regarding the permissibility of the waiver and simplify the administration obligations on the state. **GHA strongly supports the changes to Phase II of the Modified 1332 Waiver, and we recommend that the state similarly streamline the process for consumers to compare all the plans available to them.**

Once implemented, the Georgia Access Model will also be complex for individuals purchasing insurance. While the federal Marketplace can be confusing, it does provide a centralized location where individuals can compare plans offered by different insurers. The ability to easily compare plans will be even more important under the Georgia Access Model because there will likely be more plans to compare. We recognize that creating a similar state exchange would in and of itself be a costly and time-consuming endeavor. However, relying solely on the free market will likely require individuals to search multiple websites, brokers or insurers in order to truly compare all available plan options. **We continue to urge the state to consider incentives for brokers to create online, telephonic and in-person mechanisms for individuals to compare all available plans in their geographic area.**

\*\*\*\*\*

GHA appreciates the state's work to create an innovative Modified 1332 Waiver that lowers premiums and "capitalizes on commercial market resources and maximizes state flexibility and oversight to drive innovation in access, affordability, and customer service, placing the unique needs of Georgia's residents at the center."<sup>4</sup> We look forward to continuing to work with the

---

<sup>4</sup> OFFICE OF THE GOVERNOR, GEORGIA SECTION 1332 WAIVER APPLICATION, 7 (2019), <https://gov.georgia.gov/document/document/georgia1332draftwaiver11042019pdf/download>.

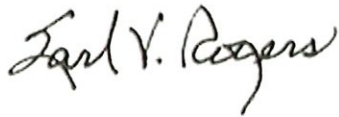
GHA Comments on Modified 1332 Waiver

July 23, 2020

Page 3 of 3

state to help implement these important programs in an efficient and effective manner. Please feel free to contact me at 770-249-4531 or [erogers@gha.org](mailto:erogers@gha.org) with any questions or if you desire to discuss these comments further.

Respectfully submitted,

A handwritten signature in black ink that reads "Earl V. Rogers". The signature is written in a cursive style with a large, prominent "E" and "R".

Earl V. Rogers  
President and CEO

cc: Ryan Loke, Special Projects, Office of the Governor  
Kevin L. Bierschenk, Board Chair, Georgia Hospital Association

September 15, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of The Carter Center's Mental Health Program to express our organization's concern about Georgia's ACA Section 1332 waiver.

The Carter Center Mental Health Program works to ensure access to behavioral health services in Georgia and nationally, with a special focus on vulnerable populations.

While we are supportive of the reinsurance program in the waiver application, we believe that the proposed Georgia Access model will put Georgians with mental health and substance use conditions at risk for not having the coverage they need.

The Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. HealthCare.gov is widely used by Georgia consumers. Without this single platform on which to see and compare plan choices, Georgians with behavioral health conditions may unintentionally select short-term plans or substandard plans. Substandard plans are dangerous for Georgians with mental health and substance use needs, because most do not cover mental health, and many do not offer substance use or prescription drug benefits. In addition, substandard plans are allowed to exclude coverage for pre-existing conditions or charge more for people with pre-existing conditions, like a history of mental illness or substance use.

Finally, if healthier consumers are steered toward these substandard plans, it would make comprehensive coverage more expensive for those with behavioral health care needs.

Eliminating Georgians' ability to easily compare their choices for health insurance and make a decision that best meets their needs will harm consumers, including those with behavioral health conditions. Georgia ranks 46<sup>th</sup> among the states in poor health and simply cannot afford to make obtaining health insurance more difficult, particularly for the most vulnerable citizens.

In summary, Georgia's proposal is not approvable under federal law. Georgia's waiver fails the ACA's tests of coverage, comprehensiveness, and affordability. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Thank you in advance for your consideration of our comments and for working to support more and easier access to behavioral health coverage, especially as mental health and substance use issues rise as a consequence of the pandemic.

Sincerely,

Eve H. Byrd, D.N.P., M.P.H.  
Director, Mental Health Program  
The Carter Center  
453 John Lewis Freedom Parkway  
Atlanta, GA 30307





September 15, 2020

VIA EMAIL TO: [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

In Re: Georgia Section 1332 Waiver Comments

To Whom it May Concern:

Positive Impact Health Centers, Inc. (PIHC) is one of the largest HIV/AIDS service organizations in Georgia working to end the epidemic. Currently, the organization serves more than 10,000 people a year at three established clinics located in Dekalb, Gwinnett, and Cobb counties. We appreciate the opportunity to make a public comment regarding Georgia's 1332 waiver proposal, and look forward to continuing to work with the State of Georgia to improve the lives of those we serve.

While we acknowledge the Governor's efforts to address Georgia's healthcare challenges, and support the reinsurance program in the 1332 waiver proposal, we strongly oppose any efforts to eliminate the federal marketplace place via [healthcare.gov](http://healthcare.gov), which has allowed more than 500,000 Georgians to obtain healthcare coverage through a private plan or Medicaid.

Access to healthcare through the federal marketplace is a critical component of ensuring we can provide quality care to our patients. The 1332 waiver proposal would not only require consumers to utilize private insurance company's websites to obtain coverage, which they may already do, it would allow private vendors to sell non-standard health products and/or non-Qualified Health Plans. This would steer patients toward plans that result in higher costs and less coverage such that when they get sick, they could be liable for catastrophic costs. Furthermore, limiting enrollment through privatization would likely result in Georgian's losing coverage altogether in violation of the basic requirements of the waiver proposal.

Georgia already has the second highest uninsured rate in the nation, which exacerbates many of the underlying healthcare challenges such as the HIV/AIDS epidemic. To make progress, any waiver proposal should expand coverage, not limit it. As Georgia's 1332 waiver proposal would likely limit coverage, we respectfully urge rejection of this proposal and ask that steps be taken to expand health care coverage to ensure life-saving medications may be provided to end the HIV/AIDS epidemic in Georgia.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Park", written in a cursive style.

Sam Park, Esq.  
General Counsel  
Positive Impact Health Centers, Inc.



1400 Eye Street NW Suite 650 | Washington, DC 20005 | t: 202.657.0670 | f: 202.657.0671 | [www.firstfocus.org](http://www.firstfocus.org)

September 15, 2020

The Honorable Alex M. Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O.Box 8016  
Baltimore, MD 21244

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar and Administrator Verma:

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). First Focus on Children, a bipartisan advocacy organization that makes children the priority in budget and policy decisions, is writing to express our deep concern about this waiver. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians, including over 90,000 children and young adults, who enroll in private health plans or Medicaid through HealthCare.gov.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. But the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults and their families. We are distressed that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other families with children would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup> First Focus on Children vehemently opposes this proposed waiver. As an organization, we support expanding health coverage for children and their families, and the 1332 waiver will do exactly the opposite. Georgia already has the 5<sup>th</sup> highest rate of uninsured children in the country, with nearly 217,000 children without health coverage.<sup>2</sup> To decrease this number, we instead propose that Georgia adopts Medicaid expansion, which would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state. Research has shown that in states that have expanded Medicaid for adults, children are less likely to go uninsured because their parents have coverage.<sup>3</sup> This proposed waiver is not the way to reduce the high uninsured rate as Medicaid expansion has been shown to be effective in increasing coverage for families and especially children.

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>2</sup> Joan Alker and Lauren Roygardner, "The Number of Uninsured Children is on the Rise," Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, October 29, 2019. <https://ccf.georgetown.edu/2019/10/29/the-number-of-uninsured-children-in-on-the-rise-acs/>

<sup>3</sup> Maggie Clark, "In Medicaid Expansion States, Fewer Young Children Go Uninsured," Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, January 15, 2020. <https://ccf.georgetown.edu/2020/01/15/in-medicaid-expansion-states-fewer-young-children-go-uninsured/>

## The Proposal Will Insure Fewer Families and Children and Encourage Enrollment in Subpar Plans

The ACA 1332 waiver would change where and how families purchase health coverage. In 2019, 36,681 children under the age of 18 in Georgia were enrolled in an exchange plan found on HealthCare.gov.<sup>4</sup> At the age of 18, kids age out of the Children’s Health Insurance Program (CHIP), also known as PeachCare in Georgia, and many become eligible for marketplace plans. In Georgia, 54,588 young adults from the age of 18 to 25 were enrolled in an exchange plan, and many of them may have been previously enrolled in PeachCare (CHIP). In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia’s waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. When parents become uninsured, children are likely to follow, meaning that the uninsured rate for children will increase as well. Contrary to the promise of expanded choices, this waiver would rob families of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert families of Medicaid and CHIP eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>5</sup> Indeed, in the system Georgia is proposing, families who are eligible for Medicaid and children that are eligible for CHIP could have a much harder time finding help with enrollment because Medicaid and CHIP generally do not pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. Again, this could lead to the uninsured rate of children to increase, which could have severe consequences on the health of children.

Georgia’s waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>6</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>7</sup> High out-of-pocket costs can create an undue financial burden on low-income

---

<sup>4</sup> “2019 Marketplace Open Enrollment Period Public Use Files,” Centers for Medicare and Medicaid Services, Updated April 1, 2020, [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment)

<sup>5</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>6</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>7</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ills.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

families, taking away money that could have been spent on food, housing, clothing, and other familial expenses.<sup>8</sup>

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgian families and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more families would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more families uninsured and more families enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

### **Georgia Has Better Options to Address Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of adults and their children. That would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>9,10</sup> Affordable Care Act policies, such as Medicaid expansion and subsidized Marketplace exchange coverage, has led to an increase in the number of insured children. Research has shown that such policies create a “welcome mat” effect where children gain coverage when their parents do.<sup>11</sup> When parents have coverage, they are also less likely to struggle with managing personal health problems that could prevent them from being an effective caregiver. Not only that, having insurance is critical in maintaining family economic security, as medical debt can plunge a family into bankruptcy and even poverty, especially for parents of young children who experience the highest poverty rates of any age group.<sup>12</sup> Medicaid expansion will not only increase coverage rates for parents and their children, but it can also protect the health and economic security of families. Georgia’s section 1332 proposed waiver will prevent families from gaining

---

<sup>8</sup> Allison Galbraith, Sabrina Wong, Sue Kim, and Paul Newacheck, “Out-of-Pocket Financial Burden for Low-Income Families with Children: Socioeconomic Disparities and Effects of Insurance,” *Health services research* vol. 40,6 Pt 1 (2005): 1722-36. doi:10.1111/j.1475-6773.2005.00421.x <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361224/>

<sup>9</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>10</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>11</sup> Maggie Clark, “In Medicaid Expansion States, Fewer Young Children Go Uninsured,” Center for Children & Families (CCF) of the Georgetown University Health Policy Institute, January 15, 2020. <https://ccf.georgetown.edu/2020/01/15/in-medicaid-expansion-states-fewer-young-children-go-uninsured/>

<sup>12</sup> “Children in poverty by age group in the United States,” Kids Count Data Center, The Annie E. Casey Foundation, Updated September 2019. <https://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=1&loct=1#detailed/1/any/false/37,871,870,573,869,36,868,867,133,38/17,18,36/12263,12264>

coverage, which will lead to negative consequences for children. First Focus on Children therefore strongly opposes this proposed rule, and we urge HHS to not approve this waiver request.

Thank you for the opportunity to submit this comment. If you have any questions, please contact me at 202-657-0605 or [Brucel@firstfocus.org](mailto:Brucel@firstfocus.org).

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive style with a prominent loop on the "L" and a long tail on the "y".

Bruce Lesley  
President

September 15, 2020

*Via Electronic Mail at*  
[StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)



The Honorable Alex M. Azar II, Secretary  
U.S. Department of Health and Human Services

The Honorable Steven T. Mnuchin, Secretary  
U.S. Department of Treasury

Seema Verma, Administrator  
Centers for Medicare and Medicaid Services

***Re: Modified Reinsurance and Georgia Access Model – State Relief and Empowerment Waiver (Section 1332 Waiver)***

Dear Secretary Azar, Secretary Mnuchin and Ms. Verma:

On behalf of the Georgia Hospital Association (GHA) and its 161 hospital and health system members, we welcome the opportunity to submit comments to the Center for Medicare and Medicaid Services and the Department of Treasury (collectively “the Agencies”) on the modified State Relief and Empower Waiver: Reinsurance and Georgia Access Model (the “Modified 1332 Waiver”). **GHA appreciates the state’s hard work under its *Patients First Act* to develop a Georgia solution to reduce premiums, increase coverage, and promote a more competitive private insurance marketplace.**

Prior to the COVID-19 pandemic, Georgia had the second highest percentage of uninsured residents in the nation,<sup>1</sup> and health insurance premiums on the individual market are unaffordable for many. This is a significant contributor to the current health care crisis in our state, which has led to seven hospital closures since 2010 and resulted in a rank of 46 out of 50 for access to quality health care and preventative services.<sup>2</sup> Unfortunately, the COVID-19 pandemic has exacerbated the crisis. Significant rates of unemployment will likely add to the numbers of uninsured Georgians, and hospitals nationwide are estimated to incur at least \$323.1 billion in

---

<sup>1</sup> Kaiser Family Foundation, *2018 Health Insurance Coverage of the Total Population*, <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Sept. 14, 2020).

<sup>2</sup> GEORGIA DEPARTMENT OF COMMUNITY HEALTH WAIVER PROJECT, GEORGIA ENVIRONMENTAL SCAN REPORT (2019).

losses by the end of 2020.<sup>3</sup> The *Patients First Act* provides the state with a historic opportunity to not only increase access to affordable, comprehensive health care coverage, but also improve the overall health of Georgia citizens in all parts of the state. With these goals in mind, **GHA supports Georgia's Modified 1332 Waiver.**

### **GHA Supports the Modified 1332 Waiver's Phase I Reinsurance Program**

As we noted in our comments to the state's original 1332 waiver application, the tiered reinsurance program in the Modified 1332 Waiver will help improve the health of Georgians both by increasing coverage and allowing those who already have coverage afford to use it. While we would have liked to see the Phase I Reinsurance Program implemented for plan year 2021, as originally proposed, we understand the changing landscape and ongoing pandemic make this impossible. For these reasons, **GHA strongly supports the reinsurance program in the Modified 1332 Waiver.**

### **GHA Supports the Georgia Access Model in Phase II of the Modified 1332 Waiver**

The Modified 1332 Waiver significantly streamlines the Georgia Access Model and addresses most of the recommendations in our comments to the state in connection with its original 1332 waiver application. The changes remove much of the uncertainty regarding the permissibility of the waiver and simplify the administration obligations on the state. **GHA strongly supports the changes to Phase II of the Modified 1332 Waiver, and we recommend that the Agencies similarly streamline the process for consumers to compare all the plans available to them.**

Once implemented, the Georgia Access Model will also be complex for individuals purchasing insurance. While the federal Marketplace can be confusing, it does provide a centralized location where individuals can compare plans offered by different insurers. The ability to easily compare plans will be even more important under the Georgia Access Model because there will likely be more plans to compare. We recognize that creating a similar state exchange would in and of itself be a costly and time-consuming endeavor. However, relying solely on the free market will likely require individuals to search multiple websites, brokers or insurers in order to truly compare all available plan options. **We urge the Agencies to consider incentives for brokers to create online, telephonic and in-person mechanisms for individuals to compare all available plans in their geographic area.**

\*\*\*\*\*

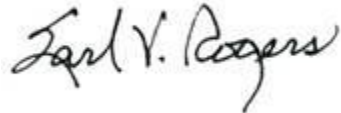
GHA appreciates the state's work to create an innovative Modified 1332 Waiver that lowers premiums and "capitalizes on commercial market resources and maximizes state flexibility and oversight to drive innovation in access, affordability, and customer service, placing the unique

---

<sup>3</sup> American Hospital Association, *Hospitals and Health Systems Continue to Face Unprecedented Financial Challenges due to COVID-19*, <https://www.aha.org/press-releases/2020-06-30-new-aha-report-losses-deepen-hospitals-health-systems> (last visited Sept. 14, 2020).

needs of Georgia's residents at the center."<sup>4</sup> We look forward to continuing to work with the state to help implement these important programs in an efficient and effective manner. Please feel free to contact me at 770-249-4531 or [erogers@gha.org](mailto:erogers@gha.org) with any questions or if you desire to discuss these comments further.

Respectfully submitted,

A handwritten signature in black ink that reads "Earl V. Rogers". The signature is written in a cursive style with a large initial "E" and "R".

Earl V. Rogers  
President and CEO

---

<sup>4</sup> OFFICE OF THE GOVERNOR, GEORGIA SECTION 1332 WAIVER APPLICATION, 7 (2019), <https://gov.georgia.gov/document/document/georgia1332draftwaiver11042019pdf/download>.



September 15, 2020

To Whom It May Concern

Dear Governor Kemp and Georgia Legislators:

The National Coalition of 100 Black Women, Incorporated, Metropolitan Atlanta Chapter is a not-for-profit and nonpartisan organization that advocates on behalf of black women and girls to promote leadership development and gender equity in the areas of health, education and economic empowerment.

The National Coalition of 100 Black Women, Incorporated, Metropolitan Atlanta Chapter believe Gov. Kemp's proposed changes to Georgia's Healthcare falls short of what the citizens of Georgia deserve. The Affordable Care Act (ACA) Marketplace empowers consumers showing details of coverage, anticipated costs and educates consumers on lower cost options (eg. eligibility for Medicaid or lower cost public coverage programs). The Governor is trying to paint a picture of increasing insurance coverage, but he's removing the transparency required by the ACA Marketplace. His proposed "Reinsurance" plan could remove options provided by the federal government for Georgians and may not include coverage for all preexisting conditions. The "Georgia Access Model" forces Georgians to choose from the governor's list of private insurance companies, while failing to educate Georgians on lower costs options. Gov. Kemp is utilizing inviting terminology to describe his proposed changes to GA Healthcare, but essentially, he's pushing for private insurance companies. We believe this will negatively impact uninsured and low-income Georgians.

Our organization values the welfare, education, health and safety of all Georgians. Therefore, to promote, ensure, and secure healthy communities in Georgia we implore you to seek a true expansion of healthcare in Georgia for the uninsured. First by, educating those uninsured of all public options, well before taking their hard-earned money and putting it into the hands of for-profit insurance companies. A better model would be putting federal and state resources into the expansion of these public options so that Medicaid is accepted in all clinics and hospitals across the state. This lowers costs of private insurance company premiums. No more relying on for-profit insurance companies to open the doors of healthcare to the uninsured. Private insurance companies have had their chance to open that door, but only allowed profits to enter. It's time for the state of Georgia to push open the doors of healthcare to the uninsured. The more we invest in our uninsured, the healthier Georgia will become.

As Georgia's elected officials, The National Coalition of 100 Black Women, Incorporated, Metropolitan Atlanta Chapter requests your advocacy and support for Georgia citizenry. We beseech you to not support the move from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies who will not act in the best interest of Georgians.

Sincerely,

Alicia Guyton, President

National Coalition of 100 Black Women, Inc.

Metropolitan Atlanta Chapter

Sincerely,  
Alicia President  
1718 Peachtree Rd NW  
Atlanta, GA 30309

1849 The Exchange  
Suite 200  
Atlanta, GA 30339  
678.303.9290  
800.282.0224  
Fax 678.303.3732  
www.mag.org



Medical  
Association  
of Georgia

*Building a Better State of Health Since 1849*

September 14, 2020

VIA E-MAIL

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

RE: Georgia Section 1332 Waiver Public Comments

Dear Administrator Verma:

The Medical Association of Georgia (MAG) has been the leading voice for physicians in Georgia since 1849. With more than 8,400 members, MAG represents physicians in every medical specialty and practice setting. MAG appreciates having the opportunity to submit the following comments on Georgia's Section 1332 health insurance waiver application.

In 2016, MAG's main policymaking/governing body, the MAG House of Delegates, passed a policy (290.967) that provides the ideal framework to ensure greater access to coverage in Georgia. This policy states that, "MAG supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and physicians which includes, but is not limited to, the following: 1) that patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing and 2) that such a waiver eliminate regulatory barriers to providing proven, cost-effective care, and seek parity for all physician services with the Medicare fee schedule."

Also note that the proposed 1332 wavier is consistent with MAG Policy 290.968, which states, "MAG supports Georgia seeking a waiver from the U.S. Department of Health & Human Services (HHS) Secretary to allow Georgia to use the Medicaid expansion funds to buy private insurance in the state health insurance exchange for eligible Georgia citizens at or below 138% of the federal poverty level."

MAG...

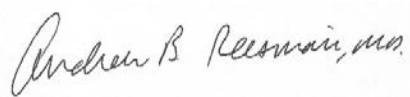
- Supports efforts to increase the number of Georgians who have health insurance and reduce costs for individuals who purchase health insurance.
- Supports the goal of moving as many patients as possible to commercial insurance over Medicaid.
- Agrees that the current trajectory of rising health insurance premiums is unsustainable.

*Building a Better State of Health Since 1849*

- Supports the need to continue to protect patients who have pre-existing conditions.
- Would like to know whether this proposal includes any “hold harmless” provisions (i.e., to confirm that physicians would not be subjected to additional risk or liability)?
- Strongly supports the availability of a robust set of “essential health benefits” and is concerned that a lot of patients/members may not understand what is or isn’t included in a non-qualified health plan (i.e., they will purchase the cheapest plan without understanding the implications) – which is something the state/insurers should be prepared to address. The Georgia Access Model could allow insurers and other private sector entities to market non-eligible, non-qualified health plans (QHPs) alongside eligible non-QHPs. MAG is strongly encouraging the state to work with MAG and allied groups as it implements any waiver program to ensure that patients are protected.
- Has concerns about the lack of guidance or policies to ensure network adequacy, which could exacerbate Georgia’s already-narrow networks, and undermine the Georgia Access and Reinsurance Program.
- Has significant concerns about the insurers habitually misrepresenting the size of the networks during open enrollment periods. MAG is requesting that the state decrease the coinsurance subsidy for insurers for every inaccurate listing above a certain threshold.

I want to express MAG’s sincere thanks for the opportunity to comment on the ‘Georgia Access’ Section 1332 health insurance waivers proposal. Please contact Bethany Sherrer at (404) 354-1863 or [bsherrer@mag.org](mailto:bsherrer@mag.org) with any questions or in the event you would like additional information or any clarifications.

Sincerely,



Andrew B. Reisman, M.D.  
President

ABR/dg

cc: Donald J. Palmisano, Jr., MAG Executive Director



# AMERICAN ATHEISTS

---

September 15, 2020

The Honorable Alex M. Azar  
Secretary, Department of Health and Human Services  
The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
200 Independence Ave., S.W.  
Washington, DC 20001

The Honorable Steven Mnuchin  
Secretary, Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

**Re: American Atheists Comments on Georgia's Requested Section 1332 Waiver**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

American Atheists, on behalf of its more than 1,200 constituents in Georgia, writes in response to the request for public comments regarding the proposal to waive federal rules under the Affordable Care Act (ACA) at the request of the state of Georgia. American Atheists strongly opposes this waiver request, which would eliminate or greatly limit access to medical coverage for the roughly 500,000 Georgians who enroll in private health plans and Medicaid through HealthCare.gov. If finalized, the requested waiver would increase confusion about where and how to access quality health coverage. American Atheists strongly urges you not to approve the requested 1332 waiver application and instead to encourage Georgia to expand its Medicaid program, which would sharply reduce the state's uninsured rate, facilitate response to the ongoing pandemic, and bring millions of dollars in additional federal funding to support health care to the state.

American Atheists is a national civil rights organization that works to achieve religious equality for all Americans by protecting what Thomas Jefferson called the "wall of separation" between government and religion created by the First Amendment. We strive to create an environment where atheism and atheists are accepted as members of our nation's communities and where casual bigotry against our community is seen as abhorrent and unacceptable. We promote understanding of atheists through education, outreach, and community-building and work to end the stigma associated with being an atheist in America. Health care should never be restricted based on religious beliefs. As advocates for the health, safety, and well-being of all Americans, American Atheists objects to efforts to limit access to affordable health care based on the religious beliefs of others.

**Georgia's waiver proposal will insure fewer people and encourage enrollment in substandard plans.**

Georgia's requested 1332 waiver would negatively impact where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer

website. Georgia's waiver proposal would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage since consumers would not be informed about all available plans, nor have an easy way to compare such plans. This will hinder enrollment and prompt many people to forego purchasing insurance and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage choices available to them.

Moreover, private brokers and insurers have a track record of failing to alert consumers of Medicaid eligibility as well as selectively limiting the plans they offer, often based on the size of plan commissions.<sup>1</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much more difficult time finding help with enrollment because Medicaid generally doesn't pay commissions. Therefore, agents and brokers have no incentive to fill the gap that would result from eliminating HealthCare.gov.

Georgia's request proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. This will undoubtedly increase confusion and misselection of plans among consumers. Even now, brokers sometimes steer people into such substandard plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>2</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most frequently selected plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>3</sup>

Furthermore, Georgia's request proposes a cap on the financial assistance the state will provide. Once the limited amount of financial assistance is spent, consumers are placed on a waitlist. These consumers would not be able to enroll in coverage with financial assistance and would be forced to either pay the full premium or remain uninsured. Nearly 88% of Georgia's Marketplace enrollees received financial assistance in 2019. The overwhelming majority of affected consumers would be expected to remain uninsured.

### **Georgia's proposal violates the statutory requirements of the Affordable Care Act.**

---

<sup>1</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>2</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>3</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

Because it will certainly increase the number of uninsured Georgians and leave many others with worse coverage, the Georgia’s waiver proposal fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that proposals cover as many people, with similarly affordable and comprehensive coverage, as without the waiver. However, under the proposed waiver, many Georgians would lose coverage or would have less comprehensive coverage, and many would find that, even if they obtain coverage, it is less affordable and has higher out-of-pocket costs. Overall, Georgia would likely see a significant reduction in coverage under the proposed 1332 waiver. Therefore, the waiver request does not meet the standards of federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people being uninsured and more people enrolled in plans that do not provide comprehensive coverage, directly violating the statutory requirements.

**Georgia has better options to achieve the requested waiver’s purported goals.**

Georgia’s waiver request also proposes to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful and illegal components of its waiver request.

Moreover, Georgia should strongly consider expanding its Medicaid program with federal subsidization in order to extend coverage to hundreds of thousands of people across the state. This would offer the state’s residents significant health benefits, especially during this pandemic, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>4,5</sup>

**Conclusion**

American Atheists strongly objects to Georgia’s request to waive federal rules under the ACA. Granting this waiver could cause hundreds of thousands of Georgians to fall through the cracks and lose coverage altogether. We urge you not to approve this 1332 waiver application. If you should have any questions regarding American Atheists’ opposition, please contact me by email at [agill@atheists.org](mailto:agill@atheists.org).

Very truly yours,



Alison Gill, Esq.

Vice President, Legal & Policy

---

<sup>4</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>.

<sup>5</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>.



**POSITIVE WOMEN'S NETWORK**  
USA

Positive Women's Network - USA  
436 14<sup>th</sup> Street, Suite 500  
Oakland, CA 94612  
510.698.3811 **phone**  
[www.pwn-usa.org](http://www.pwn-usa.org)  
@uspwn  
[www.facebook.com/pwnusa](https://www.facebook.com/pwnusa)

September 16, 2020

*Submitted via email at [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)*

Center for Consumer Information and Insurance Oversight  
Centers for Medicare & Medicaid Services  
Department of the Treasury  
Department of Health and Human Resources

RE: Comments in Response to Georgia Section 1332 Waiver Application

Dear Secretary Alex Azar, Secretary Steve Mnuchin, and Administrator Seema Verma

I am writing on behalf of Positive Women's Network-USA (PWN-USA) to express our strong opposition to the approval of Georgia's modified Section 1332 State Innovation Waiver. PWN-USA is a nationwide membership organization comprised of women and people of transgender experience and gender non-conforming (TGNC) people living with HIV. We seek to strengthen the strategic power of all women and TGNC people living with HIV by inspiring, informing and mobilizing members to advocate for policy changes that improve our lives and uphold our human rights. PWN-USA works to address the intersecting barriers that women and TGNC people face in all aspects of our lives, including housing and employment discrimination, criminalization, incarceration, access to healthcare, economic insecurity, violence and more.

Georgia's Proposed Section 1332 Waiver contravenes the U.S. Department of Health and Human Services' (HHS) mission to enhance and protect the health and wellbeing of all Americans and the purpose behind the existence of the State Innovation Waiver by risking the healthcare coverage of over 90,000 Georgians. Georgia's Proposed Section 1332 Waiver, including its plan to exit the Healthcare.gov marketplace, does not provide sufficient safeguards to ensure that a comparable number of Georgians will have health insurance coverage as the state had before the Waiver. If granted, the effects of this Waiver will disproportionately impact Black, Indigenous, and people of color (BIPOC) as well as people living with HIV, all of whom already face discrimination and many of whom lack access to quality and affordable healthcare and insurance coverage. Georgia currently has the third-highest rate of people without health insurance in the country and the number of uninsured individuals in Georgia will increase if it is granted a Section 1332 waiver.<sup>1</sup>

About 500,000 Georgians enroll in private health plans or Medicaid through HealthCare.gov.<sup>2</sup> Georgia's Proposed Section 1332 Waiver will require these individuals to seek out coverage through private vendors instead. These private vendors already sell plans in Georgia and, therefore, the Proposed Waiver does not create any new options for individuals to enroll; it simply takes away the HealthCare.gov option. Conservative estimates of the coverage loss created by allowing Georgia to exit HealthCare.gov without a state-based marketplace is 35,078, but some estimates project that over 90,000 Georgians could lose coverage if the

---

<sup>1</sup>Andy Miller, *Georgia Now Has Third-Highest Percentage of Uninsured, Report Shows*, Ga. Health News (Sep. 10, 2019), [www.georgiahealthnews.com/2019/09/state-third-highest-rate-uninsured-census-report-shows/](http://www.georgiahealthnews.com/2019/09/state-third-highest-rate-uninsured-census-report-shows/).

<sup>2</sup>Christen Linke Young and Jason Levitis, *Georgia's Latest 1332 Proposal Continues to Violate the ACA*, The Brookings Inst. (Sep. 1, 2020), [www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/](http://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/).



Proposed Waiver is granted.<sup>3</sup> The Brookings Institution estimates that two factors will have the most impact on this loss of coverage: (1) increased confusion and (2) increased cost.<sup>4</sup>

The effects of increased confusion will be even more pronounced in the first year of implementation when individuals who previously had their insurance automatically renew through HealthCare.gov may not take the affirmative steps needed to enroll in insurance through a private web-based broker or insurer.<sup>5</sup> Even individuals that normally take affirmative steps to seek out new coverage options each year will also have to choose and navigate a new enrollment website and a new process which will cause some to forego coverage due to confusion with the new system.<sup>6</sup>

Private vendors who will offer coverage under Georgia's Proposed Waiver are incentivized to direct people to more expensive options and away from Medicaid and other affordable options for coverage.<sup>7</sup> Currently, Healthcare.gov automatically transfers individuals eligible for Medicaid to the state Medicaid agency. Private vendors, who receive commissions for selling private insurance plans, have no incentive under Georgia's Proposed Waiver to facilitate a similar Medicaid transfer for which they will not receive a commission. These same considerations will also encourage private vendors to provide misleading information to people who are eligible for Medicaid and to direct individuals to plans which pay higher commissions instead of those which best suit their needs. The Proposed Plan also does not address the gap left by the removal of Healthcare.gov and the outreach it provides to individuals who receive ACA financial assistance. Georgia does not contemplate taking on this function and that private vendors do not have any incentives to assume this role. If Georgia's modified 1332 Waiver Application is granted, costs will inevitably increase for individuals who are most vulnerable, leading to a loss in coverage.

This coverage loss resulting from both confusion and increasing costs will significantly impact persons living with HIV. The increase in the administrative burden of finding coverage, especially for those receiving ACA financial assistance and individuals eligible to receive Medicaid, the likely increase in costs, and the increased administrative burden are all likely to affect the coverage for people living with HIV. Medicaid is the largest payer for HIV care in the United States<sup>8</sup> and over 40% of people living with HIV nationally are on Medicaid.<sup>9</sup> If Georgia is permitted to exit Healthcare.gov without creating mechanisms to ensure that individuals will have a way to easily access Medicaid enrollment and ACA financial assistance, people living with HIV are at a heightened risk of losing coverage.

Eliminating Healthcare.gov is also inconsistent with the HHS's Ending the HIV Epidemic plan by reducing insurance coverage and leading to a reduction in HIV diagnoses, treatment, and preventative care. A reduction in diagnoses will also hinder the ability of HHS to respond to any potential outbreaks in Georgia. The Ending the HIV Epidemic plan specifically targets Cobb, DeKalb, Fulton, and Gwinnett Counties in Georgia as four of the 48 counties where 50% of new HIV diagnoses occurred in 2016 and 2017. These counties are most in need of support from the federal government in ending the HIV epidemic, and HHS's goals in doing so will be undermined by a loss in insurance coverage for individuals in these areas. The Proposed Waiver does nothing to

---

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> *The Affordable Care Act and HIV/AIDS*, HIV.gov (Dec. 19, 2019), [www.hiv.gov/federal-response/policies-issues/the-affordable-care-act-and-hiv-aids](http://www.hiv.gov/federal-response/policies-issues/the-affordable-care-act-and-hiv-aids).

<sup>9</sup> *Medicaid and HIV*, Kaiser Family Foundation (Oct. 1, 2019), [www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/](http://www.kff.org/hivaids/fact-sheet/medicaid-and-hiv/).



ensure that coverage will remain accessible for individuals in these areas, or the rest of Georgia, and approval of the Section 1332 Waiver Application without these safeguards directly contradicts HHS's goals in ending the HIV epidemic. People living with HIV in Georgia already face challenges to receiving coverage and granting the Section 1332 Waiver Application will only exacerbate these effects. Only about 50% of adults and adolescents living with HIV in Georgia in 2018 were retained in care.<sup>10</sup> If HHS and the Department of the Treasury approve this Section 1332 Waiver Application, gaps in coverage are inevitable, making it more likely that people living with HIV in Georgia will be dissuaded from continuing their medical care. At the same time, Atlanta, where the highest proportion of people living with HIV in Georgia reside and which has the third highest rate of new HIV infections in the country, is at risk of losing a \$23 million HUD grant which assists people with AIDS pay their rent.<sup>11</sup> Without safe and secure housing, individuals living with HIV face incredible difficulty in complying with their medical regimen as some medicines require refrigeration and others require adherence to a schedule which is difficult without stable housing. These challenges compound the difficulties faced by individuals living with HIV in Georgia, making the risks of loss of coverage from approval of the Section 1332 Waiver Application even more serious.

Further, these policies also disproportionately impact BIPOC, women of trans-experience, and lower-income women as these individuals have unequal access to insurance coverage and quality and consistent healthcare as well as facing discrimination in seeking coverage and care. Structural inequities and intersecting oppressions create additional barriers to accessing healthcare coverage under the current system which will only be exacerbated if HHS and the Department of the Treasury approve Georgia's waiver application.

Approving Georgia's modified Section 1332 State Innovation Waiver Application violates HHS's core mission by threatening the health and well being of tens of thousands of people. For the reasons detailed above, HHS and the Department of the Treasury should immediately reject Georgia's modified Section 1332 State Innovation Waiver Application.

Thank you for the opportunity to submit comments on the proposed waiver. Please do not hesitate to contact me at [Breanna@pwn-usa.org](mailto:Breanna@pwn-usa.org) for any questions about our position or for further information.

Sincerely,



Breanna Diaz  
Positive Women's Network-USA  
Policy Director

---

<sup>10</sup> *HIV Care Continuum, 2018*, Georgia, Ga. Dept. of Public Health, <https://dph.georgia.gov/epidemiology/georgias-hiv-aids-epidemiology-section/hiv-care-continuum#CareContinuumCurrentData>.

<sup>11</sup> Ben Brasch and Stephen Deere, *HUD: Atlanta Fails Again to Properly Run Homeless HIV Program*, The Atlanta Journal-Constitution (May 1, 2020), [www.ajc.com/news/local/hud-atlanta-fails-again-properly-run-homeless-hiv-program/EnWan8tXsL8wQzSJpP3RxI/](http://www.ajc.com/news/local/hud-atlanta-fails-again-properly-run-homeless-hiv-program/EnWan8tXsL8wQzSJpP3RxI/).



September 16, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Healthy Mothers, Healthy Babies Coalition of Georgia to express our organization's concern about Georgia's ACA Section 1332 waiver.

Healthy Mothers, Healthy Babies Coalition of Georgia (HMHBGA) is a statewide nonprofit, nonpartisan organization of concerned citizens who educate and advocate for improving the health of Georgia's mothers, babies, and families. Every year, HMHBGA serves about 2,500 low-income Georgia families (many enrolled in Medicaid) by providing referrals and resources through our Call Center lines. Families often ask questions on how to access services within their community and how to navigate Medicaid and insurance benefits. Additionally, HMHBGA works to improve our high rankings across several maternal and infant health indicators including infant mortality (6<sup>th</sup>), prematurity (6<sup>th</sup>), and low birthweight (4<sup>th</sup>). Access to comprehensive healthcare before, during, and after pregnancy is necessary to ensure the health of mothers and babies throughout the state.

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put pregnant, postpartum, and low-income families at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, and pregnant/postpartum families would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

### **Georgians eligible for Medicaid are unlikely to receive assistance from insurers, agents or brokers.**

HealthCare.gov facilitates Medicaid enrollment with a “no-wrong-door” application that routes Georgians to the program for which they're eligible based on their family size, income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>1</sup> This is especially important for pregnant and low-income families, who currently experience issues with enrolling in pregnancy Medicaid.

Brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they are unlikely to provide these Georgians with any help. For example, a search on HealthCare.gov shows more than 1100 agents and brokers that enroll people in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.<sup>2</sup> This is worrisome for pregnant and postpartum women, who may be enrolling themselves or their children in Medicaid/CHIP for the first time.

### **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrolment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one system to another. However other states' experiences show this figure is unrealistic.<sup>3</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>4</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>5</sup> Similar percentage declines

---

<sup>1</sup> CMS, *op. cit.*

<sup>2</sup> Center on Budget and Policy Priorities analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 zip code.

<sup>3</sup> Waiver, *op. cit.*, p. 71.

<sup>4</sup> Sarah Lueck, “Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges,” CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>5</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, “Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020,” December 23, 2019, <https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment->

in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment.<sup>6</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

### **The enrollment of pregnant and low-income families in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like mental health conditions, exposed to catastrophic costs.<sup>7</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover all essential health benefits, leaving pregnant, postpartum, and low-income families potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover most do prescription drug benefits for example.<sup>8</sup> The management of chronic conditions during and after pregnancy is important for the health of mom and baby and often requires access to prescription drugs. On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like hypertension. That leaves pregnant and postpartum women as well as low-income families vulnerable to catastrophic costs, limited access to care, and other negative consequences.

---

[Release 12.23.19.pdf](#); Sarah Lueck, “Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges,” CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>6</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

<sup>7</sup> Tara Straw, “‘Direct Enrollment’ in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>8</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

Because it would harm consumers, including pregnant and postpartum women as well as low-income families, Georgia's proposal is not approvable under federal law. The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia's waiver fails these tests. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, Healthy Mothers, Healthy Babies Coalition of Georgia is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

A handwritten signature in black ink that reads "Amber Mack". The signature is written in a cursive, flowing style.

Amber Mack

Research & Policy Analyst

Healthy Mothers, Healthy Babies Coalition of Georgia

September 15, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

From: Margaret L. Hoffman-Terry, MD, FACP, AAHIVS  
American Academy of HIV Medicine

Copy: Bruce Packett, Executive Director, [bruce@aahivm.org](mailto:bruce@aahivm.org)

Dear Dr. Azar,

The American Academy of HIV Medicine is a national organization providing education, resources and support to frontline physicians, nurses, nurse-practitioners, physician assistants and pharmacists specializing in HIV. Our members and credentialed specialists numbering over 3500 are dedicated to providing optimal care for their patients living with HIV. To support them in this, the Academy provides specialized resources and on-going professional education. We also advocate for public policies that maximize their ability to care for their patients.

We strongly urge you to reject Georgia's proposal to dismantle its current health care plan. The Georgian administration is currently requesting permission from the DHHS Center for Medicare and Medicaid Services (CMS) to exit [HealthCare.gov](https://www.healthcare.gov), the federal marketplace that 500,000 Georgians use every year in order to enroll in private health plans and Medicaid. In its place, Georgia proposes to replace their current public insurance marketplace with a system that allows only private web brokers and insurance companies to communicate with people seeking insurance.

The Center for Budget and Policy Priorities notes that Georgia's "unprecedented proposal would force consumers to navigate the type of fragmented insurance system of brokers and insurers the ACA was intended to remedy, likely decreasing enrollment, raising premiums, and leading more Georgians to enroll in substandard plans instead of comprehensive coverage." Their plan does not allow any ACA representatives to be present to advise consumers on federally funded insurance, making it much more difficult for many residents (and impossible for some of them) to get adequate health coverage for themselves and their families. This would leave tens of thousands of people uninsured, while others would end up in short-term and other subpar plans that impose high out-of-pocket costs when enrollees suffer illness or injury.

Many [Georgians are already receiving misleading information](#) from the companies that stand to profit from their confusion if the state's request to CMS is approved. The COVID-19 pandemic, as well as the ongoing HIV epidemic, have clearly shown that people need health coverage they

can count on emergencies. If Georgia's application is approved, many Georgians will end up in substandard plans and could face unaffordable out-of-pocket for routine care and costs if they need medical care.

If you have any questions about the above comments, please contact Anna Forbes, Public Policy Director of the American Academy of HIV Medicine at [anna@aahivm.org](mailto:anna@aahivm.org).

Sincerely,

Margaret L. Hoffman-Terry, MD, FACP, AAHIVS

Chairperson

AAHIVM Board of Directors





**National  
Urban League**

*Empowering Communities.  
Changing Lives.*

September 16, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: StateInnovationWaivers@cms.hhs.gov

Subject: Georgia Section 1332 Waiver Comments

From: Marc Morial, President and CEO, National Urban League

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). On behalf of the National Urban League and its 90 local affiliates across 37 states and the District of Columbia, we are writing to express deep concern about this waiver. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov.

Founded in 1910, the Urban League collaborates at the national and local levels with community leaders, policymakers, and corporate partners to elevate the standards of living for African Americans and other historically underserved groups. As such, it is the National Urban League's priority to ensure every American has access to quality and affordable health care solutions.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. However, we believe that the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up with insufficient plans that impose high costs if they get sick.<sup>1</sup> We strongly urge you not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020.

<https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>



**National  
Urban League**

*Empowering Communities.  
Changing Lives.*

Over 660,000 African Americans were among the 12 million people who signed up for ACA marketplace health plans during the 2017 open enrollment period in the 39 states that use the Healthcare.gov enrollment platform.<sup>2</sup> Instead of weakening and, in Georgia's case, attempting to leave the marketplace, states and the administration should be working to increase access to and strengthen the marketplace to get even more people much-needed health insurance. Un- and under-insured people are often forced to forgo regular doctor's appointments, necessary prescription medication, and preventive care, resulting in emergency room visits and inpatient hospital stays that are expensive and could have been avoided. Health insurance coverage is especially important for African Americans and other racial and ethnic minorities who, due to policies and practices that are structurally racist, often have worse health status than their white counterparts. African Americans live with chronic conditions such as diabetes, heart disease, and HIV/AIDS at far greater rates than other racial groups.<sup>3</sup>

Georgia, alongside the rest of the nation, is still in an uphill battle managing the effects of the COVID-19 pandemic. With almost 290,000 confirmed cases, 26,000 hospitalizations, almost 4,800 ICU admissions and 6,200 deaths,<sup>4</sup> Georgia should use this moment to increase access to healthcare rather than to narrow it. The pandemic has disproportionately impacted communities of color with documented increased infections rates by race.<sup>5</sup> By exiting the federal marketplace, the state is jeopardizing healthcare at a moment when there is untold cost directly to Black, Hispanic, and low-income communities.

### **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

---

<sup>2</sup> CMS Newsroom, "Health Insurance Marketplaces 2017 Open Enrollment Period Final Enrollment Report." Centers for Medicare & Medicaid Services, March 15, 2017. <https://www.cms.gov/newsroom/fact-sheets/health-insurance-marketplaces-2017-open-enrollment-period-final-enrollment-report-november-1-2016>

<sup>3</sup> Peggy Bailey, Matt Broaddus, Shelby Gonzales, and Kyle Hayes, "African American Uninsured Rate Dropped by More Than a Third Under Affordable Care Act," Center on Budget and Policy Priorities, , June 1, 2017. <https://www.cbpp.org/research/health/african-american-uninsured-rate-dropped-by-more-than-a-third-under-affordable-care>

<sup>4</sup> Georgia Department of Public Health Daily Status Report. September 10, 2020. <https://dph.georgia.gov/covid-19-daily-status-report>

<sup>5</sup> Centers for Disease Control and Prevention, "COVID-19 Hospitalization and Death Rates by Race/Ethnicity," August 18, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>



National  
Urban League

*Empowering Communities.  
Changing Lives.*

According to 2018 data, nationally and in Georgia, 49% of insurance was through employer sponsored coverage. But, the uninsured rate was much lower nationally at 9% than in the state of Georgia with almost 14% uninsured.<sup>6</sup> And while Medicare recipients don't use the Health Insurance Marketplace, Medicaid recipients do.<sup>7,8</sup> Medicaid recipients in Georgia are 47% Black,<sup>9</sup> and overwhelmingly children, older adults, and disabled.<sup>10</sup> Georgia's 1332 proposal will disproportionately negatively impact communities of color and low income communities, ensuring further healthcare disparities in the state.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>11</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>12</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes

---

<sup>6</sup> Kaiser Family Foundation, "Health Insurance Coverage of the Total Population," 2018.

<https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>7</sup> Healthcare.gov "Medicaid & CHIP Coverage." <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/#:~:text=Generally%20yes%2C%20as%20long%20as,you'll%20qualify%20for%20savings.>

<sup>8</sup> Healthcare.gov, "If you have Medicare" <https://www.healthcare.gov/medicare/medicare-and-the-marketplace/#:~:text=Medicare%20isn't%20part%20of,your%20Medicare%20choices%20or%20Obenefits.>

<sup>9</sup> Kaiser Family Foundation, "Distribution of the Nonelderly with Medicaid by Race/Ethnicity," 2018.

<https://www.kff.org/medicaid/state-indicator/distribution-by-raceethnicity-4/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>10</sup> Amanda Lee and Beth Jarosz, "Majority of People Covered by Medicaid and Similar Programs Are Children, Older Adults, or Disabled," Population Reference Bureau, June 29, 2017.

<https://www.prb.org/majority-of-people-covered-by-medicaid-and-similar-programs/>

<sup>11</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019,

<https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>12</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.



**National  
Urban League**

*Empowering Communities.  
Changing Lives.*

or a heart attack. For example, the most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>13</sup>

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, we believe that the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. Moreover, Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is thus, not approvable. In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

### **Georgia Has Better Options to Address Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>14,15</sup> It should do so, rather than upending the state’s insurance market at great risk to consumers.

---

<sup>13</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>14</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>15</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019,



National  
Urban League

*Empowering Communities.  
Changing Lives.*

Finally, a recent study found that Medicaid expansion was associated with a 4.4-4.7% reduction in state spending on Medicaid and a reduction in uncompensated care up to 30% in Arkansas. The study also found that states that expanded Medicaid did not need to cut spending or raise revenue in order to balance budgets. States already have a variety of means to offset statutory costs.<sup>16</sup> Expansion of access to care is possible in the state of Georgia, and protection of care should be the basic expectation amidst the ongoing pandemic.

We thank you for the opportunity to comment on this important matter and look forward to a decision that prioritizes preservation and expansion of healthcare for all Georgia residents.

Sincerely,

Marc Morial  
President & CEO

---

<https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>16</sup> Bryce Ward, "The Impact of Medicaid Expansion on States' Budgets," The Common Wealth Fund, May 5, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/may/impact-medicaid-expansion-states-budgets#:~:text=Key%20Findings%3A%20During%202014%E2%80%9317,state%20spending%20on%20traditional%20Medicaid.&text=Conclusion%3A%20It%20is%20not%20necessary,2020%E2%80%944%20to%20balance%20their%20budgets.>



*Building a healthy Kentucky together*

## BOARD OF DIRECTORS

Sheila A. Schuster, PhD  
Louisville  
*Board Chairperson*

Jiten Shah  
Owensboro  
*Treasurer*

David Allgood  
Louisville

Col Owens, JD  
Fort Mitchell

Richard J. Seckel  
Lexington

Susie Starling  
Irvine

Barbara Gordon  
Louisville

Sandra George  
Covington

**Emily Beauregard**  
Executive Director

1640 Lyndon Farm Court  
Suite 108  
Louisville, KY 40223  
(502) 209-9088

[www.kyvoicesforhealth.org](http://www.kyvoicesforhealth.org)

Sept 16, 2020

To:

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From: Cara Stewart, Director of Policy Advocacy of Kentucky Voices for Health

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). Kentucky Voices for Health is a nonpartisan 501(c)(3) coalition of consumer advocates that represents more than 200 individual and organizational members from across the commonwealth working to address the underlying causes of poor health through policy advocacy. Kentuckians have benefited tremendously from provisions of the ACA that have protected the coverage of more than 800,000 Kentuckians with pre-existing conditions, provided affordable cover to more than half a million Kentuckians through Medicaid expansion and subsidized Marketplace plans, established a benchmark of essential health benefits, and eliminated lifetime caps on coverage for all Kentuckians covered under group or Marketplace plans.

KVH supports the use of 1332 waivers to strengthen and improve upon the consumer protections, essential health benefits, and affordability mechanisms provided for under the ACA. However, this proposal suffers from major deficiencies that mean the federal government can not lawfully approve this plan. Not only does KVH not find this waiver proposal to be approvable, we have grave concerns about the implications for Georgia and risk of replication throughout the country.

Kentucky has gone through several changes with our marketplace options and are therefore in a unique position to understand the risks of this proposal, which removes access to the Marketplace (HealthCare.gov) for Georgians without creating a state based marketplace. The proposed changes mean Georgia would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. Eliminating a marketplace option for Georgians would undoubtedly create confusion, churn, and fragmentation. This plan creates a completely avoidable risk to consumers who will be left to their own devices to find and compare plans that may or may not meet ACA requirements, leaving them more likely to enroll in less comprehensive and short-term "junk" plans.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. There is no reasonable expectation, based on the experience in Kentucky and across the country, that this proposal would have that effect. Without a marketplace, Georgians will have no option to shop for plans with an apples to apples comparison tool, an automated way of calculating and applying subsidies to premiums and out-of-pocket costs, no cost in-person assistance, and national and state level outreach and enrollment support. This does not rationally lead to a reduction in uninsured. Kentucky saw substantial losses in coverage and preventable churn with our change in

marketplaces, from our state-based marketplace to the federal platform. Both Marketplace and Medicaid enrollment decreased after the transition from kynect to healthcare.gov in 2017, in part due to system fragmentation, reduced marketing, and confusion. What that transition would have looked like without having HealthCare.gov as an alternative to kynect would have been devastating.

If Georgia would like to solve their high uninsured rate, Kentucky also provides an example and solution. Joining the 38 states that have joined in the ACA's allowable expansion of Medicaid to low-income adults is an inarguable, guaranteed solution for Georgia's high uninsured rate. Not having a But the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. There are tens of thousands of Georgians eligible for quality health insurance through Medicaid with that decision.

Instead, these proposed changes imagine a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in plans that impose high costs if they get sick. Without the Marketplace requirements demanding plans meet certain standards to be reasonable insurance, there are guaranteed weaknesses reverting to a pre-ACA insurance market that is not fair to Georgians. KVH strongly urges you not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, a proven path to sharply reduce the state's uninsured rate, respond to health needs related to the ongoing pandemic, and bring billions in additional federal funding into the state.

Fragmentation of our insurance market opens the door to instability, both in our plans, and in the experience of, in this case, Georgians looking for affordable and reliable health insurance. This proposal takes away the one-stop shop ability with verified plans all reliably including comparable benefits and the availability of assistance from real people with certified assisters and navigators. This 1332 waiver would change where and how Georgians purchase health insurance. In 2020, around 4 out of 5 Georgians who enrolled in coverage through the individual market used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. To take away the option the overwhelming majority of Georgians chose to shop for their health insurance will not reduce Georgia's uninsured rate or meet any of the goals of the ACA. Instead, it creates confusion and extra effort for Georgians, creating a far too real risk of confusion hindering enrollment and prompting many people to give up and become uninsured. We do not have to guess about any of this - we from our real experience in Kentucky. We know that consumers prefer having one place to go shop and compare and prefer having in person assistance, which is available through the Marketplace. We have other states - we have no evidence that excluding this safe path to coverage improves anything, and logic says it will not. Georgians deserve a guaranteed, central source of unbiased information on the quality comprehensive coverage and affordability options available to them.

Georgians are no different than Kentuckians in that many are entrepreneurs, creatives, business owners, and farmers. All of these career paths come with ups and downs and changing incomes season to season and year to year. The Marketplace is currently a one-stop-shop for Georgians to find and change their health insurance as their financial circumstances demand. In Kentucky, we heard from small business owners about the importance of having access to a marketplace that rides the changes with them. Here is one of thousands of examples:

Ben Abell and his wife Bree Pearsall run their farm family in Oldham County and depend on Kynect. Ben: "As any farmer will tell you, no two years are the same. No matter how hard we've worked to run a successful business, we are sometimes at the mercy of the weather, of certain insects or diseases, or our soil's fertility. There are good years and there are bad years and we've had them both at our place. Kynect [Kentucky's marketplace] provided a seamless platform to understand our families changing economic situation and to offer plans based on how our farm season had been. We have ranged from paying \$500/month for private plans to, after the birth of our daughter and a particularly difficult season last year, qualifying for Medicaid. Kynect provided a consistent seamless platform to point us towards our options."

Georgians currently use HealthCare.gov the way this family described kynect - a consistent seamless platform to point Georgians toward their options for comprehensive health care plans. HealthCare.gov provides a guarantee for Georgians in a

way that shopping directly from insurers or exclusively through brokers does not, which is probably why so few Georgians choose the path this Proposal suggests as the only option. This waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic. People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan. The state proposes to regulate vendors in a manner “similar” to existing federal regulation, with the notable exception of allowing these vendors to market plans that do not comply with ACA requirements alongside Marketplace plans. This is not approvable.

Kentucky Voices for Health supports Georgia’s proposed reinsurance program here. The federal government could choose to approve exclusively that portion of this proposal and lawfully decline to approve the harmful components of this proposal. Similar reinsurance programs have been successfully implemented in other states and can reduce premiums for Georgians with higher incomes that mean they are not eligible for subsidized insurance through the Marketplace currently.

The ACA very specifically addresses what is required for proposals like this one. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. This waiver proposal fails to meet this basic statutory requirement intended to ensure that people who live in states that implement an ACA waiver are not harmed by the experiment.

To meet the goals stated by this waiver from Georgia, the solution is easy: Expand medicaid as anticipated by the ACA and approve the reinsurance program in this proposal. Then Georgia could cover more than 400,000 people and cut premiums by around 10% and make coverage more affordable for middle and higher income consumers, without harming lower income consumers. Upending Georgians access to HealthCare.gov is harmful, not approvable, and not a path to reducing Georgia’s high uninsured rate or high premiums.

Kentucky Voices for Health appreciates the careful consideration given to this proposal and requests any response prepared to these comments sent to [cara@kyvoicesforhealth.org](mailto:cara@kyvoicesforhealth.org).

Sincerely,



Cara L. Stewart  
Director of Policy Advocacy  
Kentucky Voices for Health  
1640 Lyndon Farm Court, Suite 108  
Louisville, Kentucky 40223  
[cara@kyvoicesforhealth.org](mailto:cara@kyvoicesforhealth.org)





16 September 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

United Way Worldwide appreciates the opportunity to comment on Georgia's 1332 Waiver proposal – the State Relief and Empowerment Waiver Amendment.

United Way brings together the caring power and resources of over 1,100 local communities across the United States, and in 41 countries across the globe. Local United Ways across the State of Georgia, including the largest, United Way of Greater Atlanta, have a long track record of providing access to healthcare for low and moderate income families in collaboration with their many community nonprofit and corporate partners. Together, we fight for the health, education and financial stability for every person in every community. Access to affordable, quality healthcare is a critical building block for people to lead successful lives and is core to our work in communities.

We are writing to express our deep concerns about this waiver proposal. Under the proposal, the state would exit the federal marketplace **with no substitute**. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov.

Georgia's application claims the waiver to be a solution for the state's high uninsured rate. But the best solution to that problem is to join 38 other states and DC and adopt the Affordable Care Act's (ACA) expansion of Medicaid to low-income adults. Georgia is instead proposing a return to the pre-ACA fragmented system to access healthcare that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy non-ACA compliant plans that impose high costs if they get sick.<sup>1</sup> We strongly urge you not to approve the 1332 waiver application.

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>



people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

Because the Georgia proposal exits the federal marketplace without a substitute, people will not be guaranteed their healthcare plans will include ACA essential health benefits and consumer protections, including from pre-existing conditions, but also will not have access to generous tax subsidies lowering their out-of-pocket costs.

### **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> In fact, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the

---

<sup>2</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>



pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

**Conclusion:**

Because the waiver proposal violates ACA statutes, could cause considerable loss of coverage, and take away people’s ability to access affordable healthcare coverage from the federal marketplace with no substitute, Georgia’s proposal should be rejected.

Thank you for your willingness to consider our comments. If you need additional information, please contact Dave Wallace ([dave.wallace@uww.unitedway.org](mailto:dave.wallace@uww.unitedway.org)).

Respectfully,

Suzanne McCormack  
US President  
United Way Worldwide  
Alexandria VA

Justin Galloway  
Executive Director  
United Way of Coastal Georgia  
Brunswick GA

Milton Little  
President and CEO  
United Way of Greater Atlanta  
Atlanta GA

Ben Moser  
President and CEO  
United Way of the Chattahoochee Valley  
Columbus GA

---

<sup>3</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.





The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

September 16, 2020

The Honorable Alex M. Azar II  
Secretary, Department of Health & Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Steven Turner Mnuchin  
Secretary, Department of the Treasury  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Baltimore, MD 21244-8016

**RE: Georgia 1332 Waiver Proposal**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

The American College of Obstetricians and Gynecologists (ACOG) represents more than 60,000 obstetrician-gynecologists and partners in women's health nationwide, including more than 1,200 practicing obstetrician-gynecologists in its Georgia Section. ACOG welcomes the opportunity to comment on Georgia's Section 1332 waiver proposal. As physicians dedicated to providing quality care to women, we have concerns with the state's proposal, including the elimination of the federal marketplace (HealthCare.gov) for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through the federal portal. We urge the Centers for Medicare and Medicaid Services (CMS) to deny this waiver.

**Georgia's Proposal Will Increase the Number of Uninsured Residents in the State**

Georgia's proposal to waive certain Affordable Care Act (ACA) requirements under Section 1332 waiver authority would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. In its application, Georgia frames its waiver proposal as a solution to the state's burgeoning uninsured rate. On the contrary, this waiver will create a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage.<sup>1</sup>

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because there is a lack of incentive for agents and brokers to assist those interested in plans that would have been available on HealthCare.gov.

### **Georgia's Proposal Will Limit Access to Essential Benefits Including Maternity Care**

Georgia's waiver proposes that substandard plans, such as short-term, limited-duration insurance (STLDI) plans, would be presented alongside comprehensive insurance. Presenting these plans in tandem with ACA-compliant coverage stands to confuse consumers and compromise the health system with an increase in underinsured patients. ACOG stands firmly against the proliferation of STLDI and other forms of substandard coverage.<sup>3</sup> STLDI plans do not have to comply with federal rules regarding coverage. As we know from before the enactment of the ACA, when only one in four health plans in the individual market provided coverage for maternity care, these benefits are particularly vulnerable to cuts.<sup>4</sup> Further, we know that roughly half of all pregnancies in the United States are unplanned, so many women may need this coverage when they least expect it.

A study of STLDI plans sold in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover maternity services, prescription drugs, or mental health services. In addition, this plan had pre-existing condition exclusions and had a deductible three-times as high as an ACA-compliant plan.<sup>5</sup> For these reasons, CMS should not approve Georgia's waiver proposal that will increase enrollment in these substandard coverage options.

### **Georgia's Proposal Violates Statutory Requirements of Section 1332 Waivers**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, Georgia's 1332 waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement a 1332 waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that these waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and more out-of-pocket costs than would be the case without the waiver. The waiver, therefore, does not meet the guardrails under federal law and is not approvable.

**ACOG Recommendation:** Do not approve this waiver request to require Georgians to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage

Thank you for the opportunity to provide comments on Georgia's waiver proposal. We hope you have found our comments useful. If you have any questions, please reach out to Emily Eckert, Policy Manager, at [eeckert@acog.org](mailto:eeckert@acog.org).

Sincerely,

*Skye Perryman*

Skye L. Perryman, JD  
Chief Legal Officer

---

<sup>1</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>2</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>3</sup> American College of Obstetricians and Gynecologists comments on CMS-9924-P: Short-Term, Limited-Duration Insurance. Submitted April 23, 2018. Available at: <https://www.regulations.gov/document?D=CMS-2018-0015-8434>

<sup>4</sup> Kaiser Family Foundation. Would state eliminate key benefits if AHCA waivers are enacted? June 2017. Available at: <http://files.kff.org/attachment/Issue-Brief-Would-States-Eliminate-Key-Benefits-if-AHCA-Waivers-are-Enacted>

<sup>5</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.



September 16, 2020

The Honorable Alex M. Azar, II  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C. 20201

The Honorable Steven T. Mnuchin  
Secretary  
Department of Treasury  
1500 Pennsylvania Avenue, NW  
Washington, D.C. 20220

**Re: Georgia 1332 Waiver Application**

Dear Secretaries Azar and Mnuchin:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Georgia's Section 1332 waiver proposal. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. Access to health care coverage is paramount for persons with cancer and survivors. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.<sup>1</sup> In the United States, more than 1.8 million Americans will be diagnosed with cancer this year – an estimated 55,190 in Georgia.<sup>2</sup> An additional 15.5 million Americans are living with a history of cancer – 446,900 in Georgia.<sup>3</sup> For these Americans access to affordable health insurance is a matter of life or death.

We offer the following comments on Georgia's proposed section 1332 waiver.

---

<sup>1</sup> E Ward et al, "Association of Insurance with Cancer Care Utilization and Outcomes, *CA: A Cancer Journal for Clinicians* 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-with-cancer-care>.

<sup>2</sup> American Cancer Society. *Cancer Facts & Figures: 2020*. Atlanta: American Cancer Society, 2020.

<sup>3</sup> American Cancer Society. *Cancer Treatment & Survivorship: Facts & Figures 2019-2021*. Atlanta: American Cancer Society, 2019.



## Part I: Reinsurance Program

ACS CAN supports Georgia's proposed reinsurance program and urges its enactment. A well-designed reinsurance program can help to lower premiums and mitigate the plan risk associated with high-cost enrollees. We note that the waiver anticipates the reinsurance program will reduce premiums by 10.2 percent in plan year 2022.<sup>4</sup> These savings could reduce federal government subsidy payments, and lower premiums for consumers who enroll in coverage through the exchange but are not eligible for subsidies.

Georgia's proposed reinsurance waiver is similar to that adopted in Colorado, which has been shown to reduce premiums. A reinsurance program may encourage insurance carriers to enter the market. A reinsurance program may also encourage plans already in the market to continue offering plans through the exchange. Further, the expected maintenance or increase in plan competition due to the reinsurance program may help to keep premiums from rising. These premium savings could help cancer patients and survivors afford health insurance coverage and may enable some individuals to enroll who previously could not afford coverage – the waiver anticipates increased enrollment of 0.4 percent.<sup>5</sup>

We are pleased that the waiver states that reinsurance program will not impact the comprehensiveness of coverage in Georgia. ACS CAN believes that patient protections in current law – like the prohibition on pre-existing condition exclusions, prohibition on lifetime and annual limits, and Essential Health Benefits requirements – are crucial to making the healthcare system work for cancer patients and survivors.

## Part II: Georgia Access Model

In the second part of its 1332 waiver, Georgia proposes to eliminate healthcare.gov as an enrollment platform for Georgians and transition to an entirely new model, the Georgia Access Model, under which the private sector would provide front-end consumer shopping experiences and operations with the State validating whether an individual is eligible for subsidies and providing those subsidies to plans. Georgia would be responsible for ongoing program management and compliance of participating entities. The State believes this will help to promote competition and improve customer service. We have very serious concerns that this proposal would actually create greater confusion for consumers and potentially lead them to use inadequate coverage.

*Waiver would promote non-QHP coverage:* We are concerned that this proposal would allow private web-brokers to enroll consumers in a wide variety of health insurance products offered by carriers “that are licensed and in good standing with the State” – including non-Qualified Health Plans (QHPs) such as accident supplemental plans, critical illness plans, limited-benefit plans, short-term limited-duration plans, vision and dental.<sup>6</sup> For patients with cancer and cancer survivors, it is crucial to choose a health insurance plan that provides coverage for their unique needs. Cancer patients and survivors must pay particular attention to whether a plan

---

<sup>4</sup> Office of the Governor. Georgia Section 1332 Waiver Application. July 31, 2020.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

covers the medications they need, whether their (often multiple) physicians are in-network, whether their treatment center is in-network, and the cost-sharing that will be required of them.

*Waiver would result in enrollee confusion:* Offering QHP coverage alongside non-QHP coverage will be confusing to enrollees. Utilizing healthcare.gov or a similar state-based exchange allows potential enrollees a better opportunity to compare plans that provide a basic set of coverage options. Eliminating healthcare.gov without creating a state-based exchange and relying only on private web brokers, increases the likelihood that healthy consumers could be steered towards non-ACA compliant plans (like short term plans) because they would meet the medical underwriting requirements associated with these plans. Older and sicker individuals – who are less likely to meet the medical underwriting requirements – would enroll in QHPs, thus resulting in a less healthy risk pool for QHP coverage which would lead to higher premiums.

*Waiver fails to articulate how it would lead to higher enrollment:* We are concerned that relying solely on private web-brokers will not lead to higher enrollment. These private web brokers are already permitted to sell ACA-compliant coverage in Georgia, the only change provided under the waiver would be to eliminate healthcare.gov as a viable platform for Georgians searching for health insurance. According to the waiver, in 2019, 79 percent of enrollees in Georgia's marketplace used healthcare.gov and only 21 percent were enrolled via direct enrollment or enhanced enrollment (e.g., web brokers). Thus, we fail to see how the waiver will result in enrollment growth.

*Waiver could suppress Medicaid enrollment:* Healthcare.gov is not only an important resource for individuals shopping for private coverage options, but it also serves as an important screening function in determining whether individuals may be eligible for Medicaid. In the 2020 open enrollment period, nearly 40,000 Georgians were determined to be eligible for Medicaid or CHIP by the Exchange.<sup>7</sup> Private web brokers are not paid a commission for individuals found eligible for Medicaid and thus may not be inclined to inform consumers of their eligibility to enroll in the program. Even a 25 percent reduction in effective Medicaid enrollment could result in 10,000 people losing Medicaid coverage.<sup>8</sup>

*Waiver fails to provide sufficient protection during the transition:* While the waiver claims that an estimated 25,000 individuals would enroll in coverage under the Georgia Access Model, it fails to provide any evidence with which to substantiate this claim. We note that even with the best of intentions, as states transition from one model to another, enrollment often declines as

---

<sup>7</sup> Centers for Medicare & Medicaid Services. 2020 Marketplace State-Level Open Enrollment Period Public Use File. Available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>.

<sup>8</sup> Christen Linke Young and Jason Levitis, "Georgia's latest 1332 proposal continues to violate the ACA," Brookings Institution, Sept. 1, 2020, <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

evidenced by Nevada's recent experience.<sup>9</sup> We are concerned that without adequate patient protections, which are not identified in the draft waiver, individuals in active cancer treatment could lose coverage or experience a gap in coverage. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival.

### Conclusion

On behalf of the American Cancer Society Cancer Action Network, we thank you for the opportunity to comment on the proposed section 1332 waiver. We strongly support Georgia's proposed reinsurance waiver, which we believe will provide long-term viability of the individual market while not eroding important consumer protections. We have serious concerns with the proposed Georgia Access Model and would discourage CMS from approving this section of Georgia's 1332 waiver. If you have any questions, please feel free to contact me or have your staff contact Anna Schwamlein Howard, Policy Principal, Access and Quality of Care at [Anna.Howard@cancer.org](mailto:Anna.Howard@cancer.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa A. Lacasse". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lisa A. Lacasse, MBA  
President  
American Cancer Society Cancer Action Network

---

<sup>9</sup> Nevada health insurance marketplace: history and news of the state's exchange. Louise Norris, HealthInsurance.org. June 11, 2020. Available at: <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>.

September 16, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

RE: Georgia's Proposed 1332 State Innovation Waiver

Dear Administrator Verma:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing to express our concern with Georgia's proposed State Innovation Waiver under Section 1332 of the Affordable Care Act (ACA). The Georgia Access Model outlined in this waiver proposal will have a negative impact on access to affordable health insurance coverage for Georgia residents and does not meet the statutory requirement under Section 1332 that it provide coverage to at least a comparable number of state residents as existing law. Similarly, the Georgia Access model is likely to steer individuals to plans that do not meet ACA coverage requirements, and therefore may not meet the statutory waiver requirement to provide coverage at least as comprehensive as provided through the ACA marketplace. Accordingly, the AMA urges the Centers for Medicare & Medicaid Services (CMS) to reject the proposed Georgia Access Model.

The Georgia Access Model would end access to HealthCare.gov in Georgia, and rather than replace it with another centralized marketplace, the proposal would disperse marketplace functions among individual health insurers and private brokers throughout the state. In other words, consumers would no longer have a one-stop shopping option for comprehensive health insurance coverage, thereby eliminating a key marketplace for consumers, versus creating more venues through which consumers can enroll in coverage. As discussed below, the AMA believes this would significantly decrease access to, and enrollment in, comprehensive health insurance.

First, allowing access to "multiple, private web-based brokers" as a way to purchase health insurance is not a new option for Georgia residents. In fact, as noted in the waiver proposal, such an option is currently allowed and has been "promoted by guidance as an enrollment pathway." However, only 21 percent of marketplace enrollees used "direct enrollment" or "enhanced direct enrollment" in 2020. As such, the crux of this waiver proposal is the *removal* of a heavily utilized means of purchasing health insurance in the state without adding any new meaningful options. It is reasonable to assume that many of the remaining 79 percent of marketplace enrollees will not make that transition to proactively selecting a new platform, setting up an account with a web-broker and completing new applications. As potential evidence of this, according to the Brookings Institution, in 2020 more than 25 percent of returning Georgia marketplace consumers (approximately 80,000 enrollees) did not respond to HealthCare.gov's

outreach to make an active plan selection and were, therefore, automatically re-enrolled in their plans.<sup>1</sup> Such auto-enrollment would not, at least initially, be possible via private web-based brokers and a more complicated, fragmented system will simply not attract those inclined to passive enrollment.

Second, the AMA is very concerned that the private broker system will fail to recognize and direct Medicaid-eligible individuals to the state Medicaid agency to enroll apply for Medicaid coverage and thus reduce the number of Medicaid enrollees in Georgia. When Medicaid-eligible individuals apply for coverage on HealthCare.gov, both during and outside of open enrollment periods, they are routed to the state Medicaid agency, making it easier for them to apply for Medicaid coverage. Removing access to HealthCare.gov severs an important access point into the Medicaid system for many low-income and vulnerable individuals, children, and families. For example, approximately 38,000 Georgia residents accessed Medicaid coverage this year via HealthCare.gov, and that was just during open enrollment. It should also be noted that the waiver proposal does not offer any incentives for brokers to direct Medicaid-eligible individuals applying for health insurance to the Medicaid agency. In fact, incentives exist for brokers to do just the opposite since they are largely paid on commission. Therefore, instead of enrolling in comprehensive coverage under Medicaid, Medicaid-eligible enrollees could instead be redirected by brokers to more expensive and less comprehensive coverage options, including short-term limited duration insurance (STLDI) plans.

Finally, access to affordable comprehensive coverage will be reduced under the Georgia Access Model as residents are exposed to non-comprehensive plan options, including STLDI, along with ACA-compliant plans. Although the waiver proposal identifies providing Georgia residents with all health insurance options as a way to increase competition and decrease premiums, the AMA believes that the elimination of HealthCare.gov, thereby leaving consumers with the option of being directed to brokers that offer ACA-compliant as well as noncompliant plans, will expose individual enrollees to higher health care costs and broadly increase premiums.

In terms of individual costs, the AMA has serious concerns about the lack of coverage offered by non-comprehensive plans such as STLDI, as these plans may not include benefits such as pharmacy, maternity care, mental health care, rehabilitation services, and preventive care. Additionally, many STLDI plans will not cover costs associated with treatment for preexisting conditions. Even with the best transparency requirements, this lack of coverage will come as a surprise to many when they most need health insurance. Furthermore, because STLDI plans can offer reduced benefits at lower premiums, these plans become attractive to young and healthy individuals, who would otherwise purchase an ACA-compliant plan. The result is smaller risk pools and higher premiums for those purchasing, and in need of, comprehensive health insurance.

For the reasons mentioned above, as well as many others raised by the Medical Association of Georgia and concerned patient and consumer groups, the AMA urges CMS to reject the Georgia Access Model because it will reduce access to comprehensive affordable health insurance in Georgia, thereby increasing the number of uninsured and underinsured.

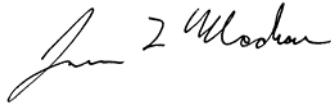
---

<sup>1</sup> <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

The Honorable Seema Verma  
September 16, 2020  
Page 3

Thank you for your consideration. If you have any questions, please contact Margaret Garikes, Vice President, Federal Affairs at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD



September 16, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Electronic submission via email to: [StatelInnovationWaivers@cms.hhs.gov](mailto:StatelInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Voices for Georgia's Children to express our organization's concern about Georgia's ACA Section 1332 waiver proposal (hereinafter referred to as "the proposal"). Under the proposal, the state would exit the federal marketplace with no reasonable substitute.

This is a major concern for our organization because in 2019, there were approximately 36,700 children under 18, and 54,600 transition age youth / young adults ages 18 to 25 in Georgia enrolled in healthcare coverage through the Marketplace.<sup>1</sup> While we are very supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will lead to a loss of comprehensive coverage for adults – and as a result, their dependent children – due to the proposed fragmentation of the insurance market, eliminating the single go-to website for the marketplace; and the increased administrative burden on an already strained enrollment and eligibility system. As the only non-partisan statewide child policy and advocacy organization in Georgia, we are dedicated to ensuring that all children have access to quality healthcare and comprehensive insurance. As such, Voices for Georgia's Children respectfully submits the following comments in response to the proposal.

**I. Fragmenting the insurance market will likely result in many Georgians – adults and children – losing coverage.**

---

<sup>1</sup> Centers for Medicare and Medicaid Services (CMS). 2019 Marketplace Open Enrollment Period Public Use Files. 2019 OEP State-Level Public Use Files, (6) by Demographics. Retrieved from [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment)

The proposal will eliminate Healthcare.gov, requiring Georgians to navigate private insurance companies' websites and engage with and rely on brokers to compare plans, apply for financial assistance, and enroll in coverage. Through Direct Enrollment, Georgians have always had the option to pursue coverage through private vendors, yet more than 450,000 Georgians, or roughly 7 percent of the state's insured adults, enrolled in coverage directly through the marketplace.<sup>2</sup> Eliminating Healthcare.gov—the guaranteed, central source of unbiased information—does not create new pathways for families to secure coverage, but will now require them to be able to discern which plans provide comprehensive coverage. The new proposed enrollment system jeopardizes coverage for the 36,700 children currently enrolled in the Marketplace — further exacerbating Georgia's already high rate of uninsured children, for which it ranks 5<sup>th</sup> highest in the nation.<sup>3</sup> Georgian parents with little or no experience buying or using health insurance, those with limited English proficiency, and parents with low health literacy skills would be most at risk of experiencing adverse consequences from the current proposal, which switches to a consumer experience with less protection.

**A. Loss of automatic re-enrollment and a platform change will result in significant enrollment disruption.**

Further, a significant number (more than 70,000) of Georgia's enrollees opted not to actively select a plan, but instead automatically re-enrolled in their coverage.<sup>4</sup> Transitioning **from Healthcare.gov to private platforms** eliminates automatic re-enrollment, requiring these individuals to explore multiple vendors to select adequate coverage. The proposal estimates that only 8,000 consumers (2 percent) will lose coverage, which optimistically assumes that 90 percent of automatic re-enrollees will be persistent and successful in securing coverage elsewhere. Additionally, the 2 percent loss in coverage estimate is not consistent with other states that have disrupted the enrollment process by changing platforms. For example in 2017, Kentucky transitioned from their Kentucky exchange (Kynect) to the Healthcare.gov platform and experienced a coverage loss of 13 percent,

---

<sup>2</sup> Georgetown University Health Policy Institute. 2019 Oct 29. *The Number of Uninsured Children is on the Rise*.

Retrieved from <https://ccf.georgetown.edu/2019/10/29/the-number-of-uninsured-children-in-on-the-rise-acs/>

<sup>2</sup> Centers for Medicare and Medicaid Services. 2019 Marketplace Open Enrollment Period Public Use Files. 2019 OEP State-Level Public Use Files, (6) by Demographics. Retrieved from [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment); Kaiser Family Foundation. *Health Insurance Coverage of Adults 19-64*. Retrieved from <https://www.kff.org/other/state-indicator/adults-19-64/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>3</sup> Georgetown University Health Policy Institute. 2019 Oct 29. *The Number of Uninsured Children is on the Rise*.

Retrieved from <https://ccf.georgetown.edu/2019/10/29/the-number-of-uninsured-children-in-on-the-rise-acs/>

<sup>4</sup> Centers for Medicare and Medicaid Services. 2019 Marketplace Open Enrollment Period Public Use Files. 2019 OEP State-Level Public Use Files, (6) by Demographics. Retrieved from [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment)



compared to a 4 percent decline in the national rate.<sup>5,6</sup> More recently, Nevada’s 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>7</sup> A similar coverage loss would translate to approximately 32,000 Georgians.

## **B. Children and families eligible for Medicaid / CHIP will no longer be directed to the program.**

The proposal also fails to provide a concrete mechanism or accountability plan to ensure consumers are notified of Medicaid / CHIP eligibility – in Georgia, where we have not expanded Medicaid, *these are mainly low income children and their families*. The federal marketplace offers consumer protections and eases decision-making by allowing consumers to submit one application that determines whether they are eligible for Medicaid, CHIP or a private plan. In fact, more than 40,000 individuals in Georgia were determined eligible for Medicaid through the marketplace.<sup>8</sup> The proposed system would rely on private insurance brokers, without any incentive to communicate Medicaid eligibility to consumers. Private insurance brokers may only be motivated to offer and enroll consumers in plans that are tied to commission, resulting in low-income families purchasing far less-rich coverage, or foregoing coverage altogether.<sup>9</sup>

## **II. State facilitated subsidy eligibility determinations will increase administration burden for an already strained system.**

Implementation of this proposal would rely on state government and Georgia Gateway<sup>10</sup> to screen individuals for subsidy eligibility. While integrating this task into the current state application system may seem like a natural fit, persistent challenges with timely eligibility determinations for safety-net programs pose a great concern. Last year it was reported that there were significant declines in enrollment and delays in processing times for safety-net

---

<sup>5</sup> Kentucky health insurance marketplace: history and news of the state’s exchange. Retrieved from <https://www.healthinsurance.org/kentucky-state-health-insurance-exchange/>

<sup>6</sup> Kaiser Family Foundation. (2020). Marketplace enrollment 2014-2020. Retrieved from <https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>7</sup> Center on Budget and Policy Priorities. (2020). Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges. Retrieved from <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>

<sup>8</sup> CMS, *op. cit.*, Apps for QHP Coverage tab

<sup>9</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>10</sup> The web-based system used to determine eligibility for benefit programs (Medicaid, Children’s Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Women, Infants, and Children (WIC))

programs, in part due to the limited available workforce to process eligibility determinations and system glitches that led to inaccurate terminations.<sup>11</sup> In April 2019, the most recent data publicly available, Georgia exceeded the 45-day time limit for determining Medicaid eligibility in more than half of the state's cases.<sup>1</sup> That was prior to the public health emergency – circumstances which now mean that eligibility workers are handling an unprecedented number of new applications for public benefits,<sup>12</sup> all while the agency housing Georgia Gateway (the Division of Family and Children Services, or DFCS) had to cut their budget (and their staffing) due to the pandemic-related recession. Already in June last year the agency was suffering from 500 eligibility caseworker position vacancies, which contributed to processing delays.<sup>13</sup> (A notice on DFCS homepage currently notifies consumers of increased call volumes and “higher than normal hold times” for certain programs administered by the agency.<sup>14</sup>) Violating standard of promptness requirements for application processing is a major liability for the state, as evidenced by the 2014 class-action lawsuit on behalf of Georgia SNAP recipients which resulted in the US Department of Agriculture paying \$22 million to Georgia families who suffered from untimely processing of food stamp applications.<sup>15</sup> Given these additional burdens, for DFCS to keep up with screening for subsidy eligibility – and not violate federal law and leave consumers in limbo while they wait for screenings to take place – the agency would need more than technological advancements. The proposal fails to anticipate the increase in administrative burden for the involved entities beyond the initial development and implementation of “back-office functionality”.

## Conclusion

There is a high chance that the proposal would cause thousands of Georgians to lose coverage and potentially increase the uninsured rate of children. The current structure provides no reason to expect it would meaningfully increase the number of insured Georgians, and creates new barriers for consumers in acquiring comprehensive coverage.

---

<sup>11</sup> Georgia Health News. 2019. Enrollment drops, eligibility snags and cyber-errors in benefit programs spark concern. Retrieved from <https://www.georgiahealthnews.com/2019/06/enrollment-drops-eligibility-snags-cyber-errors-social-programs-trigger-concern/>

<sup>12</sup> Department of Human Services, Division of Family and Children Services. Apr 8 2020. *Georgia DFCS Staff Work on the Front Line During COVID-19 Pandemic*. Retrieved on September 15, 2020 from <https://dfcs.georgia.gov/press-releases/2020-04-08/georgia-dfcs-staff-work-front-line-during-covid-19-pandemic>.

<sup>13</sup> A, Miller. Georgia Health News. Jun 24 2019. *Enrollment drops, eligibility snags and cyber-errors in benefit programs spark concern*. Retrieved from <http://www.georgiahealthnews.com/2019/06/enrollment-drops-eligibility-snags-cyber-errors-social-programs-trigger-concern/>

<sup>14</sup> Department of Human Services, Division of Family and Children Services. *ALERT: Increased call volume*. Retrieved on September 15, 2020 from <https://dfcs.georgia.gov/increased-call-volume>.

<sup>15</sup> Atlanta Journal-Constitution. Sept 4 2016. *Food stamp lawsuit settlement: Feds to pay Georgians \$22m*. Retrieved from <https://www.ajc.com/news/food-stamp-lawsuit-settlement-feds-pay-georgians-22m/HrI9rD7RtTWzniOi2KDqdM/>.

Despite our concerns related to the Georgia Access portion of the state's waiver application, Voices for Georgia's Children is supportive of the proposed reinsurance program.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,



Erica Fener Sitkoff  
Executive Director

---

<sup>1</sup> Medicaid.gov. Nov 7 2019. *Medicaid MAGI and CHIP Application Processing Time Report*. Retrieved on <https://www.medicaid.gov/state-overviews/medicaid-modified-adjusted-gross-income-childrens-health-insurance-program-application-processing-time-report/index.html>.

# William E. Morris Institute for Justice

3707 North Seventh Street, Suite 300, Phoenix, Arizona 85014

Phone 602-252-3432

Fax 602-257-8138

September 16, 2020

*Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)*

Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services

Honorable Steven Mnuchin, Secretary  
Department of the Treasury

Honorable Seema Verma, Administrator  
Centers for Medicare & Medicaid Services

Re: Georgia Section 1332 Waiver  
Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

The William E. Morris Institute for Justice (“Institute”) is a non-profit organization dedicated to protecting the rights of low-income Arizonans. The Institute’s advocacy includes systemic issues in several areas involving public benefit programs, such as Medicaid. Proposed changes to Medicaid programs through the waiver process across the country are of great interest to the Institute because Arizona’s whole Medicaid program, the Arizona Health Care Cost Containment System (“AHCCCS”), is a waiver. We appreciate the opportunity to comment on the Georgia Affordable Care Act (“ACA”) Section 1332 Demonstration Waiver and write to express our concern about this waiver proposal. Under the proposal, the state would exit the federal marketplace with no substitute in place. This would eliminate the central source of assistance for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. This is the first proposal of its kind and is a harmful precedent and violates statutory requirements.

According to the Georgia waiver application, Georgia has one of the highest uninsured rates in the country at 14.8%, leaving approximately 1.4 million people

uninsured across the state.<sup>1</sup> The proposal will only serve to further expand the uninsured rates by forcing Georgians to navigate a fragmented system of private web-brokers and insurance companies and will make it harder for Georgians to enroll in a quality private plan or Medicaid. This could leave tens of thousands of people uninsured, while others would end up in short-term and other subpar plans that impose high out-of-pocket costs when enrollees get sick.

The Institute strongly urges that you not approve the 1332 waiver application and instead encourage Georgia to join the 38 other states (including the District of Columbia) who have adopted the ACA's expansion of Medicaid to low-income adults. This would sharply reduce the state's uninsured rate, help respond to the ongoing pandemic, and bring billions in additional federal funding into the state.

### **I. The Proposed Waiver Will Make It Much Harder for Georgians to Get Quality Coverage**

The proposed 1332 waiver would change where and how consumers purchase health coverage. The ACA established health insurance marketplaces to serve as a single place where consumers can compare health plans based on price and quality and apply for financial assistance. All marketplace plans meet a consistent set of standards: they cover a core set of benefits, cannot set premiums based on health status or gender of the applicant, and are displayed in an impartial way to simplify consumer decision-making. Consumers can submit a single application at the marketplace website to connect with the type of health coverage that they are eligible for, whether Medicaid, the Children's Health Insurance Program ("CHIP"), or a private plan. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. In 2020, the vast majority (79%) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Thus, contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

---

<sup>1</sup> Georgia Section 1332 State Innovation Waiver (Jul. 31, 2020), [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_State\\_Innovation\\_Waivers-#Section\\_1332\\_State\\_Application\\_Waiver\\_Applications](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-#Section_1332_State_Application_Waiver_Applications).

The Institute is deeply concerned about this proposal because, in addition to increasing confusion about how to get coverage, this proposal will likely lead to Medicaid eligible persons failing to get accurate and complete information. Private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of their Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia proposes, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally does not pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from the elimination of HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance plans. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they would be responsible for out-of-pocket costs several times higher for common and serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, and maternity services. It also had pre-existing condition exclusions and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

---

<sup>2</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities (Mar. 15, 2019), <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>3</sup> Christen Linke Young and Kathleen Hannick, "Misleading Marketing of Short-Term Health Plans Amid COVID-19," Brookings Institution (Mar. 24, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The Impact of Short-Term Limited-Duration Policy Expansion on Patients and the ACA Individual Market," Milliman (Feb. 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?" HealthPayerIntelligence (Mar. 4, 2020), <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

In 2019, 220,928 Arizonans relied on HealthCare.gov to apply for coverage.<sup>5</sup> Notably, 37,252 persons were automatically re-enrolled (and may have otherwise lost coverage).<sup>6</sup> This enrollment system is working in Arizona and there is no reason to believe it is not similarly assisting persons in Georgia.

To be clear, Georgia is not asking for a waiver to *create* a web-broker enrollment pathway; it is asking for permission to *disallow* consumers from using HealthCare.gov or any other marketplace website. Georgia's application frames this waiver as a solution for the state's high uninsured rate. However, with nearly 80% of Georgia marketplace enrollees using HealthCare.gov to sign up for coverage, this proposal would patently not accomplish that goal. To the contrary, for the reasons discussed above, this waiver would lead to a decrease in the number of persons covered.

## **II. The Waiver Proposal Violates Statutory Requirements Because It Would Reduce the Number of Persons Covered and Result in Less Affordable and Less Comprehensive Coverage**

The Secretary may only approve a Section 1332 waiver that will:

- Provide coverage that is at least as comprehensive as the essential health benefits under the law;
- Provide coverage that is at least as affordable as what the subsidies and cost sharing protections under the law provide;
- Cover a comparable number of people; and
- Not increase the Federal deficit.<sup>7</sup>

After two similar attempts to drastically change the health insurance market and end the state's use of HealthCare.gov enrollment platform, this is Georgia's third 1332 waiver proposal. Like its predecessors, this proposal does not meet the federal statutory requirements and should not be approved. Notably, section 1332(b)(1) of the ACA (42

---

<sup>5</sup> Centers for Medicare & Medicaid Services, 2019 Marketplace Open Enrollment Period Public Use Files, 2019 OEP State-Level Public Use File, [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment).

<sup>6</sup> *Id.*

<sup>7</sup> ACA § 1332(b)(1)(A)-(D), 42 U.S.C. § 18052(b)(1)(A)-(D).

U.S.C. § 18052(b)(1)) requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the current proposed waiver, more people would be left without coverage. The coverage that many Georgians would have would be less comprehensive and more people would find themselves with less affordable coverage and more out-of-pocket costs than would be the case without the waiver.

The waiver proposal presents wholly unsupported assumptions regarding the number of persons who would enroll when existing consumers lose coverage and support for the proposed figures are based on factual inaccuracies. For example, the waiver proposal asserts that only 8,000 persons would lose coverage. This assumption is unsupported and implausible. As the Brookings Institution explained:

Transitioning away from HealthCare.gov would require all existing consumers to identify a private vendor platform, create an account, and complete a new enrollment; automatic re-enrollment would not be possible. But for 2020, more than 80,000 Georgia enrollees (25% of returning consumers) did not respond to HealthCare.gov's repeated encouragement to make an active plan selection and instead were automatically reenrolled in their coverage. If automatic re-enrollment were not possible, some fraction of this group might be motivated to seek out an active enrollment pathway, but assuming without evidence that 90% will do so is unreasonably optimistic.<sup>8</sup>

Likewise, the waiver proposal asserts that the waiver will draw 33,000 new consumers, in part because web-brokers are typically paid on commission for enrollment, which the proposal claims will create strong market incentives. However, this fundamentally misstates what the waiver proposal does because web-brokers are already allowed to sell Marketplace plans and receive commission for doing so. In reality, Georgians will lose coverage under this proposal. Modeling based on the most recent enrollment period suggests that 50,000 Marketplace and 10,000 Medicaid consumers could be lost.<sup>9</sup>

---

<sup>8</sup> Christen Linke Young and Jason Levitis, "Georgia's Latest 1332 Proposal Continues to Violate the ACA," Brookings Institution (Sept. 1, 2020), <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

<sup>9</sup> *Id.*



Because this proposal would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory requirements intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. The waiver does not meet the statutory requirements under federal law and should not be approved.

In addition to the Institute's concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more persons uninsured and more persons enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements. As the Georgia waiver applications states, COVID-19 has exacerbated the existing crisis in healthcare. Now is certainly not the time to approve a waiver that will decrease healthcare resources for vulnerable families.

### **III. Georgia Should Utilize Established and Effective Methods to Achieve Increased Enrollment**

The waiver proposal includes a provision to establish a reinsurance program. This would waive the requirement that all enrollees in the individual market be members of a single risk pool. Reinsurance programs provide payments to health insurers to help offset the costs of enrollees with large medical claims. This subsidy can then be passed on to consumers, so a reinsurance program will reduce premiums (in aggregate) by roughly the amount of the subsidy. A reinsurance program would effectively help Georgia reduce premiums. Similar programs have been successfully implemented in other states, which have reduced premiums for unsubsidized consumers. Georgia could move forward with this part of the proposal while dropping the other harmful components of the waiver discussed above.

Also, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. Medicaid expansion leads to: (1) increased health coverage, (2) better access to health care, (3) better health outcomes, including fewer premature deaths, (4) more financial security and opportunities for economic mobility, and (5) lower uncompensated care costs.<sup>10</sup> The ACA expansion of Medicaid to low-income adults prevents thousands of premature deaths each year. According to a recent

---

<sup>10</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," (Updated Nov. 6, 2019), <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>.

study, it saved the lives of at least 19,200 adults aged 55 to 64 in 2014 to 2017.<sup>11</sup> Thirty-six states and the District of Columbia have implemented Medicaid expansion and two additional states will implement it in 2021. Georgia is among the 12 states that have not.<sup>12</sup>

Arizona is among the states that implemented the Medicaid expansion and it has gone a long way in increasing coverage for Arizonans. Prior to Arizona's decision to expand Medicaid, enrollment in AHCCCS (our state's Medicaid program) was typically about 20% of the population. After Medicaid expansion, AHCCCS enrollment has been 25% or more of the population.<sup>13</sup> Arizona recently hit record enrollment with more than 2 million persons enrolled.<sup>14</sup> Since March 2020, AHCCCS enrollment has gone up by more than 189,000 persons, which is in part due to Medicaid expansion.<sup>15</sup> Medicaid expansion extended coverage to approximately 551,773 persons in Arizona in September 2020. This expanded population included 66,306 children,<sup>16</sup> 376,434 childless adults with incomes at or under 100% of the federal poverty level, and 109,033 adults with income at or under 133% of the federal poverty level.<sup>17</sup>

---

<sup>11</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities (Nov. 6, 2019), <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>.

<sup>12</sup> Center on Budget and Policy Priorities, "Status of State Medicaid Expansion in 2020," <https://www.cbpp.org/status-of-state-medicaid-expansion-in-2020-0>.

<sup>13</sup> Stephanie Innes, "Enrollment in Arizona's Medicaid program hits record 2M adults and children," Arizona Republic (Jul. 14, 2020), <https://www.azcentral.com/story/news/local/arizona-health/2020/07/14/enrollment-arizonas-medicaid-program-hits-record-2-million/5429518002/>.

<sup>14</sup> AHCCCS Population by Category, <https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2020/Sep/AHCCCSPopulationbyCategory.pdf> (2,068,205 persons enrolled as of September 1, 2020).

<sup>15</sup> *Id.*

<sup>16</sup> AHCCCS Population Highlights September 2020, <https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2020/Sep/AHCCCSPopulationHighlights.pdf>.

<sup>17</sup> AHCCCS Population by Category, *supra* (2,068,205 persons as of September 1, 2020).

If Georgia wants to make meaningful progress in reducing its uninsured rate, it should expand Medicaid which would result in an estimated 518,000 uninsured Georgians below 138% of the federal poverty level gaining access to affordable coverage.<sup>18</sup> Instead of upending the state's insurance market at great risk to consumers, Georgia should implement Medicaid expansion, which would result in significant benefits to the state's residents, including improved access to health care and financial security for people gaining coverage during this extraordinary public health crisis.

#### **IV. Conclusion**

Thank you for your consideration of our comments. The Institute is deeply concerned that the proposed waiver would leave tens of thousands of Georgians uninsured during the most devastating health crisis in modern history. Because this waiver request would decrease the number of persons covered and increase use of subpar plans for those with coverage it does not meet the statutory requirements under the ACA and should be denied. Please contact us at [eskatz@qwestoffice.net](mailto:eskatz@qwestoffice.net) if you have any questions or if we can provide any additional information.

Sincerely,



Orien Nelson

---

<sup>18</sup> Rachel Garfield, Kendal Orgera, and Anthony Damico, "The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid", Kaiser Family Foundation (Jan. 14, 2020), <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.



American Academy of Physical Medicine and Rehabilitation

9700 W. Bryn Mawr Ave., Suite 200 phone 847/737.6000  
Rosemont, Illinois 60018 fax 847/754.4368  
www.aapmr.org info@aapmr.org

September 16, 2020

The Honorable Alex M. Azar  
Secretary, Department of Health and Human Services

The Honorable Steven Mnuchin  
Secretary, Department of the Treasury

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid Services

Submitted Via Email: [StatelInnovationWaivers@cms.hhs.gov](mailto:StatelInnovationWaivers@cms.hhs.gov)

RE: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) appreciates the opportunity to submit comments on Georgia’s Section 1332 waiver application. AAPM&R is the is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life. While we support Georgia’s intent to remedy the state’s high uninsured rate, we write to express concern with the proposal for Georgia to exit the federal marketplace with no state-based marketplace to replace it.

Through Georgia’s 1332 waiver application, they have proposed to exit the federal marketplace, which would eliminate the central navigation resource for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. The current proposal risks fragmenting the health care enrollment system, and could result in many Georgians losing coverage altogether, while others could end up in subpar plans. We encourage you not to approve this aspect of the 1332 waiver application. Georgia could, instead, adopt Medicaid expansion, which would sharply reduce the state’s uninsured rate, help with responding to the ongoing pandemic, and introduce additional federal funding into the state.

Georgia’s 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they had the option to use a private broker or insurer website. Georgia’s waiver would eliminate the centralized pathway to health insurance through HealthCare.gov, requiring individuals in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. We are concerned that the elimination of this streamlined healthcare enrollment navigation system

- President  
Michelle S. Gittler, MD, FAAPMR
- President-Elect  
Stuart M. Weinstein, MD, FAAPMR
- Vice President  
Deborah A. Venesy, MD, FAAPMR
- Secretary  
Steven R. Flanagan, MD, FAAPMR
- Treasurer  
Scott R. Laker, MD, FAAPMR
- Past President  
Peter C. Esselman, MD, FAAPMR
- Members-at-Large  
Amy J. Houtrow, MD, PhD, MPH, FAAPMR  
Atul T. Patel, MD, MHSA, FAAPMR  
Kerrie M. Reed, MD, FAAPMR  
Charlotte H. Smith, MD, FAAPMR
- Strategic Coordinating  
Committee Chairs
- Inclusion & Engagement  
D.J. Kennedy, MD, FAAPMR
- Medical Education  
John C. Cianca, MD, FAAPMR
- Quality, Practice, Policy & Research  
Thiru M. Annaswamy, MD, MA, FAAPMR
- Specialty Brand Expansion  
Andre Panagos, MD, FAAPMR
- Ex-Officio Liaisons to  
Board of Governors  
PM&R, Editor-in-Chief  
Janna L. Friedly, MD, FAAPMR
- President, Physiatrist in Training Council  
Charles D. Kenyon, DO, MS
- Executive Director & CEO  
Thomas E. Stautzenbach, MA, MBA, CAE



may increase confusion about where and how to access good-quality health coverage, which could hinder enrollment and prompt many individuals to give up and become uninsured. Instead of expanding access to more choices, this waiver would eliminate the most reliable option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, individuals who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. A fragmented system that could unintentionally steer individuals to enroll in substandard plans instead of obtaining comprehensive coverage, could be detrimental to the health and quality of life for individuals, especially those with disabilities and chronic illnesses. Individuals enrolled in subpar plans are sometimes subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs.

In addition to concerns about the impact of the waiver on Georgians, we are concerned about the precedent that would be established by approving a waiver that is expected to result in more individuals uninsured and more individuals enrolled in plans that do not provide comprehensive coverage than without the waiver. We do, however, encourage Georgia to move forward with its proposal to establish a reinsurance program, while dropping the concerning components of this waiver. Reinsurance programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers.

Thank you, again, for the opportunity to comments on Georgia's Section 1332 waiver application. We appreciate your consideration of our perspective. If you have any questions or if we can be of further assistance to you, please contact Brit Galvin, Health Policy and State Legislative Affairs Manager, Department of Health Policy and Practice Services, at [bgalvin@aapmr.org](mailto:bgalvin@aapmr.org) or (847) 737-6004.

Sincerely,



Stuart Glassman, M.D., M.B.A.  
Chair, AAPM&R State Advocacy Committee



**Mark Wilf**  
CHAIR, BOARD OF TRUSTEES

**Jodi J. Schwartz**  
VICE CHAIR, BOARD OF  
TRUSTEES

**David T. Brown**  
NATIONAL CAMPAIGN CHAIR

**Shelly Kupfer**  
CHAIR, NATIONAL WOMEN'S  
PHILANTHROPY

**Harold Gernsbacher**  
TREASURER

**Julie Platt**  
SECRETARY

**David J. Butler**  
CHAIR, ISRAEL AND  
OVERSEAS

**David Golder**  
CHAIR, DOMESTIC POLICY &  
GOVERNMENT AFFAIRS

**Ari Ackerman**  
CO-CHAIR, NATIONAL YOUNG  
LEADERSHIP

**Marissa Polin**  
CO-CHAIR, NATIONAL YOUNG  
LEADERSHIP

**Cynthia D. Shapira**  
CHAIR, UNITED ISRAEL  
APPEAL

**Eric D. Fingerhut**  
PRESIDENT & CEO

**Elana Broitman**  
SENIOR VICE PRESIDENT,  
PUBLIC AFFAIRS  
WASHINGTON OFFICE

**Jonathan S. Westin**  
SENIOR DIRECTOR, HEALTH  
INITIATIVES

**Elizabeth A. Cullen**  
COUNSEL, HEALTH POLICY

September 16, 2020

The Honorable Alex M. Azar, Secretary  
U.S. Department of Health and Human Services

The Honorable Steven Mnuchin, Secretary  
U.S. Department of the Treasury

The Honorable Seema Verma, Administrator  
Centers for Medicare & Medicaid Services

Submitted electronically to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

The Jewish Federations of North America (JFNA) appreciates the opportunity to comment on Georgia's application for a Section 1332 waiver of federal rules under the Affordable Care Act (ACA), but writes to express our deep concern over this application. Georgia is proposing to leave the federal government's HealthCare.gov marketplace for private health insurance and Medicaid, dramatically changing where and how 500,000 of Georgia's residents would be able to access public or private health insurance coverage. In its place, Georgia is proposing a privatized, fragmented system that is likely to cause tens of thousands of state residents to fall through the cracks and lose coverage altogether, or opt for inadequate plans that fail to cover essential health benefits and instead impose high costs when enrollees need care. As a result, JFNA believes that Georgia's waiver application fails to satisfy the statutory protections included in Section 1332 of the ACA, which requires that waivers cover as many people with coverage just as affordable and comprehensive as without the waiver. For these reasons, JFNA urges you to reject Georgia's Section 1332 waiver application.

### ***About The Jewish Federations of North America***

JFNA is one of the largest philanthropic networks in the United States. Together, we raise and distribute more than \$3 billion annually for social welfare, social services, and educational needs. JFNA's member federations support one of the largest networks of social service providers in the country – including 15 leading academic medical centers/health systems, 100 nursing homes, 125 Jewish family services agencies, and more than a dozen group

1720 I Street, NW  
Washington, DC 20006

p 202.785.5900  
f 202.785.4937  
JewishFederations.org



homes – that serve people of all denominations, backgrounds, and socioeconomic levels. Our agencies provide an array of health, behavioral health, long-term care services, nutrition, and other supports to vulnerable populations. JFNA’s network of federations and partner agencies are committed to ensuring that everyone in our communities can live with dignity and achieve a decent quality of life.

### ***Georgia’s Section 1332 Waiver Proposal Will Lead to More Uninsured and Underinsured People***

In 2020, 79 percent of Georgia’s marketplace enrollees elected to use HealthCare.gov to sign up for health insurance coverage, even though they already had the option of using a private broker or insurer website. Through the federal marketplace, these consumers had access to a guaranteed, central source of unbiased information on the varied comprehensive health insurance coverage options available to them.

Georgia now proposes to privatize enrollment and eliminate its residents’ reliance on HealthCare.gov. Without substituting an equivalent, unbiased state-run exchange or other neutral system, Georgia now proposes to require that its consumers use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. Fragmenting the insurance market will confuse and discourage consumers, hindering enrollment. Evidence from past, far simpler transitions between federal and state marketplaces suggests that tens of thousands of Georgians might lose coverage simply because of the disruption from the state’s transition away from HealthCare.gov and, in fact, Georgia has allocated minimal funding for the transition — about one-third of the already low amount the state itself previously estimated would be needed.<sup>1</sup>

There is also evidence that some private brokers and insurers who operate through HealthCare.gov fail to alert consumers of their Medicaid eligibility and promote plans based on commissions. Under Georgia’s proposal, people eligible for Medicaid could have a harder time finding help because Medicaid does not generally pay commissions, thus leaving insurance agents and brokers with no incentive to steer consumers in the appropriate direction. Because private insurance brokers only offer enrollment through plans with which they contract, Georgians relying on these private channels for enrollment will always face less choice than they would through the existing enrollment channel at HealthCare.gov.

---

<sup>1</sup> Tara Straw, “Tens of Thousands Could Lose Coverage under Georgia’s 1332 Waiver Proposal,” Center on Budget and Policy Priorities, March 2019, retrieved at <https://www.cbpp.org/sites/default/files/atoms/files/9-1-20health.pdf>.



Significantly, Georgia’s waiver also proposes to present substandard plans, known as short-term, limited duration (STLD) plans (commonly referred to as “junk insurance”), alongside comprehensive insurance. These STLD plans often carry higher commissions - a tactic that continues even now during the pandemic – while excluding pre-existing conditions, limiting benefits more tightly, and capping reimbursements, all of which serve to expose consumers to significantly higher out-of-pocket expenses.<sup>2</sup> A recent report on the impact of STLD plans on patients and the ACA individual market revealed, for example, that the most popular plan in Atlanta refuses to cover essential benefits, such as prescription drugs, mental health services, or maternity services, excludes pre-existing conditions, and carries a deductible three times as high as an ACA-compliant plan.<sup>3</sup> These restrictions are typical of STLD plans and ultimately serve to undermine key protections for more comprehensive, ACA-compliant plans, which must preserve protections for pre-existing conditions and include essential benefits. JFNA is deeply concerned that Georgia’s residents will be steered toward these STLD plans by private brokers and insurance agents without reading the fine print, potentially leaving them destitute.

### ***Georgia’s Section 1332 Waiver Proposal Does Not Meet the ACA’s Consumer Protection Requirements***

Given that Georgia’s proposal promotes short-term insurance coverage that does not comply with the ACA, it would likely increase the number of uninsured and underinsured residents in Georgia. In so doing, it fails to satisfy the ACA’s statutory requirements for 1332 waivers. Section 1332(b)(1) of the ACA requires that Section 1332 waivers cover as many people as would be covered without the waiver. Section 1332(b)(1) also requires that the coverage provided under the waiver would be as affordable and comprehensive as it would be without the waiver. Georgia’s waiver proposal cannot meet these consumer protection requirements and, therefore, must fail.

---

<sup>2</sup> Dania Palanker, JoAnn Volk, and Maanasa Kona, “Seeing Fraud and Misleading Marketing, States Warn Consumers about Alternative Health Insurance Products,” Commonwealth Fund, October 2019, retrieved at <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>.

<sup>3</sup> Dane Hansen and Gabriela Dieguez, “The Impact of Short-Term Limited-Duration Policy Expansion on Patients and the ACA Individual Market,” Milliman, February 2020, retrieved at <https://www.milliman.com/en/insight/the-impact-of-short-term-limited-duration-policy-expansion-on-patients-and-the-aca-individual-market>.





***Other Options Are Available to Help Georgia Address Its High Uninsured Rate***

Georgia's waiver notably includes a proposal to establish a reinsurance program. Multiple states have successfully implemented reinsurance programs to reduce premiums for unsubsidized consumers. Georgia could move forward with this portion of its proposal and drop its proposal to exit the federal marketplace. Georgia also has the option of electing to expand Medicaid coverage to hundreds of thousands of its residents.

***Conclusions***

JFNA is deeply concerned about this Section 1332 waiver proposal from Georgia. The proposal will exacerbate, not reduce, Georgia's already high population of uninsured residents, and therefore cannot comply with the ACA's statutory consumer protection requirements. Accordingly, JFNA urges you to reject this proposal.

Sincerely,

Jonathan S. Westin,  
Senior Director, Health Initiatives  
The Jewish Federations of North America

Elizabeth A. Cullen  
Counsel, Health Policy, Strategic Health Resource Center  
The Jewish Federations of North America

Eric M. Robbins, President & Chief Executive Officer  
The Jewish Federation of Greater Atlanta



PO Box 1467 Flowery Branch, GA 30542 P: (770) 965-7606 F: (888) 547-6302 [WWW.GAAP.ORG](http://WWW.GAAP.ORG)

September 15, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and Human  
Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid  
Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of the American College of Physicians Georgia Chapter to express our organization's concern about Georgia's ACA Section 1332 waiver.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. The Georgia Chapter of the American College of Physicians, represents over 3800 Internal Medicine physicians and medical students across the state of Georgia.



## **Georgia Access Model**

The Georgia Chapter of the American College of Physicians is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

However, the chapter is concerned that other aspects of the proposal could harm our patients. Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

### **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrolment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one system to another. However other states' experiences show this figure is unrealistic.<sup>1</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>2</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>3</sup> Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace

---

<sup>1</sup> Waiver, *op. cit.*, p. 71.

<sup>2</sup> Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>3</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, [https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

enrollment.<sup>4</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

### **The enrollment of patients in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like diabetes or arthritis, exposed to catastrophic costs.<sup>5</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover all essential health benefits, leaving our patients potentially without access to necessary health services unless they are able to pay out of pocket. For example, more than one-third of substandard plans do not cover most do prescription drug benefits.<sup>6</sup> Prescription medication coverage is most important for treatment of chronic disease patients. On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like arthritis or diabetes. That leaves patients in Georgia vulnerable to catastrophic costs, limited access to care, and other negative consequences.

---

<sup>4</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

<sup>5</sup> Tara Straw, “‘Direct Enrollment’ in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>6</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>



As we understand it, Georgia's waiver fails the ACA's tests of coverage, comprehensiveness, and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have. Given that the Georgia 1332 waiver has the potential to harm Georgia citizens, and it is understood that the Georgia's proposal is not approvable under federal law.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application. We appreciate your review of this important issue to assure affordable health care coverage providing essential health benefits to provide a pathway forward to assure good health for the citizens of Georgia.

Sincerely,

A handwritten signature in black ink, which appears to read "G. Waldon Garriss, III". The signature is written in a cursive style and is positioned above the typed name.

G. Waldon Garriss, III, MD, MS, FAAP, MACP  
Program Director, Internal Medicine  
WellStar Kennestone Regional Medical Center  
Governor, Georgia Chapter of the American College of Physicians



Headquarters:  
734 15<sup>th</sup> Street NW, Suite 300, Washington DC 20005  
202.659.9709 Phone 202.974.7999 Fax

Denver Office:  
1355 S. Colorado Blvd., C-601, Denver, CO 80222  
1-888-234-2468 Phone 202.974.7999 Fax

New York City Office:  
165 West 46<sup>th</sup> Street, Suite 805, New York, NY 10036  
917.305.1200 Phone 212.967-8717 Fax

Research & Training Institute:  
520 Walnut Street, Suite 1170 Philadelphia, PA 19106  
267.295.3000 Phone 215.883.2580 Fax

September 16, 2020

The Honorable Alex M. Azar, Secretary  
Department of Health and Human Services

The Honorable Steven Mnuchin, Secretary  
Department of the Treasury

The Honorable Seema Verma, Administrator  
Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

**Re: Georgia Section 1332 State Innovation Waiver**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, we appreciate the opportunity to provide comments on the Georgia Section 1332 State Innovation waiver application. Our comments address our concerns with the proposal to exit the federal marketplace, HealthCare.gov, with no substitute, which has the potential to limit access to care for individuals in Georgia. This could prove devastating to people at risk for or living with cancer. While we support Georgia's plan to establish a reinsurance program, for the reasons outlined in this letter, we have serious concerns with Georgia's 1332 waiver request and urge you to reject the Georgia Access Model portion of this waiver.

As the largest provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States, CSC has a unique understanding of the cancer patient experience. We provide \$50 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies to ensure that the patient voice is at the center of the national dialogue.

Cancer patients face a wide variety of barriers in access to quality and comprehensive care. Almost all patients report experiencing barriers in accessing care, regardless of their income-level, location, and health plan. Low-income cancer patients are particularly at risk, as they face obstacles in qualifying for, accessing, and maintaining health care coverage for essential services. Medicaid is an important source of health care coverage for people impacted by cancer. More than two million Americans with a history of cancer rely on Medicaid for their health care coverage (American Cancer Society, 2020). In CSC's *Access to Care in Cancer 2016* study, 4.8% of respondents had health insurance coverage through Medicaid. Of the patients who reported being uninsured, 43% said they could not afford health insurance and 31% said they were not eligible for Medicaid. While Medicaid expansion under the ACA was intended to provide health coverage to millions of additional adults nationally that previously hadn't been

eligible for Medicaid. To date, there are 12 states that have not adopted the expansion, including Georgia, leading to a coverage gap for more than a million low-income Americans (Garfield & Orgera, 2020). Any additional barriers in access to care for cancer patients will only serve to set back progress and harm cancer patients and their families already facing significant difficulty in securing and maintaining coverage.

## **I. Georgia Access Model**

### *Impact on Health Insurance Enrollment*

Georgia's waiver application proposes a major change to the way Georgia consumers shop for and obtain health insurance. In 2020, the vast majority (79%) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage. Under the proposal, Georgia would exit HealthCare.gov without creating a state-based marketplace (SMB) to replace it. This would eliminate the most common source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov, leaving them to navigate among private insurers and brokers to compare plans, apply for financial assistance, and enroll in coverage.

Georgia estimates that privatizing its marketplace would increase enrollment in the individual market by 25,000 people by giving consumers new options to shop for and enroll in plans (Georgia Section 1332 State Innovation Waiver, 2020). However, Georgians already have the option to use a private broker or insurer website when shopping for and obtaining health insurance. The Georgia Access Model does not create any new options for Georgia consumers to enroll in health insurance, and simply takes away the most widely used HealthCare.gov option.

By taking away HealthCare.gov, the model has the potential to cause many Georgians to fall through the cracks and lose coverage altogether. Purchasing health insurance is a complicated undertaking and eliminating the federal marketplace could confuse and discourage consumers, hindering enrollment. The increase in confusion about where and how to access good-quality health coverage could prompt many people to give up and become uninsured.

Additionally, under the Georgia Access Model, patients would lose access to the auto-enrollment function of HealthCare.gov, which automatically re-enrolled 80,000 Georgians in healthcare coverage for 2020 (Linke Young & Levitis, 2020), creating the potential for tens of thousands of people to unwittingly lose their health coverage.

### *Impact on Comprehensiveness*

We believe that access to quality, comprehensive, and affordable health care is critically important for Georgians, particularly those at risk for or living with cancer. Georgia's waiver proposes that limited plans that subject enrollees to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose people to potentially high out-of-pocket costs, would be presented alongside comprehensive coverage options. The Center on Budget and Policy Priorities reports that the proposal would give insurers and brokers new opportunities to steer healthier consumers toward these substandard plans that expose them to catastrophic costs if they get sick. Further, the resulting adverse selection could make comprehensive coverage more expensive for those who need it.

### *Impact on Medicaid Coverage*

In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov (CMS, 2020). Currently, HealthCare.gov screens individuals for eligibility for premium tax credits, and lets consumers know if

they are eligible for Medicaid coverage. Under the state's proposal, people who are eligible for Medicaid could have a much harder time finding help with enrollment since Medicaid generally does not pay commissions. Private brokers and insurers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. For example, a search on HealthCare.gov displays more than 1,100 agents and brokers that enroll people in individual or family coverage in one Atlanta ZIP code, but zero agents and brokers that say they'll assist with Medicaid or CHIP enrollment (Straw, 2020).

Also concerning is that some private brokers and insurers who operate through HealthCare.gov have ignored consumers' potential Medicaid eligibility altogether unless at least one household member is eligible for subsidized marketplace coverage. Some have failed to alert consumers of Medicaid eligibility and move Medicaid-eligible consumers into other types of plans. (Center on Budget and Policy Priorities, 2019).

### *Georgia Access Model Violates ACA Requirements*

Section 1332 of the Affordable Care Act (ACA) allows states to apply for a state innovation waiver to pursue innovative strategies to provide their residents with high quality, affordable health care coverage while retaining the basic protections of the ACA. The law requires that innovation plans meet four guardrails:

- Provide coverage that is at least as comprehensive in covered benefits;
- Provide coverage that is at least as affordable (taking into account premiums and excessive cost sharing);
- Provide coverage to at least a comparable number of state residents; and
- Not increase the federal deficit (Tolbert & Pollitz, 2018).

Georgia's proposal fails to meet the law's guardrails for 1332 waivers because, for the reasons outlined above, it would likely increase the number of uninsured Georgians, and Georgia would likely see a reduction, rather than an increase, in covered beneficiaries under the 1332 waiver. Moreover, the coverage that many Georgians would have could be less comprehensive with higher out-of-pocket obligations for patients.

## **II. Alternative Solutions**

Georgia's 1332 waiver also includes a proposal to implement a reinsurance program, as many other states have successfully done. A reinsurance program would reduce premiums for unsubsidized consumers by reimbursing insurers for part of their costs for covering high-cost enrollees. Georgia anticipates that its reinsurance program, which would take effect in 2022, would reduce premiums by 10.2% and increase enrollment by 0.4%, entirely among residents with income above 400 percent of the federal poverty line who are not eligible for federal subsidies. This would help patients obtain affordable, comprehensive coverage. Georgia could move forward with this proposal while dropping the Georgia Access Model portion of the waiver.

If Georgia is truly concerned about expanding coverage, the state could submit a state plan amendment to fully expand Medicaid to 138 percent of the federal poverty level and receive a 90 percent match from the federal government for all expenses of the adult expansion population. This policy would both benefit the state financially and extend access to care to more low-income individuals in need of coverage, a core objective of the Medicaid program.

## **III. Conclusion**



Access to quality, comprehensive, and affordable healthcare is critically important for Georgians living with cancer. This waiver proposal to exit HealthCare.gov without creating a state-based marketplace to replace it will jeopardize consumers access to care.

We appreciate the opportunity to provide comments on the waiver proposal. For the reasons above, we urge you to reject the Georgia Access Model portion of this waiver to ensure that all Georgians retain access to necessary and affordable healthcare. Please reach out to me at [efranklin@cancersupportcommunity.org](mailto:efranklin@cancersupportcommunity.org) if you would like to discuss any of the above in more detail.

Respectfully Submitted,



Elizabeth Franklin, PhD, MSW  
Executive Director, Cancer Policy Institute  
Cancer Support Community

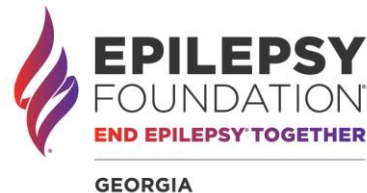
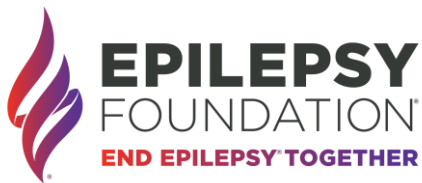
## References

- American Cancer Society Cancer Action Network (2020). *Medicaid: Ensuring Access to Affordable Health Care Coverage for Lower Income Cancer Patients and Survivors*. Retrieved from <https://www.fightcancer.org/policy-resources/medicaid-ensuring-access-affordable-health-care-coverage-lower-income-cancer>.
- Linke Young, C., Levitis, J. (2020). *Georgia's latest 1332 proposal continues to violate the ACA*. The Brookings Institution. Retrieved from <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.
- Cancer Support Community. (2016). *Access to Care in Cancer 2016: Barriers and Challenges*. Retrieved from [https://www.cancersupportcommunity.org/sites/default/files/uploads/policy-and-advocacy/patientaccess/access\\_to\\_care\\_in\\_cancer\\_2016\\_barriers\\_and\\_challenges\\_final.pdf](https://www.cancersupportcommunity.org/sites/default/files/uploads/policy-and-advocacy/patientaccess/access_to_care_in_cancer_2016_barriers_and_challenges_final.pdf)
- Straw, T. (2019). "Direct Enrollment" in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.
- Straw, T. (2020). *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*. Center on Budget and Policy Priorities. Retrieved from [https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal#\\_ftnref12](https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal#_ftnref12).
- Centers for Medicare & Medicaid Services. (2020). *2020 Marketplace Open Enrollment Period Public Use Files*. Retrieved from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>.

Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020;  
[https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-)

Garfield, R., Orgera, K. (2020). *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.

Tolbert, J., Pollitz, K. (2018). *New Rules for Section 1332 Waivers: Changes and Implications*. Kaiser Family Foundation. Retrieved from <https://www.kff.org/health-reform/issue-brief/new-rules-for-section-1332-waivers-changes-and-implications/>.



September 16, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing to express concern about this waiver. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. We urge you to reject this aspect of the application and instead encourage Georgia to adopt the Medicaid Expansion to provide coverage to Georgia's uninsured.

The Epilepsy Foundation and our local affiliate, Epilepsy Foundation Georgia, write on behalf of the 110,200 Georgians with epilepsy and their families.<sup>i</sup> Epilepsy is the fourth most common neurological disorder in the United States and affects people of all ages. For the majority of people living with epilepsy, anti-seizure medications are the most common and cost-effective treatment for controlling and/or reducing seizures. It is vital for people with epilepsy to have meaningful and timely access to affordable, comprehensive coverage and physician-directed and person-centered care.

### **Georgia Access Model**

Georgia's application proposes to prohibit Georgians from choosing to enroll in coverage through the neutral Healthcare.gov platform and instead would require that people enroll directly through insurers or brokers. This policy will make it harder for people with epilepsy to enroll in comprehensive, affordable healthcare coverage. We are concerned that Georgia is proposing to replace HealthCare.gov with a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs or may not even cover the prescription medications, physician visits, and hospital stays that people with epilepsy need.<sup>ii</sup> We urge you not to approve this aspect of the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding.

The implementation of the Affordable Care Act decreased the number of adults with active epilepsy who are uninsured. According to an analysis of the National Health Interview Survey, the percentage of adults aged 18-64

National Headquarters

8301 Professional Place West, Ste. 230, Landover MD 20785-2563

301.459.3700

with active epilepsy who were uninsured decreased from 17.7% in 2010 and 2013 (pre-Affordable Care Act implementation) to 7.3% in 2015 and 2017 (post-Affordable Care Act implementation). This was balanced by a similar increase in public and private insurance coverage.<sup>iii</sup> We are concerned that adoption of the Georgia Access Model would reverse this trend in Georgia.

### **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>iv</sup> Without HealthCare.gov, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. Medicaid provides comprehensive coverage of prescription medications with low or no cost-sharing. It is essential that low-income people with epilepsy who are eligible enroll in Medicaid instead of higher cost alternatives so that they can adhere to their medication regime.

Georgia's waiver proposes that substandard plans, such as short-term plans that may not cover the prescriptions and other care that people with epilepsy need, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>v</sup> People enrolled in subpar plans are subject to exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription medications, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>vi</sup>

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating

the statutory requirements.

**Georgia Has Better Options to Address Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. We encourage Georgia to move forward with this proposal while dropping the harmful components of the waiver.

Medicaid expansion also offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>vii</sup> It should do so, rather than upending the state’s insurance market at great risk to consumers.

Thank you for the opportunity to comment on this waiver. We urge you to reject the Georgia Access Model.

Sincerely,



Laura Thrall  
President & CEO  
Epilepsy Foundation



Aly Clift  
Executive Director  
Epilepsy Foundation of Georgia

---

<sup>i</sup> <https://www.cdc.gov/epilepsy/data/index.html>

<sup>ii</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>iii</sup> Kobau, R., Sapkota, S., Koh, H.K., & Zack, M.M. (2019). National declines in the percentages of uninsured among adults aged 18-64 years with active epilepsy, 2010 and 2013 to 2015 and 2017—U.S. National Health Interview Survey. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/31255566/>

<sup>iv</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>v</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>vi</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>vii</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>



September 16, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and Human  
Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid  
Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

**Re: Georgia 1332 Waiver Request**

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter:

I am writing to comment on Georgia's Section 1332 waiver proposal to waive federal rules under the Affordable Care Act (ACA). Families USA, a leading national, non-partisan voice for health care consumers, is dedicated to achieving high-quality, affordable health care and improved health for all. Georgia's proposal violates the guardrails for 1332 waivers under the Affordable Care Act and will result in a loss of comprehensive individual market coverage as well as a loss of Medicaid coverage for Georgia's consumers. It therefore cannot legally be approved.

Georgia proposes to abandon use of a marketplace for the individual and small-group health insurance markets, a radical break with the statutory framework created by the Affordable Care Act. In place of either the Federally Facilitated Marketplace or a State-Based Marketplace, it would have consumers enroll through brokers or directly through enhanced direct enrollment sites. Though Georgia claims in its application that this approach will increase enrollment by 25,000 people, it provides no evidence to back up this claim.

In fact, Georgia's proposal takes away consumer options at the point of enrolling in a health care plan, rather than enhancing them. Georgia proposes to eliminate the mechanism of enrollment through healthcare.gov, and to replace it with broker and direct enrollment mechanisms. Notably consumers already have an option to use brokers to enroll. But most consumers use a marketplace, and with good reason. Without a Marketplace, consumers cannot readily compare their subsidized premium costs in *all* available qualified health plans, distinguish comprehensive plans from non-ACA compliant plans, seamlessly determine if family members may be eligible for Medicaid or CHIP, and apply for coverage.

[FamiliesUSA.org](http://FamiliesUSA.org)

1225 New York Avenue, NW, Suite 800  
Washington, DC 20005

main 202-628-3030 / fax 202-347-2417

As a result, the Georgia Access proposal is likely to substantially decrease enrollment in the comprehensive plans offered in the marketplace and in Medicaid.

Healthcare.gov allows consumers to compare all available plans that offer a uniform set of comprehensive benefits, examine the differences in cost-sharing and in premiums, determine the price they would pay with premium tax credits, determine if they can enroll in marketplace plans and/or if family members may be eligible for Medicaid or CHIP, obtain help from an unbiased call center or an assister and enroll. Georgia's alternative approach does not provide this functionality.

Instead of providing a marketplace website, Georgia proposes to maintain a list of brokers and enhanced direct enrollment sites on a state website. To enroll in a plan, consumers would visit the websites of those brokers and/or EDEs.

But unlike the marketplace that most consumers use now, brokers are not required to show consumers all available Qualified Health Plan options. Instead, brokers market plans for which they are paid commissions. Consumers using the list of brokers would need to visit multiple broker or carrier websites to compare their costs and benefits in all plans, a time consuming task that consumers are not likely to undertake. Indeed, comparing plans this way would require consumers to take careful notes on a complex set of issues, and they are not likely to be successful.

Enhanced Direct Enrollment sites are also not a substitute for the marketplace enrollment process. Enhanced Direct Enrollment vary in the information that they display. On September 9, 2020, we visited websites listed by CCIIO as entities "approved to use enhanced direct enrollment." Some of these websites provided incomplete information about special enrollment opportunities during the pandemic, which could deter enrollment among those who lost coverage due to the COVID-19 emergency. Some direct enrollment websites ask for irrelevant personal information, such as weight, that could dissuade consumers from completing an application.<sup>i</sup> Some do not screen for all categories of Medicaid eligibility or for complex Medicaid enrollment scenarios.<sup>ii</sup> Their screening tools may thus deter consumers who are eligible for Medicaid from applying.

### **The proposal violates guardrails in federal law**

The proposal would violate the guardrail requiring 1332 waivers to "Provide coverage to at least a comparable number of its residents as the provisions of this title would provide." The proposal would reduce total coverage levels in multiple ways:

- Neither Georgia's waiver proposal nor federal regulations require brokers to provide information about all available plans. Thus, by visiting just one broker site, consumers might conclude that there is no available plan in their price range or with in-network providers that they prefer. Similarly, as detailed above, EDEs provide significantly less information and less accurate information about enrollment rights than the Marketplace. These differences will suppress enrollment.
- By using brokers instead of the marketplace, consumers will not learn about their options to enroll in Medicaid and CHIP. Currently, about 40,000 Georgians are assessed eligible for Medicaid through healthcare.gov.<sup>iii</sup> Under Georgia's proposal, healthcare.gov's screening mechanism for Georgians will disappear. Brokers have no incentive to enroll consumers in Medicaid and CHIP; brokers do have financial incentives to instead enroll them in private plans,



including unsubsidized plans that do not provide comprehensive coverage. Neither brokers nor enhanced direct enrollment sites provide adequate screening for consumers who may be eligible for Medicaid or CHIP, especially through disability pathways. In contrast, if consumers elect screening for Medicaid/CHIP, healthcare.gov asks if anyone in the household has a disability. This is not commonly asked on private sites' screening tools. The Georgia proposal does not furnish information about how it would adequately ascertain Medicaid eligibility through disability pathways, further deepening this concern.

- The Georgia proposal is silent on how it will provide information to people with limited English proficiency and to people with disabilities as required under Section 1557 of the Affordable Care Act, Sections 504 and 508 of the Rehabilitation Act, and under other federal non-discrimination laws.
- Without the marketplace, its call center, or navigators, consumers will lack post-application support. Post application support is crucial for helping people adjust premium credits when their incomes change, and for helping sort out issues ranging from premium payments to enrollment errors.

Using brokers instead of the marketplace as the primary point of sale for non-group health insurance will also decrease the number of people with comprehensive coverage and shift people into less comprehensive coverage. The proposal therefore violates the federal guardrail that requires that Section 1332 waivers "Provide coverage that is at least as comprehensive as the coverage defined in Section 1302(b) and offered through Exchanges" and that it "Provide coverage and cost-sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of this title would provide."

Brokers and direct enrollment entities often sell short-term plans and fixed indemnity plans that do not offer comprehensive benefits or protection against excessive cost-sharing, in addition to selling QHPs. A House Energy and Commerce Committee report shows that this practice misleads consumers regarding their options.<sup>iv</sup> A 2019 study showed that some direct enrollment entities used screening tools to shift consumers away from comprehensive qualified health plan options and collected personal information that they could use for future marketing of noncompliant plans.<sup>v</sup> A recent study showed that agents and brokers selling short-term plans misled people about their coverage of COVID-19 treatment and testing.<sup>vi</sup>

Under the proposed waiver, Georgia consumers would lack even the minimal protection in federal regulations that currently require direct enrollment entities to display non-compliant plans separately from QHPs. Georgia proposes to allow vendors to display short-term plans and fixed-indemnity plans that do not comply with ACA consumer protection requirements alongside of regulated Qualified Health Plans (QHPs). Georgia's proposed side-by-side sale of regulated and unregulated health plans is likely to further promote enrollment in non-compliant plans based on nominal cost, decrease enrollment in compliant plans, and erode the risk pool for comprehensive health plans.

For all of these reasons, CCIIO cannot and should not approve this application.

We direct CMS to each of the items cited and made available to the agency through active hyperlinks, and we request that these, along with the full text of our comments, be considered part of the formal administrative record on this proposed rule.

Thank you for your consideration of these comments. If you have any questions, please contact Cheryl Fish-Parcham at [CParcham@familiesusa.org](mailto:CParcham@familiesusa.org).

Sincerely,

Frederick Isasi, JD, MPH  
Executive Director, Families USA

---

<sup>i</sup> To get a quote from Acosta Insurance, which is listed as hosting an EDE platform on CCIIO's website, Acosta's website asks for gender, height and weight of the applicant. On Anthem's website, screening tools for Medicaid and premium tax credits request information only about income and not disability. Stride Health, also listed as hosting an EDE platform, mentions no COVID-related special enrollment periods. Personal search on September 9, 2020 using a Georgia zip code.

<sup>ii</sup> CCIIO provides for three different phases of application functionality. In phase 1 and 2, EDEs do not have to screen for all scenarios. CCIIO memo, "Third Party Auditor Operational Readiness Reviews for the Enhanced Direct Enrollment Pathway," February 19, 2019, <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidelines-for-Third-party-Auditors-EDE-PY19PY20.pdf>.

<sup>iii</sup> CMS Open Enrollment Public Use Files.

<sup>iv</sup> Christine Linke Young and Kathleen Hannick, Misleading marketing of short-term health plans amid COVID-19, Brookings, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>. US House Committee on Energy and Commerce Subcommittee on Health, Shartchanged: How the Trump Administration's Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk, June 2020, <https://energycommerce.house.gov/newsroom/press-releases/ec-investigation-finds-millions-of-americans-enrolled-in-junk-health>

<sup>v</sup> Tara Straw, "Direct Enrollment" in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm, Center on Budget and Policy Priorities, March 15, 2019.

<sup>vi</sup> Christine Linke Young and Kathleen Hannick, Misleading marketing of short-term health plans amid COVID-19, Brookings, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.



GEORGIA ACADEMY OF  
FAMILY PHYSICIANS  
SPECIALIZING IN ALL OF YOU

Northlake Commons  
3760 Lavista Road ~ Suite 100 ~ Tucker, GA 30084-5641  
Phone: 404.321.7445 Fax: 404.321.7450 Toll Free: 800.392.3841  
www.gafp.org

**Jeff Stone, MD, MBA, MHA, FAAFP**  
**President 2019-2020**

Wednesday, September 16, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the  
Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter:

**Re: Public Comment – Proposed 1332 Georgia Waiver**  
**Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)**

On behalf of the 3,200 members of the Georgia Academy of Family Physicians and the patients that we care for that are over 1,500,000 Georgians, we appreciate the opportunity to comment on the 1332 Georgia Medicaid innovation and waiver plan.

The Georgia Academy of Family Physicians is the only medical society devoted solely to primary care. Nearly one in four of all office visits are made to general and family physicians. Today, family physicians provide the majority of care for America's underserved and rural populations. We believe that we are uniquely qualified to comment on this proposal.

While we appreciate that this proposal will not interrupt coverage with patients with pre-existing conditions, we are concerned about allowing non-ACA compliant plans into Georgia. Furthermore, removing Georgia from the healthcare.gov platform would penalize Georgians looking for a one-stop marketplace to compare and select insurance plans, forcing them to rely on scattershot network of web-brokers and other actors that may take into account Georgians' financial or health needs. Under this arrangement, Georgia would be the only state nationwide to remove itself from this marketplace.

The current proposal to allow Georgians to buy extended, short-term health insurance (non-ACA compliant) is a step back to the days when companies sold low-value insurance policies that subjected our patients to catastrophic medical bills and medical bankruptcy.

The current proposal would allow exempt these non-compliant plans from Affordable Care Act consumer protections such as covering essential benefits, which include prescriptions, laboratory

tests, hospitalization, and maternity care. It would allow plans to establish caps once again on annual benefits. Limiting benefits can expose patients to extraordinarily high out-of-pocket costs, particularly for people who have chronic or life-threatening conditions that require costly treatment, close monitoring and ongoing medication.

Equally troublesome, these plans further destabilize the individual market by drawing young, healthy people away from meaningful, comprehensive coverage that meets ACA standards. Allowing the healthy to gamble with low-quality insurance will also raise ACA-compliant plans' premiums, putting better coverage beyond the reach of millions of the sickest Americans.

The Georgia Academy has stood with the American Academy of Family Physicians in steadfastly calling for policies that ensure all Americans have access to affordable, meaningful health insurance. Georgia policies should support patient-centered insurance reforms that prohibit insurers from selling plans that fail to provide meaningful coverage.

Any plan allowed to be sold to Georgians in our state should have these minimum essential health benefits:

### **Benefits**

At a minimum, these would include items and services in the following benefit categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

In addition to requiring coverage for essential health benefits, all proposals or options will ensure that primary care is provided through the patient's primary care medical home. To foster a longitudinal relationship with a primary care physician, all proposals or options will provide the following services independent of financial barriers (i.e., deductibles and co-pays) if the services are provided by the patient's designated primary care physician:

- |                                       |                                |
|---------------------------------------|--------------------------------|
| a. Evaluation & management services   | c. Population-based management |
| b. Evidence-based preventive services | d. Well-childcare              |
|                                       | e. Immunizations               |
|                                       | f. Basic mental health care    |

Thank you for your review of our comments. We look forward to working with you to support our patients who have little to no current options for affordable health coverage.

Sincerely,



Jeff Stone, MD, MBA, MHA, FAFPP  
President



Nothing about us without us!

September 16, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services  
Via Electronic Mail To: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Autistic Self Advocacy Network Comments Re: Georgia Section 1332 Waiver

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

The Autistic Self Advocacy Network<sup>1</sup> appreciates this opportunity to comment on Georgia's Section 1332 waiver application,<sup>2</sup> which would waive provisions of the Patient Protection and Affordable Care Act (ACA).<sup>3</sup> Specifically, the proposal eliminates Georgia's usage of Healthcare.gov, a one-stop-shop for obtaining marketplace coverage offered under the ACA, and does not replace it with a State-Based Marketplace (SBM).<sup>4</sup> Instead, Georgia proposes that the state run eligibility determinations for the Marketplace (such as eligibility for ACA-related tax credits and subsidies) while outsourcing all outward-facing contact, customer support, and plan searching functions to private entities (such as insurance companies) and web brokers.<sup>5</sup>

The Autistic Self Advocacy Network strongly condemns this aspect of Georgia's proposal. The wholesale removal of Healthcare.gov and transfer from an effective one-stop-shop Marketplace system to a fragmented series of portals run by brokers with no incentive to support consumers will confuse and frustrate most people, including consumers with intellectual, developmental, and/or cognitive disabilities. The change to a mostly privatized healthcare shopping experience may incentivize the steering of

---

<sup>1</sup> ASAN is the nation's leading self-advocacy organization by and for autistic people ourselves, and we are dedicated to ensuring that the voices of autistic people and others with intellectual and developmental disabilities (I/DD) are heard in the policy discussions that impact our lives. For more information on ASAN, you can visit our website at: <http://www.autisticadvocacy.org>.

<sup>2</sup> Georgia Office of the Governor, Georgia Section 1332 State Empowerment and Relief Waiver Application, Jul. 31, 2020, available at: <https://medicaid.georgia.gov/patientsfirst> [hereinafter "Georgia Waiver"].

<sup>3</sup> Georgia Waiver at 1-4.

<sup>4</sup> *Id.* at 17-19.

<sup>5</sup> Georgia Waiver at 17-18 ("web brokers and carriers"); Christen Linke Young and Jason Levitis, *Georgia's Latest 1332 proposal continues to violate the ACA*, Brookings Institution (Sept. 1, 2020), <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/> [hereinafter "Brookings"].

consumers into poor-quality coverage that does not provide Essential Health Benefits or protect people with pre-existing conditions. Additionally, the plan would be critically underfunded, with only \$6 million devoted by Georgia to support a complete overhaul of its Marketplace infrastructure. These and other factors will likely lead to the loss of meaningful healthcare coverage for thousands, thereby violating Section 1332's requirement that a waiver function such that a state is still providing affordable coverage to the same number of people, with coverage at least as comprehensive as that provided in the Marketplaces created by the ACA.<sup>6</sup> Further comments clarifying this position are below.

**Eliminating Healthcare.gov will make it more difficult for the vast majority of consumers to buy health insurance, including people with developmental, intellectual, and/or cognitive disabilities.**

Healthcare.gov currently acts as an invaluable resource for consumers. It provides them with a single portal that they may use to sign up for coverage and objectively compare the benefits and downsides of different plans that adhere to the requirements laid out within the Affordable Care Act (such as Essential Health Benefits and no lifetime or annual limits on coverage).<sup>7</sup> Private providers are nonetheless not cut off from offering Marketplace plans through their own portals. Through a system known as direct enrollment and enhanced direct enrollment, private providers can offer their Marketplace plans on their own websites, with Healthcare.gov merely providing a system for checking the consumer's eligibility.<sup>8</sup> Interested consumers also may always purchase private, non-Marketplace individual coverage if they so choose. It is still clear that Healthcare.gov is the preferred option for most consumers on the GA Marketplace. Approximately 79 percent of Marketplace consumers utilize the Healthcare.gov platform, as compared to the 21 percent who utilize direct or enhanced direct enrollment.<sup>9</sup>

---

<sup>6</sup>Sarah Lueck & Jessica Schubel, *Understanding the Affordable Care Act's State Innovation ("1332") Waivers*, Center for Budget and Policy Priorities (Sept. 5, 2017), <https://www.cbpp.org/research/health/understanding-the-affordable-care-acts-state-innovation-1332-waivers>.

<sup>7</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, Center for Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>8</sup> Brookings; Tara Straw, *Tens of Thousands Could Lose Coverage*, <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>9</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, Center for Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>; Georgia Waiver at 70.

Georgia’s 1332 proposal, by eliminating Healthcare.gov and providing no replacement at all,<sup>10</sup> would destroy this streamlined Marketplace system’s effectiveness and alienate consumers for no real benefit to either itself or them. Without a centralized portal allowing consumers to compare plans, consumers will be forced to create logins on the portals of - and submit health and employment information to the individual websites of - private health insurance brokers. It would be difficult to determine from such a system which plans, if any, provide Essential Health Benefits or otherwise meet the ACA’s criteria for Marketplace plans. Consumers may be more vulnerable to scams or other misleading practices by brokers, resulting in subscriptions to plans that do not actually provide the coverage the consumer needs or provide substandard coverage. Even with a one-stop shop, consumers often rely on Health Care Navigators to provide advice and assistance free from the conflicts of interest that often accompany use of private brokers but, at a minimum, currently consumers using the Marketplace can be confident that all the options in the Marketplace offer some minimum standard of coverage.<sup>11</sup>

The elimination of a trusted “one-stop” shop, and exclusive reliance on private brokers, would change that and therefore likely to lead to *fewer* people successfully obtaining coverage, rather than more. In fact, studies of Medicaid Advantage and Medicare Part D have shown that the majority of health insurance customers faced with a difficult-to-navigate system with an overwhelming number of options may be unable to make any decision at all and remain with traditional Medicare by default.<sup>12</sup> In the context of private healthcare enrollment, this inability to make a decision could result in failure to obtain any coverage at all.

These problems are compounded for people with disabilities. It is quite likely that at least private brokers’ websites or important parts of these websites will be physically inaccessible to blind people, Deaf people, and others with physical disabilities. The extent to and the ways in which company websites must comply with Titles II and III of the Americans with Disabilities Act is a developing area of law subject to considerable debate.<sup>13</sup> Many people with disabilities have therefore experienced the frustration of attempting and

---

<sup>10</sup> Georgia Waiver at 17-19; Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Waiver Proposal*, Center for Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>11</sup> See Navigator, Healthcare.gov, <https://www.healthcare.gov/glossary/navigator/> (last visited Sept. 14, 2020).

<sup>12</sup> J. Michael McWilliams et al., *Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making*, Health Affairs (Sept. 2011) available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

<sup>13</sup> See, e.g., Amanda Robert, *ADA questions remain over website accessibility cases and the lack of DOJ regulations*, ABA Journal (Jul. 1, 2019, 2:15 A.M. CDT), <https://www.abajournal.com/magazine/article/ada-web-accessibility-doj-regulations>.

failing to navigate a space that was not designed for their use, or was poorly designed for their use.<sup>14</sup> If these individuals are faced with a multi-website complex decision-making process on websites that may or may not be accessible, the enrollment of these individuals in the marketplace is likely to drop.

People with cognitive disabilities face an unrelated but equally difficult barrier to obtaining coverage in Georgia's proposal. Many people with cognitive disabilities, for example autistic people, have difficulty making decisions and prioritizing tasks in an efficient manner - a phenomenon known as an executive functioning impairment or executive functioning related disability.<sup>15</sup> The more complicated a decision is and the more factors it is necessary to evaluate to make the decision, the more difficult it will be for a person with such a disability to make a choice. Eliminating a one-stop-shop online portal and leaving only a diverse range of portals providing potentially biased and incomplete information on health care coverage may render it impossible for these consumers to navigate the health insurance market effectively. Moreover, a study on Medicare Advantage plans showed that people with cognitive disabilities were less likely to be enrolled in more generous plans, indicating that overwhelming information may decrease the ability of people with cognitive disabilities to identify quality healthcare plans.<sup>16</sup>

Additionally, if Georgia's waiver were implemented, Georgians would be required to reapply for health insurance using new portals instead of being automatically re-enrolled in coverage.<sup>17</sup> The Brookings Institute, after analyzing the issue, concluded that even under generous estimates of how many individuals normally auto-enrolled each year would successfully re-enroll using the new system, tens of thousands of people would lose coverage as a result of this policy.<sup>18</sup> It would be a policy particularly likely to impact individuals with cognitive disabilities covered by marketplace plans, who may not understand how to or that they have to re-enroll under the new portals. ASAN condemns Georgia's Section 1332 waiver proposal as overall damaging to the coverage of people with disabilities in the state.

### **The use of private brokers and health insurance websites as the primary places through which consumers apply for insurance may steer consumers towards ill-**

---

<sup>14</sup> *Id.*

<sup>15</sup> Eleni A. Demetriou, Marilena M. DeMayo & Adam J. Guastella, *Executive Function in Autism Spectrum Disorder: History, Theoretical Models, Empirical Findings, and Potential as an Endophenotype*, *Frontiers in Psychiatry*, Nov. 2019, at 1-8, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6859507/pdf/fpsy-10-00753.pdf/>

<sup>16</sup> McWilliams et al., *supra* note 12.

<sup>17</sup> Brookings, <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

<sup>18</sup> *Id.*



**fitting or non-comprehensive insurance plans. Additionally, providers will fail to support Medicaid-eligible beneficiaries in obtaining coverage.**

Private broker websites often contain biased and/or contradictory information designed to convince the consumer to purchase plans that are convenient for the insurer rather than the insurance buyer. For example, short-term insurance plans are appealing to healthy consumers because they have lower premiums, but have been known to have out of pocket costs and deductibles up to three times higher when the customer does get sick.<sup>19</sup> While Healthcare.gov is not itself allowed to sell ACA non-compliant plans alongside ACA compliant plans, individual brokers and health insurance companies would be capable of doing so.<sup>20</sup> A broker working directly with applicants can, for example, screen them for potential health risks and direct some consumers towards lower-quality plans using telephone solicitation and advertising.<sup>21</sup> The greater opportunity that Georgia's proposed waiver presents for such steering is extremely troubling news for people with disabilities. If a greater number of healthy people than not leave more comprehensive health insurance plans for those of lower quality, health insurance premiums will rise for the remaining population, i.e. people with disabilities, resulting in a "death spiral" of costs.<sup>22</sup>

Moreover, Georgia's proposal may reduce the likelihood that individuals will acquire coverage under Medicaid. Healthcare.gov provides Medicaid-eligible individuals with an application that transfers the person to the state agency that can process their enrollment.<sup>23</sup> Private health insurance brokers have very few incentives to assist individuals applying for Medicaid, as Medicaid does not pay commissions and therefore the brokers would not benefit.<sup>24</sup> ASAN is concerned that Georgia's proposal may result in an overall reduction in the number of people who successfully obtain Medicaid coverage in Georgia, including those people with disabilities who most desperately need the services and supports covered near-exclusively by Medicaid, such as LTSS and Medicaid-funded home and community based services.

---

<sup>19</sup> Tara Straw, Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal, Center for Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

<sup>22</sup> See Autistic Self Advocacy Network, A Self Advocate's Guide to the Affordable Care Act at 2 (2017), available at: <https://autisticadvocacy.org/wp-content/uploads/2017/02/ACA-for-self-advocates.pdf>.

<sup>23</sup> Brookings; Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, Center for Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>24</sup> *Id.*

**Georgia’s proposal is critically underfunded given the changes that the Section 1332 waiver proposes to make.**

Georgia has allotted only \$6 million in its proposed budget towards the transition process for the state in its Section 1332 waiver, which is a drastic systemic overhaul that completely overturns the ways that consumers in the state apply for marketplace insurance.<sup>25</sup> There is simply no possible way that Georgia, by 2022,<sup>26</sup> with these limited resources, can address the myriad concerns that it must in order to successfully perform the functions it contemplates itself performing: i.e., handling all eligibility determinations itself, as well as eligibility for Advanced Premium Tax Credits (APTCs) and Premium Tax Credits (PTCs).<sup>27</sup> Even if Georgia were somehow successful in crafting the considerable amount of new technology and infrastructure necessary, the Center for Budget and Policy Priorities argues that the transition alone would nonetheless result in thousands of people losing healthcare coverage.<sup>28</sup> ASAN condemns such a result.

ASAN urges Georgia to withdraw its proposal for this waiver and resubmit a proposal that will not rob thousands of Georgians of affordable, comprehensive health insurance. For more information on ASAN’s positions on health insurance and the Affordable Care Act please contact Samantha Crane, our Legal Director, at [scrane@autisticadvocacy.org](mailto:scrane@autisticadvocacy.org).

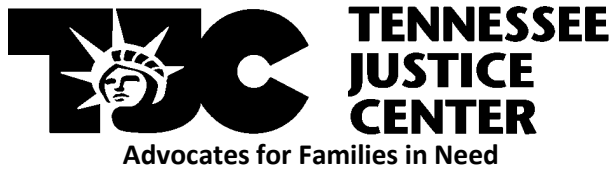
---

<sup>25</sup> Brookings.

<sup>26</sup> Georgia Waiver at 1.

<sup>27</sup> *Id* at 4.

<sup>28</sup> Tara Straw, Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Waiver Proposal, Center for Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.



211 7<sup>th</sup> Avenue North, Suite 100, Nashville, TN 37219  
Phone: (615)255-0331 Fax: (615)255-0354  
www.tnjustice.org

---

September 16, 2020

VIA EMAIL ([stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov))

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Re: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I'm writing on behalf of the Tennessee Justice Center (TJC), a nonprofit organization founded in 1995 that uses the law, education, and advocacy to ensure that vulnerable Tennesseans can meet their most basic needs and have a pathway to opportunity. Our mission is to advocate on behalf of low-income Tennesseans and to defend the programs that provide health care coverage and food security, not only in Tennessee but nationwide. TJC is deeply concerned that Georgia's waiver seeking to exit the federal marketplace (HealthCare.gov) without providing a substitute would leave Georgians with no central source of assistance to enroll in private health plans or Medicaid.

In Tennessee, we know the importance of HealthCare.gov in helping people navigate the complex system of health plans. For years, the federal marketplace was the only online application portal for our state's Medicaid program ("TennCare"), which had a five-year delay in implementing its new computerized TennCare eligibility determination system (TEDS). Prior to the launch of TEDS, a good portion of the applicants on HealthCare.gov were determined eligible for Medicaid. The popularity of the ACA and the federal marketplace has raised public awareness about how to find health plans and has helped identify many individuals who were unaware of their eligibility for Medicaid.

**Medicaid Expansion is a Better Option to Further the Waiver's Stated Goals.**

Georgia is proposing to address the state's high uninsured rate by exiting the federal marketplace. However, expanding Medicaid to low-income adults is a proven solution to increase insured rates, as shown in the 38 other states and D.C. that have adopted Medicaid expansion. Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care and financial security for people gaining

coverage.<sup>1,2</sup> The state should expand Medicaid instead of disrupting the state’s insurance market at great risk to consumers.

It is concerning that rather than expand coverage to more people, Georgia seeks to replace a centralized system with a fragmented one that could cause tens of thousands of Georgians not to receive application assistance and to lose coverage altogether, while other Georgians would likely be enrolled in skimpy plans that carry high out-of-pocket costs if they get sick.<sup>3</sup> We strongly urge you to deny the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would significantly increase the state’s insured rate, help with responding to the ongoing pandemic, and provide billions in additional federal funding for the state.

### **The Proposal Would Negatively Impact Insured Rates and Lead More People into Subpar Plans.**

Georgia’s proposal would change where and how consumers purchase health insurance plans. In 2020, almost 80% of Georgia marketplace enrollees chose to use HealthCare.gov to sign up for coverage, rather than a private broker or insurer website, which were available options. Georgia’s waiver would eliminate the one-stop shop that helps people compare plans, apply for financial assistance, and enroll in plans. Instead, the state wants to *require* Georgians to use various private insurance companies and brokers to accomplish these tasks. Consumers would have to visit several different websites or call centers if they want to compare plans or premiums, which would reduce competitive pricing among insurers who are likely to set higher premiums if they believe consumers will not bother to shop around. This de-centralization would lead to confusion and create enrollment barriers that will certainly cause many people to abandon their efforts and become uninsured. Contrary to the promise of expanded choices, this waiver would deprive consumers of their only option for a guaranteed, central source of impartial information about comprehensive coverage options.

Furthermore, private brokers and insurers who operate through HealthCare.gov are notorious for not informing consumers of Medicaid eligibility and offering limited plan selections, often based on the amount of plan commissions.<sup>4</sup> As a result, people who are eligible for Medicaid could have a much harder time finding help with enrollment under Georgia’s proposed system because

---

<sup>1</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>2</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>3</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>4</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

Medicaid generally doesn't pay commissions, and agents and brokers have no incentive to fill the void that would arise from eliminating HealthCare.gov.

Georgia's waiver proposes to have substandard, non-ACA compliant plans presented along with comprehensive insurance. Presently, brokers sometimes direct healthier people toward such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>5</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>6</sup> Directing healthier people to such non-ACA compliant plans would raise premiums in the ACA-compliant market by creating a less healthy risk pool.<sup>7</sup>

### **The Proposal Violates Statutory Requirements**

There are statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. Georgia's proposal fails to meet this requirement because it would likely increase the number of uninsured Georgians and leave many others with worse coverage. Many Georgians would end up with coverage that is less comprehensive, and more people would find themselves with less affordable coverage and higher out-of-pocket costs than would be the case without the waiver. Also, Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and should not be approved.

In addition to our concerns about the impact of the waiver on Georgians, we are very concerned that approval of a 1332 waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver,

---

<sup>5</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>6</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>7</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

directly violating the statutory requirements, would set a dangerous precedent that other states could follow.

Thank you for your consideration of our comments. We ask that you include the full text of the materials cited through active hyperlinks in our comments in the formal administrative record for purposes of the Administrative Procedures Act. Please contact us if you have any questions or if we can be of further assistance.

Respectfully submitted,

/s/ Kinika L. Young  
Senior Director of Health Policy and Advocacy  
Tennessee Justice Center  
[kyoung@tnjustice.org](mailto:kyoung@tnjustice.org)



---

September 16, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). The **Black Mamas Matter Alliance** writes to express our organization's concern about Georgia's ACA Section 1332 waiver.

**The Black Mamas Matter Alliance is a national network comprised of black women-led, birth and reproductive justice community-based organizations and multi-disciplinary professionals working across the full-spectrum of maternal and reproductive health.** We envision a world where Black mamas have the rights, respect and resources to thrive before, during and after pregnancy. Although we are a national organization, Atlanta, Georgia is our home, and we take pride in working collaboratively with other state-based stakeholders in helping to make Georgia a safe place for maternal health.

We believe that the proposed Georgia Access model will put Black women and birthing people at risk of becoming un- or under-insured. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, and Georgians with low health literacy skills will also be at risk of experiencing adverse consequences from the outlined plan.

Access to affordable and comprehensive health insurance can contribute to positive maternal health outcomes for Black women who disproportionately experience high maternal mortality and morbidity.<sup>1</sup> Black Women and birthing people need accessible and ACA-compliant insurance options that offer coverage for pre-existing conditions, mental health services, prescriptions, and more to address health needs at conception, pregnancy, and postpartum care.

---

<sup>1</sup> [Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion](#)

Nationally, 12% of Black women participate in marketplace plans, though 20% of Black women in Georgia remain without healthcare coverage.<sup>2</sup> In the state of Georgia, 79 percent of marketplace enrollees use HealthCare.gov to complete the enrollment process.<sup>3</sup> Removing Georgia from healthcare.gov to a privatized enrollment system that relies on for-profit insurance companies could further increase the cost of healthcare for Black women and birthing people, making it ever more challenging to navigate a complex, competitive healthcare marketing system. Black women and birthing people are deserving of access to insurance that is inclusive of holistic quality care that addresses gaps in care and ensures continuity of care.<sup>4</sup>

The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia’s waiver fails the ACA’s tests of coverage, comprehensiveness, and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have. BMMA realizes the potential of a state reinsurance program to lower health insurance premiums. Because the federal government will not issue funds for this program more must be done to ensure Georgians will not ultimately pay the cost for this program.<sup>5</sup>

Black Mamas Matter Alliance strongly encourages the Governor of Georgia to not remove Georgia from healthcare.gov and support Black women, mothers, and birthing people in ensuring affordable, and easily accessible healthcare coverage.

Thank you in advance for your consideration of our comments on Georgia’s Section 1332 waiver application.

Sincerely,

Black Mamas Matter Alliance

1237 Ralph David Abernathy Blvd.

Atlanta, Georgia 30310

[info@blackmamasmatter.org](mailto:info@blackmamasmatter.org)

[BlackMamasMatter.org](http://BlackMamasMatter.org)

---

<sup>2</sup> “Black Women Experience Pervasive Disparities in Access to ...” *Www.nationalpartnership.org*, National Partnership for Women & Families, Apr. 2019, [www.nationalpartnership.org/our-work/resources/health-care/black-womens-health-insurance-coverage.pdf](http://www.nationalpartnership.org/our-work/resources/health-care/black-womens-health-insurance-coverage.pdf)

<sup>3</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-) (hereafter, Waiver).

<sup>4</sup> Muse, Sunshine. “Setting the Standard for Holistic Care of and for Black Women.” *Blackmamasmatter.org*, Apr. 2018, [blackmamasmatter.org/wp-content/uploads/2018/04/BMMA\\_BlackPaper\\_April-2018.pdf](http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf)

<sup>5</sup> Lueck, Sarah. “Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums.” *Center on Budget and Policy Priorities*, 3 Apr. 2019, [www.cbpp.org/research/health/reinsurance-basics-considerations-as-states-look-to-reduce-private-market-premiums](http://www.cbpp.org/research/health/reinsurance-basics-considerations-as-states-look-to-reduce-private-market-premiums).



# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

September 16, 2020

The Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Ave., S.W.  
Washington, D.C. 20201

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

## Re: Georgia Section 1332 Waiver Comments

Justice in Aging appreciates the opportunity to comment on Georgia's proposed Section 1332 Waiver. For the reasons discussed below, we oppose the proposal to waive Affordable Care Act (ACA) rules and exist the federal health insurance marketplace. We urge the Centers for Medicare & Medicaid Services (CMS) to reject this proposal and instead work with Georgia to fully expand Medicaid under the ACA.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older Georgians and older adults nationwide. We use the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources, particularly populations that have traditionally lacked legal protection such as women, people of color, LGBTQ individuals, and people with limited English proficiency. We have decades of experience with Medicare and Medicaid and have worked extensively with advocates who represent low-income older Georgians. Justice in Aging conducts trainings and engages in advocacy regarding Medicare and Medicaid, provides technical assistance to attorneys in Georgia and across the country on how to address problems that arise under these programs, and advocates for strong consumer protections at both the state and federal level.

### [The Proposal Would Make It More Difficult for Older Georgians to Get Health Coverage](#)

Under the proposal, Georgia is seeking to use Section 1332 authority to create a new individual market and state subsidy program that does not guarantee subsidies to all eligible individuals nor require subsidy-eligible plans to meet ACA standards, and puts private insurers and brokers in charge of enrollment. This waiver fails to meet Section 1332's "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver because, as discussed in more detail below, it would likely increase the number of uninsured Georgians and leave many others with worse coverage. Therefore, it is not approvable.

The federally facilitated marketplace, premium tax credits, and cost-sharing reductions enabled over 460,000 Georgians to obtain comprehensive health insurance in 2020.<sup>1</sup> Nearly half of those enrollees

---

<sup>1</sup> Kaiser Family Foundation, Marketplace Enrollment, 2014-2020, [www.kff.org/health-reform/state-indicator/marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D).

#### WASHINGTON

1444 Eye Street, NW, Suite 1100  
Washington, DC 20005  
202-289-6976

#### LOS ANGELES

3660 Wilshire Boulevard, Suite 718  
Los Angeles, CA 90010  
213-639-0930

#### OAKLAND

1330 Broadway, Suite 525  
Oakland, CA 94612  
510-663-1055

are over age 45, and 1 in 4 are over age 55. The average premium tax credit received by over 380,000 Georgians is \$536 per month, \$22 higher than the national average.<sup>2</sup> This adds up to an estimated \$2.4 billion in premium tax credits benefiting low- and middle-income Georgians. The state's proposal to cap enrollment in this assistance is misguided. Even if the state could make subsidies available to an additional 16,000 Georgians at the proposed funding level, this is well-short of helping the 1.4 million uninsured Georgians access coverage. In fact, 435,000 uninsured individuals are already eligible for premium tax credits but not enrolled.<sup>3</sup> In addition, the state would be able to cover nearly 500,000 more Georgians by fully expanding Medicaid. Therefore, to help the most Georgians get affordable coverage, the state should fully expand Medicaid and invest in robust enrollment and outreach while maintaining the entirely federally funded marketplace subsidies.

Allowing plans that do not meet the quality and minimum coverage standards for Qualified Health Plans (QHPs) will take Georgia back to the days before the Affordable Care Act when people were dangerously underinsured and insurance companies could price people out of comprehensive coverage. The state's assumption that QHP premiums would only increase by 1.1% and that only 10% of current QHP enrollees would opt for a non-QHP plan does not seem to take into full account the combination of factors that will drive people to choose non-QHP coverage. Namely, in addition to the increase in QHP premiums, QHPs will be marketed by biased insurance companies and brokers alongside less expensive non-QHPs that are eligible for tax credits. The draft application does not explain any guardrails to prevent or limit the gap in premiums between QHPs and non-QHPs. This will hurt older adults the most because they are more likely to need comprehensive coverage from QHPs given that they are more likely to have chronic health conditions than younger adults. Thus, older adults will be faced with higher and higher premiums, amounting to another "age tax" on top of the already allowable premium increases based on age.

We are also concerned about requiring Georgians to use private insurers and brokers to obtain health insurance. Private brokers and insurers can and do push enrollment in plans based on the commission they receive rather than on the consumer's best interest. Unfortunately, we have seen that this means even those who operate through HealthCare.gov do not always inform consumers of Medicaid eligibility, denying those low-income individuals access to the best coverage available to them and saddling them with insurance costs they would not have to pay in Medicaid.<sup>4</sup>

---

<sup>2</sup> Kaiser Family Foundation, Estimated Total Premium Tax Credits Received by Marketplace Enrollees, [www.kff.org/health-reform/state-indicator/average-monthly-advance-premium-tax-credit-aptc](http://www.kff.org/health-reform/state-indicator/average-monthly-advance-premium-tax-credit-aptc).

<sup>3</sup> Kaiser Family Foundation, Distribution of Eligibility for ACA Health Coverage Among those Remaining Uninsured as of 2018, <https://www.kff.org/health-reform/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/>.

<sup>4</sup> Ctr. on Budget and Policy Priorities, Direct Enrollment in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm (Mar. 15, 2019), [www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes](http://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes).

Finally, we have seen recent examples of people signing up for non-QHP coverage and being left with huge medical bills or having to forgo care because their plan does not cover it.<sup>5</sup> This proposal would amplify this dangerous trend by making these inadequate plans even less expensive, eliminating the platform (HealthCare.gov) that presents unbiased information about QHPs, and allowing self-interested insurers and brokers to aggressively market and sell non-QHPs.

### Conclusion

For these reasons, we urge your agencies not to approve this waiver. Instead, Georgia could move forward with its proposal to establish a reinsurance program and expand Medicaid. Doing so would result in fewer premature deaths among older adults and others and improve access to care and financial security for people gaining coverage.<sup>6</sup>

If any questions arise concerning this submission, please contact Natalie Kean, Senior Staff Attorney, at [nkean@justiceinaging.org](mailto:nkean@justiceinaging.org).

Sincerely,



Jennifer Goldberg  
Deputy Director

---

<sup>5</sup> Commonwealth Fund, Health Plans That Don't Comply with the ACA Put Consumers at Risk (Nov. 2019), [www.commonwealthfund.org/blog/2019/health-plans-that-dont-comply-with-aca-put-consumers-at-risk](http://www.commonwealthfund.org/blog/2019/health-plans-that-dont-comply-with-aca-put-consumers-at-risk).

<sup>6</sup> Ctr. on Budget and Policy Priorities, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," (Nov. 6, 2019), [www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds](http://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds); Ctr. on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, [www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid](http://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid).

September 17, 2020  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

## VIA ELECTRONIC SUBMISSION

### **Re: Patients First Act Public Comment, Modified Section 1332 Waiver - Georgia Access Model**

We are writing to express our deep concern and full opposition to the Georgia Access Model proposed within the State Review and Empowerment Waiver (Section 1332 Waiver) (“waiver”) to be submitted by the State of Georgia to the Department of Treasury and the Centers of Medicare & Medicaid Services (CMS) in the Department of Health and Human Services (HHS).<sup>1</sup> The restructuring of premium tax credits and privatizations of Georgia’s marketplace under the proposed model poses significant risks for Georgians including increased premiums for ACA coverage, pushing consumers into substandard plans, and likely causing many individuals to lose coverage altogether, particularly low-income Georgians. We strongly urge the state to amend the current State Innovation Waiver to maintain a centralized enrollment platform such as healthcare.gov; prohibit the use of premium subsidies for non-qualified health plans; and remove the cap on premium subsidies to ensure that everyone eligible for subsidies can continue to receive them and afford their health coverage.

Since 2007, SPARK Reproductive Justice NOW! (“SPARK”) has worked to build and strengthen the power of our communities and a reproductive justice movement that centers Black Women, Women of Color, and Queer & Trans Young People of Color in Georgia and the South. Based in Atlanta, Georgia, we have fostered a dynamic, collaborative model of advocacy, leadership development, collective action, and discourse that creates change and impact for Black women and Queer people's struggles for reproductive justice. Our mission is to build new leadership, change culture, and advance knowledge in Georgia and the South to ensure individuals and communities have the resources and power to make sustainable and liberatory decisions about our bodies, gender, sexualities, and lives. Our analysis is specifically anchored in the historical lasting legacy of enslavement and exploitation of Black people in the South – through economic disenfranchisement, racial inequality, and reproductive oppression. This legacy informs how we understand bodies, politics, labor, and reproduction in the South. We are working towards a world free of reproductive violence and oppression that works to uphold and reinforce dangerous and negative policies, practices, and culture. Achieving comprehensive, affirming healthcare for Queer, Trans, and Non-binary people in Georgia is an achievable goal that will bring us closer to securing reproductive justice for all.

As articulated below, the Georgia Access Model portion of the Section 1332 Waiver should be rescinded and revised, because:

- Divestment from the Federally Facilitated Exchange (Healthcare.gov) creates unnecessary risks for consumers.
- Abolishing the requirement to cover ten essential health benefits and mental health parity jeopardizes access to critical services for Georgians.

---

<sup>1</sup> Office of the Governor, Georgia Section 1332 Waiver Application (Nov. 4, 2019) [hereinafter *Section 1332 Waiver Application*].

- Capping and distributing subsidies on a “first in, first out” basis means that eligible people could be denied assistance.
- The waiver violates the “Guardrails” outlined in the Affordable Care Act (ACA), and therefore is not approvable under federal law.
- The waiver fails to comply with the guidance on State Relief and Empowerment waivers released by the U.S. Departments of Health and Human Services (HHS) in October of 2018.
- The risks posed by the waiver will disproportionately impact Queer and Trans People of Color.

## **I. The Georgia Access Model Risks Coverage Disruption for More Than 400,000 individuals.**

The Georgia Access Model comprises the second-phase of Governor Brian Kemp’s draft waiver application under Section 1332 of the Affordable Care Act (ACA).<sup>2</sup> Governor Kemp’s plan seeks to expand coverage to only 30,000 out of the 1.4 million individuals who are uninsured in Georgia.<sup>3</sup> The model eliminates the use of Healthcare.gov and forces consumers to enroll directly through private web-brokers and insurers.<sup>4</sup> The state also plans to establish a subsidy structure allowing for the subsidization of plans that do not fully comply with ACA requirements and would cap enrollment if subsidy costs exceed federal and state funds.<sup>5</sup> If approved, the model will drastically undermine comprehensive coverage for more than 400,000 consumers currently enrolled in coverage through the marketplace.<sup>6</sup>

### **A. Privatizing Georgia’s Marketplace forfeits the benefits and protections provided by the current Federally Facilitated Exchange.**

- Transitioning the state from a Federally Facilitated Exchange (FFE) (Healthcare.gov) to the Georgia Access model creates an unnecessary risk for consumers by allowing private entities, including web-brokers and insurers, to manage consumer-facing outreach and enrollment functions, such as plan comparisons, customer services, plan selection, and the application process.<sup>7</sup>
- The Privatization of marketplace functions is especially concerning because direct enrollment entities have been known to steer consumers towards substandard plans and fail to alert them of Medicaid eligibility.<sup>8</sup>
- Evidenced by common practices prior to the establishment of the ACA, it is likely that web brokers and insurers will target outreach and assistance to healthier populations exclusively, creating a barrier to access for those most in need.<sup>9</sup>

---

<sup>2</sup> *Section 1332 Waiver Application*, *supra* note 1, at 17–19.

<sup>3</sup> *Id.*

<sup>4</sup> *Id.* at 6–7.

<sup>5</sup> *Id.*

<sup>6</sup> *The Georgia Access Plan: A Bad Deal for Consumers*, GEORGIANS FOR A HEALTHY FUTURE (Nov. 20, 2019, 1:25 PM), <https://healthyfuturega.org/2019/11/20/the-georgia-access-plan-a-bad-deal-for-consumers/>.

<sup>7</sup> *Section 1332 Waiver Application*, *supra* note 1, at 17.

<sup>8</sup> Tara Straw, *Direct Enrollment in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm*, CENTER ON BUDGET AND POLICY PRIORITIES (Mar. 15, 2019), <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>9</sup> *Id.*

- The proposed plan will force consumers to navigate numerous websites, translate inaccessible language, and grapple with conflicting information.<sup>10</sup>
- By waiving Section 1311 of the Affordable Care Act requiring states to have health care exchange, the state seeks to waive the ACA’s mental health parity requirement. Mental health parity is essential because it requires health insurance plans to cover mental health and substance abuse treatment at the same level as physical health treatment.<sup>11</sup>
- We urge the state to build a stable, robust health insurance marketplace and invest in policies to increase marketplace enrollment.

**B. Permitting the use of state-administered subsidies to purchase non-comprehensive health insurance plans, including association health plans and short-term plans, threatens critical access for consumers.**

- The proposed plan permits private entities to display both qualified health plans (QHPs) that meet the ACA’s full requirements and eligible non-QHPs that do not meet all ACA requirements.<sup>12</sup>
- Eligible non-QHPs could decline to cover entire health benefit categories including ambulatory patient services; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative services and devices; laboratory services; preventative and wellness services, including chronic disease management; and pediatric services, including oral and vision care.<sup>13</sup>
- The state’s actuarial analysis projects that ten percent of current Qualified Health Plan enrollees would opt to purchase a non-qualified plan under the proposal<sup>14</sup>

**C. The proposed cap on subsidy spending will limit enrollment and compromise access to affordable health insurance.**

- Under the Georgia Access Plan, state-specific subsidies would be funded through federal pass-through funding under section 1332. However, the state plans to cap its contribution towards the waiver on an annual basis.<sup>15</sup>
- If more people are eligible for subsidies than the state estimates, those individuals will be placed on a waitlist and would only receive subsidies *if* more state funding becomes available.<sup>16</sup>

---

<sup>10</sup> *Id.*

<sup>11</sup> GEORGIANS FOR A HEALTHY FUTURE, *supra* note 6.

<sup>12</sup> *Section 1332 Waiver Application*, *supra* note 1, at 6–7.

<sup>13</sup> Laura Harker, *State Health Care Proposals Fall Short and Undermine Comprehensive Health Plans*, GEORGIA BUDGET AND POLICY INSTITUTE 4 (Nov. 2019), <https://cdn.gbpi.org/wp-content/uploads/2019/11/GBPI-Analysis-of-Proposed-1115-and-1332-Waivers.pdf>.

<sup>14</sup> Katie Keith, *Georgia Releases Broad 1332 Waiver Application*, HEALTH AFFAIRS (Nov. 5, 2019), <https://www.healthaffairs.org/doi/10.1377/hblog20191105.878300/full/>.

<sup>15</sup> *Section 1332 Waiver Application*, *supra* note 1, at 19.

<sup>16</sup> *Id.* at 20.

- Georgia’s plan to distribute subsidies on a first-come, first-served basis until the funding cap is reached puts affordable coverage into question for consumers.<sup>17</sup>
- The proposed cap creates a risk of higher premiums for individuals that are unable to receive the subsidies they are qualified for.<sup>18</sup>

**II. The proposed waiver would result in a reduced, less affordable, and incomprehensive coverage, and therefore is not approvable under federal law.**

- Pursuant to federal law, states are permitted to make changes to the Affordable Care Act (ACA) if a comparable number of individuals have coverage that is at least as comprehensive and affordable as they would have under the ACA. Further, the proposed changes are not permitted to increase the federal deficit.<sup>19</sup>
- Georgia’s proposal fails to meet the following “guardrails” outlined by the ACA:
  1. Provide coverage that is at least as comprehensive as without the waiver (as ACA plans);
  2. Provide coverage that is at least as affordable as without the waiver;
  3. Cover at least a comparable number of state residents; and
  4. Does not increase the federal deficit.<sup>20</sup>

**A. The proposed plan even fails to meet guidance issued by the Administration to weaken standards for 1332 waivers.**

- Under guidance issued by the Administration in October of 2018, waivers will be evaluated based on whether residents have *access* to comprehensive and affordable coverage under the waiver, as without the waiver.<sup>21</sup>
- Georgia’s waiver would allow consumers to utilize tax credits to purchase non-qualified health plans that are not required to meet ACA comprehensive coverage standards. Plans may exclude coverage of ten essential health benefits outlined by the ACA such as mental health care and prescription drugs.<sup>22</sup>
- The state’s plan to cap funding for subsidies alone prevents individuals from accessing affordable coverage comparable to the ACA.

---

<sup>17</sup> *Id.*

<sup>18</sup> Harker, *supra* note 13, at 6.

<sup>19</sup> Sarah Lueck & Jessica Schubel, *Understanding the Affordable Care Act’s State Innovation (“1332”) Waivers*, CENTER ON BUDGET AND POLICY PRIORITIES (Sept. 5, 2017), <https://www.cbpp.org/research/health/understanding-the-affordable-care-acts-state-innovation-1332-waivers>.

<sup>20</sup> *Id.*

<sup>21</sup> Timothy Jost, *Using the 1332 State Waiver Program to Undermine the Affordable Care Act State by State*, COMMONWEALTH FUND (Oct.30, 2018), <https://www.commonwealthfund.org/blog/2018/using-1332-state-waiver-program-undermine-affordable-care-act-state-state>.

<sup>22</sup> Harker, *supra* note 13, at 4.

- When combined with the proposed 1115 Medicaid waiver, the state plans to spend \$215 million in 2022 to cover approximately 80,000 individuals.<sup>23</sup>

### **III. The risks posed by the Georgia Access Model will disproportionately impact Queer and Trans People of Color.**

- LGBTQ individuals have similar health concerns as the general population, but experience particular health challenges at higher rates, and face unique health challenges.<sup>24</sup>
- The state of Georgia has the third largest uninsured population in the country. Approximately 1.4 million Georgians were uninsured in 2018.<sup>25</sup>
- Georgia is also home to the second largest LGBTQ African-American population with approximately 73,000 residents.<sup>26</sup>
- The African-American LGBTQ community is less likely to have health insurance (21% are uninsured) than non-LGBTQ African-Americans nationwide.<sup>27</sup>
- The state's plan to waive the ACA's mental health parity is especially concerning because LGBTQ individuals are two and a half times more likely to experience depression, anxiety, and substance misuse.<sup>28</sup>

### **Conclusion**

For the aforementioned reasons, DCH should immediately amend the Georgia Access and Reinsurance 1332 Waiver to prohibit premium subsidies from being used for non-qualified health plans; remove the cap on premium subsidies; and maintain a centralized enrollment experience. We appreciate the opportunity to comment on the proposed 1332 waiver. If you require any additional information about the issues raised in this letter, please contact Alex Moody, If/When/How Law and Policy Fellow, at [Alex@sparkrj.org](mailto:Alex@sparkrj.org).

Signed,

SPARK Reproductive Justice NOW!

---

<sup>23</sup> Harker, *supra* note 13, at 5.

<sup>24</sup> Jen Kates et. al, *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*, HENRY J. KAISER FAMILY FOUNDATION 1 (2018), <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>.

<sup>25</sup> Ariel Hart, *Georgia adds 36,000 to uninsured rolls, ranks third worst in U.S.*, ATLANTA JOURNAL CONSTITUTION (Sept. 10, 2019), <https://www.ajc.com/news/state--regional-govt--politics/georgia-adds-000-uninsured-rolls-ranks-third-worst/dBiv1qGR4qb7Ono1gUukrL/#>.

<sup>26</sup> Laura Durso & Gary Gates, *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*, WILLIAMS INSTITUTE (2012), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>.

<sup>27</sup> Angeliki Kastanis & Gary Gates, *LGBT African-Americans and African-American Same-sex Couples*, WILLIAMS INSTITUTE (2012), <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census-AFAMER-Oct-2013.pdf>.

<sup>28</sup> Kates, *supra* note 24, at 8.





September 16, 2020

To:

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From:

Atlanta Legal Aid Society, Inc.  
54 Ellis St. NE  
Atlanta, GA 30303  
[manderson@atlantalegalaid.org](mailto:manderson@atlantalegalaid.org)

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing on behalf of Atlanta Legal Aid Society to express our organization's concern about the ACA Section 1332 waiver. Since 1924, Atlanta Legal Aid Society has offered free civil legal aid for low income citizens across metro Atlanta. We are home to a Health Law Unit that helps clients with chronic conditions access health insurance, among other services. We also lead a Health Law Partnership that assists low-income children with accessing quality health care and with tackling socioeconomic barriers to good health. Because of our commitment to health-related legal issues, we are well-positioned to identify issues with the 1332 Waiver.

Our state is in the midst of the COVID-19 public health crisis, and Georgians are in dire need of comprehensive and affordable health insurance options. To that end, Atlanta Legal Aid Society is supportive of the 1332 waiver proposal's reinsurance program. However, the Georgia Access model portion of the 1332 waiver would create a number of barriers to accessing health insurance and may ultimately undermine the state's goal of increasing coverage across Georgia. The model would eliminate the consumer's option to access coverage through the unbiased platform offered by the federally facilitated exchange, HealthCare.gov (FFE). This change would decrease transparency for consumers and would ignore the misalignment of incentives for web-brokers and insurance companies. The waiver's proposed exit from the FFE could cause many Georgians to fall through the cracks and lose coverage altogether, while others may end up enrolling in high cost plans with subpar coverage.<sup>1</sup>

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

We strongly urge you to deny the Georgia Access Model portion of the waiver and encourage the state to discard the harmful, potentially unlawful, provisions of its application.

## **I. The Proposal Will Insure Fewer People**

1332 waivers must show that they would “provide coverage to at least a comparable number of [a state’s] residents as the provisions of Title I of the Affordable Care Act would provide.” 42 U.S.C.A. § 18052(b)(1)(C). While the state’s 1332 waiver application does claim it would enroll around 25,000 new residents, the proposal does not adequately explain how it reaches that conclusion.<sup>2</sup> For the coverage guardrail to be met, the state must demonstrate that changes in enrollment are attributable to the waiver itself and are not a reflection of existing law. The state estimates of enrollment increases are attributable at least in part to Georgia’s existing legal landscape where private brokers are already able to sell insurance outside of the FFE.<sup>3</sup> As such, the state’s estimated increases in enrollment are not attributable to the waiver and are instead based on existing increases in private enrollment under current law.

The state proposal also underestimates the loss of coverage associated with exiting the FFE. In 2020, 79 percent of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website.<sup>4</sup> Georgia’s waiver would eliminate the one-stop shop of HealthCare.gov, requiring residents to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This change would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment. The proposal does acknowledge that “moving from the FFE to the Georgia Access Model will require a detailed transition strategy...”, but the proposal does not detail such a strategy to avoid loss of coverage associated with the transition.<sup>5</sup>

The waiver’s lack of meaningful analysis is also a procedural failing.<sup>6</sup> Waivers are required to provide “a detailed analysis regarding the estimated impact of the waiver on health insurance coverage in the State” and to explain the “key assumptions used” to develop estimates of coverage. 45 C.F.R. § 155.1308(d)(4)(ii)-(iii). The state’s waiver proposal makes multiple unsupported assumptions when calculating its coverage estimate that does not account for current evidence about Georgia consumer behavior, such as Georgia consumers’ high utilization of the FFE, in the insurance market. The waiver further assumes that it is appropriate to use data from states that have exited the FFE to estimate loss of coverage in Georgia.<sup>7</sup> Every state that has exited the FFE has developed its own state-based exchange. Georgia’s proposal does not

---

<sup>2</sup> Christen Linke Young and Jason Levis, *Georgia’s Latest 1132 Proposal Continues to Violate the ACA*, BROOKINGS INSTITUTION (Sept. 1, 2020), <https://tinyurl.com/y4nroxus>. This Brookings Institute analysis contains a host of helpful analysis of the waiver proposal and we incorporate the article by reference.

<sup>3</sup> Georgia Section 1332 State Empowerment and Relief Waiver Application (proposed Jul. 31 2020) at 70 (where proposal says “the baseline scenario assumes the continued growth and success of private sector vendors will bring in roughly 33,000” enrollees).

<sup>4</sup> *Supra* note 2.

<sup>5</sup> Georgia Section 1332 State Empowerment and Relief Waiver Application (proposed Jul. 31 2020) at 19.

<sup>6</sup> *Supra* note 2.

<sup>7</sup> *Supra* at 70.

establish a state-based exchange, so it is unclear why it is reasonable to assume that this proposal's loss of coverage would mirror that of other states implementing a drastically different strategy.

## **II. The Proposal Will Encourage Enrollment in Subpar Plans**

A successful 1332 waiver application must show that it would provide “at least as comprehensive” coverage. 42 U.S.C.A. § 18052(b)(1)(A). Georgia’s waiver does not meet this guardrail as it proposes that substandard plans, such as short-term plans, be presented alongside comprehensive insurance. Brokers sometimes steer people into substandard plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>8</sup> Private markets function most effectively when consumers have the ability to compare insurance products. But the wavier proposal eliminates the best source for unbiased comparison shopping, the FFE.

People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most prevalent plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>9</sup>

The state fails to address this concern completely, only stating that it “plans to leverage the certification requirements established by [the Center for Consumer Information and Insurance Oversight] for participation.”<sup>10</sup> The proposal only mentions two requirements regarding coverage transparency and fails to include other important regulations, such as requiring broker participants to provide a summary of benefits and coverage. *See* 45 C.F.R. § 147.200. The proposal also fails to discuss enforcement measures to ensure these regulations are followed. These regulations are key to ensuring the comprehensiveness of the coverage guardrail is met. Because of that, the plan cannot be approved due to lacking significant detail about the specific regulations to be imposed on participants and how participants will be held accountable to those regulations.

## **III. CMS Should Deny the Georgia Access Model Portion of the Waiver and Approve the Reinsurance Program.**

---

<sup>8</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” BROOKINGS INSTITUTION, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>9</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>10</sup> Georgia Section 1332 State Empowerment and Relief Waiver Application (proposed July 31, 2020) at 30.

The reinsurance portion of the 1332 waiver is a helpful provision that should be approved. However, the Georgia Access Model portion of the waiver is concerning from a consumer advocate perspective and does not meet statutory requirements. The state has yet to provide sufficient evidence that the Georgia Access Model portion of the waiver would enroll a comparable number of residents and maintain comprehensive coverage as required by law. Rather, it appears the model is to more likely to leave more residents underinsured or completely uninsured. All 1332 waivers must meet ACA guardrails for approval, and the state has not adequately shown that its waiver would meet these legal standards.

We are deeply concerned about the precedent that would be set by approving a waiver that does not meet statutory requirements. We strongly urge you to deny the Georgia Access Model portion of the 1332 waiver and only approve the reinsurance program portion.

Respectfully,

Charles R. Bliss  
Director of Advocacy

Atlanta Legal Aid Society, Inc.  
crbliss@atlantalegalaid.org | (404) 614-3988

Molly (“MK”) Anderson  
Law Assistant | Equal Justice Works Legal  
Fellow  
Atlanta Legal Aid Society, Inc.  
manderson@atlantalegalaid.org | (770) 817-  
7502



September 16, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

*RE: Georgia's Section 1332 waiver*

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma and Assistant Secretary Kautter:

As a representative of America's 30 million small businesses and Georgia's 1.1 million small businesses, Small Business Majority writes to express our concern about Georgia's Section 1332 waiver request for the proposed Georgia Access model, which would waive federal rules under the Affordable Care Act (ACA) and jeopardize the individual marketplace that small businesses and their employees rely on for access to quality and affordable coverage.

Small Business Majority is a national small business advocacy organization, founded and run by small business owners to ensure America's entrepreneurs are a key part of a thriving and inclusive economy. With a network of more than 70,000 small businesses, we are actively engaging small business owners and policymakers in support of long- and short-term policies that will lead to a healthy recovery in the wake of COVID-19. We know from this work that healthcare coverage is an issue of top concern for small businesses in Georgia and across the country.

It's important to note that a majority of small business owners and their employees access their health coverage through the individual marketplace, and [our research](#) has found that more than half of all ACA marketplace enrollees are small business owners, self-employed individuals or small business employees.

In Georgia alone, more than 450,000 individuals bought affordable, comprehensive coverage through HealthCare.gov in 2020, with 9 in 20 Georgians receiving financial help to lower their premiums and out-of-pocket costs.

Leaving HealthCare.gov for the Georgia Access model would harm consumers, including small business owners and employees, which means Georgia's proposal is not approvable under federal law. Georgia's waiver fails the ACA's tests of coverage, comprehensiveness and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and there is no reason to expect it would meaningfully increase coverage. It also would likely leave many in the small business community with less affordable or less comprehensive coverage than they would otherwise have, which is critically important during a pandemic.

Despite our concerns related to the Georgia Access portion of the state's waiver application, Small Business Majority is very supportive of the proposed reinsurance program because it would help improve healthcare costs for small businesses. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers. However, endorsing the Georgia Access model could create a setback for improved costs under a reinsurance program.

Thank you for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

Rachel Shanklin  
Georgia Outreach Manager, Small Business Majority

September 15, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From: Sara Cariano  
Virginia Poverty Law Center  
sara@vplc.org

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Virginia Poverty Law Center (VPLC) addresses systemic barriers that keep low-income Virginians in the cycle of poverty. VPLC's health related work focuses on major health programs for low-income Virginians including Medicaid, Medicare and the ACA. Through our work, we have seen the direct, positive impacts that the ACA health insurance marketplace and Medicaid expansion have had on Virginians. As such, we strongly urge you not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

Under the proposal, Georgia would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. This would leave a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup> All this while providing no plan for robust consumer assistance beyond the broker community.

This would also, undoubtedly, increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

By eliminating the healthcare.gov platform, consumers will no longer be auto renewed into a plan from one year to the next. Automatic renewal is an important backstop to ensure consumers who do not

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>



actively shop each year maintain coverage. Last year, 80,095 Georgians were auto renewed into a plan.<sup>2</sup> Without a robust outreach plan in place to reach these consumers and assist them with the new process, it is likely that many will not choose new coverage and become uninsured. Georgia's waiver proposal does not provide a plan for any such assistance.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. This is dangerous. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. Many studies of short-term plans have shown that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. As in Virginia, many short-term plans in Georgia refuse to cover prescription drugs, mental health services, or maternity services, have pre-existing condition exclusions, and have deductibles much higher than an ACA-compliant plan.<sup>4</sup>

### **Georgia Has Better Options to Address Waiver's Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver. Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>5,6</sup> It should do so, rather than upending the state's insurance market at great risk to consumers.

Since Virginia expanded Medicaid on January 1, 2019, 462,679 Virginians have enrolled, 72 percent, 332,749, have income below 100 percent of the federal poverty line and would have no coverage option

---

<sup>2</sup> Center for Medicaid & Medicare services, "2020 OEP State-Level Public Use File (ZIP)," Accessed September 16, 2020, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>

<sup>3</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.lls.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>5</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>6</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

had Virginia not expanded Medicaid.<sup>7</sup> Newly released census data shows that Virginia's uninsured rate hit a historic low of 7.9% in 2019 and Virginia was the only state that saw a significant decrease in uninsured residents that year.<sup>8</sup> This is solely due to the decision to expand Medicaid.

Further, member surveys and utilization data from Virginia's Medicaid program show these newly enrolled members are accessing services and getting necessary care. Prior to Medicaid expansion, 62 percent of newly enrolled members surveyed went without medical care in the prior year, 25 percent relied on the emergency department for primary care, and 37 percent reported having a health condition that prevented part- or full-time employment. In the first year of expansion, 80 percent of newly enrolled adults accessed at least one health care services, 66 percent filled a prescription, more than 5,000 received treatment for cancer, and 23,000 members were treated for a substance use disorder.<sup>9</sup>

The expansion of lower quality plans, as this waiver encourages, would not provide the same level of comprehensive care that newly enrolled Virginians accessed, and that uninsured Georgians still lack. Additionally, these lower quality plans would likely still be unattainable for low-income Georgians and those with pre-existing conditions due to cost and allowable medical underwriting. Medicaid expansion is a far simpler, far more effective way to expand coverage and ensure all Georgians have access to care.

Thank you for the opportunity to comment.

Sincerely,

Sara Cariano

---

<sup>7</sup> Virginia Department of Medical Assistance Services, "Medicaid Expansion Dashboard," Accessed September 16, 2020, <http://dmasva.dmas.virginia.gov/#/dashboard>

<sup>8</sup> Freddy Mejia, "Medicaid Expansion Drops Uninsured Rate to 7.9% in Virginia in 2019," The Commonwealth Institute, September 15, 2020, <http://campaign.r20.constantcontact.com/render?m=1105007951348&ca=f2fdbc26-d81e-4af9-b885-f6827eaab4eb>

<sup>9</sup> "2020 Medicaid At a Glance," Virginia Department of Medical Assistance Services, [https://www.dmas.virginia.gov/files/links/221/2019%20MAG%20Draft%20\(01.07.2019\).pdf](https://www.dmas.virginia.gov/files/links/221/2019%20MAG%20Draft%20(01.07.2019).pdf)



September 18, 2020

Honorable Alex Azar  
 Secretary  
 Department of Health and Human Services  
 200 Independence Avenue, SW  
 Washington, DC 20201

Honorable Steve Mnuchin  
 Secretary  
 Department of the Treasury  
 1500 Pennsylvania Avenue, NW  
 Washington, DC 20220

Re: Georgia 1332 Waiver Application

Dear Secretary Azar and Secretary Mnuchin:

Thank you for the opportunity to submit comments on Georgia’s 1332 waiver application.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what patients need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting state health insurance marketplaces and the patients that they serve. We urge the Departments to make the best use of the recommendations, knowledge and experience our organizations offer here.

While we support Georgia's plan to establish a reinsurance program, we strongly oppose the state's attempt to prohibit Georgians from choosing to enroll in coverage through Healthcare.gov, which if successful likely would reduce enrollment in comprehensive coverage and jeopardize quality and affordable healthcare coverage for patients with acute and chronic health conditions. The state's so-called "Georgia Access" Model would reduce the enrollment pathways now available to Georgians and dictate that individuals use an insurer or broker. These options, that the state hopes to make mandatory, are already widely available to Georgians, who are free to choose them absent a waiver. This proposal dramatically increases the risk of consumer confusion, creating a high likelihood that people will lose coverage and others will enroll in plans that are inadequate for their health needs. Our organizations urge the Departments not to approve the Georgia Access Model portion of this waiver.

#### Georgia Access Model

Georgia's application proposes to prohibit Georgians from choosing to enroll in coverage through the neutral Healthcare.gov platform and instead would require that people enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and our organizations oppose this change.

#### *Impact on Coverage*

The state's decision to fragment its market, while depriving Georgians of their most commonly used pathway to individual market coverage, makes it highly likely that some of the 450,000 Georgians who currently purchase comprehensive coverage through the marketplace will lose it. This could have a serious impact on the health of patients who are in the middle of treatment for a chronic or acute health condition and rely on regular visits with healthcare providers or daily medications to manage their conditions. Our patients cannot afford a sudden gap in care.

The state asserts that enrollment will increase, on net, by 25,000 due to "increased web-broker marketing" and the ability of individuals to shop for coverage "through multiple channels." These vague claims lack a reasonable basis and inexplicably ignore the current enrollment options available in the state's individual market. Web-brokers can and do market coverage to Georgia consumers today, and these entities can and do enroll Georgians in individual market coverage. As the application itself observes, about 20 percent of marketplace enrollees enrolled directly in 2020. Georgians do not need Georgia Access to take advantage of "multiple channels" of enrollment. All that Georgia Access does is eliminate the enrollment channel on which the majority of the state's individual market consumers have chosen to rely.

The application's attempt to explain why this reduction in choice will produce a net enrollment gain of 25,000 specifically also lacks a reasonable basis. To arrive at this figure, the state notes that the share of individual market enrollment in Georgia via private vendors has increased by about 4 percentage points a year from 2018-2020. By extending this trend to 2022, the state suggests there will be 33,000 additional private vendor enrollments, offset by an approximately 2 percent (8,000 people) decrease in marketwide enrollment during the transition. These projections suffer from fundamental defects.

First, the trend on which the state relies for its projections of total enrollment (the 4 percentage point yearly growth in private enrollments) does not describe changes in total enrollment. Rather, it describes changes in the *share* of enrollment via private vendors. There is no reason whatsoever to assume that a trend in the share of private enrollments would be predictive of changes in total enrollment in a waiver scenario, nor does the application even attempt to offer an explanation for why that might be the case.

(For example, if the state’s application is approved, the share of private enrollments will jump from approximately 20 percent to 100 percent, in the absence of Healthcare.gov. This metric fails to indicate the impact of the waiver on total coverage take-up.) This analysis is insufficient to support waiver approval.

Second, the trend on which the state is focused occurred *in the absence of the waiver*. The state does not, and presumably cannot, explain why, going forward, such growth will continue *only* if the waiver is implemented. Because the growth trend is not contingent on the waiver, it cannot be attributed to the waiver for purposes of evaluating federal law compliance.<sup>1</sup>

Georgia’s assertion that only about 2% (8,000 enrollees) of the market will lose coverage under its proposal is also insufficient. The state claims that this projection “is based on experience seen in other states when transitioning” from the federal marketplaces. Yet recent marketplace transitions do not support this claim. For example, when Nevada transitioned from the federal marketplace to its own enrollment platform, a transition years in the making that by all accounts went smoothly, the state still saw an enrollment decline of 7%.<sup>2</sup> Georgia, for its part, seeks to initiate an unprecedented transition — likely occurring while the country continues to suffer from the pandemic — that is likely to place greater strain on state resources and current enrollees than what was experienced in these states. Under the circumstances, it is reasonable to expect enrollment declines in excess of those seen in Nevada and other states that have shifted enrollment platforms.

Patients will also lose access to features of Healthcare.gov that help to facilitate enrollment in quality and affordable healthcare coverage, further contributing to coverage losses. Currently, when Healthcare.gov screens individuals for eligibility for premium tax credits, it lets consumers know if they are eligible for Medicaid coverage and refers them to the state’s Medicaid agency. Under the Georgia Access Model, brokers and other private entities would have no incentive to provide this kind of assistance and could be instead be motivated to enroll Medicaid-eligible individuals in skimpy plans that would not provide comprehensive coverage but for which they earn a commission. Additionally, Healthcare.gov can automatically re-enroll individuals who signed up for coverage last year but do not select a new plan into coverage for the following year. However, under the Georgia Access Model, patients would lose access to the auto-enrollment function of Healthcare.gov, which automatically re-enrolled 80,000 Georgians in healthcare coverage for 2020.<sup>3</sup> Our organizations are deeply concerned about these potential coverage losses.

#### *Impact on Comprehensiveness*

Today, patients who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees’ medical expenses if they get sick. Indeed, it is a stated objective of Georgia’s waiver for insurers to do exactly that. This will almost certainly create confusion for patients and lead them to purchase coverage that does not cover preventive and primary care, hospitalizations, emergency room visits, prescription medications and other treatments and services needed to maintain their health. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwittingly enroll in coverage that lacks key patient protections.<sup>4</sup> This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the

Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with chronic and acute health conditions to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

### *Impact on Affordability*

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. The state's claims are premised on the assumption that the waiver will significantly increase enrollment. As discussed above, these assumptions are deeply flawed. Contrary to its analysis, the market fragmentation and consumer confusion caused by the Georgia Access Model risks making the individual market risk pool sicker and more expensive. With this waiver, some individuals are likely to drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. As non-compliant, non-comprehensive plans are less attractive — and often, because of underwriting practices, inaccessible — to people with preexisting conditions, it is likely that those who shift out of the ACA-compliant market will be disproportionately healthy. By contrast, those who remain in the individual market are likely to have more complex health conditions, causing premiums to be higher than they would be in the absence of the waiver.

In addition, the application fails to account for the costs to consumers of increased broker commissions. By forcing consumers to enroll via an insurer or broker, the Georgia Access Model necessarily will drive up the share of enrollments effectuated through these pathways. In the state's view, this should result in an increase in the total volume of broker commissions. Such commissions are, of course, paid for by increases in premiums. Yet Georgia fails to account for any increase in premiums due to these foreseeable costs.

### Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10% to 14% in its first year.<sup>5</sup> A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9% in their first year.<sup>6</sup>

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10% in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

Georgia's proposal estimates that this reinsurance program will cost the state approximately \$100 million, which will come from the state's general fund. As Georgia moves forward with allocating funding for this program, it is important that the state not do so by cutting funding for other public

health and coverage programs. This would diminish health and access to care for Georgians, undermining the core goals of a reinsurance program.

#### Public Comment

As many of our organizations in Georgia wrote in a letter to Governor Kemp on July 17, 2020,<sup>7</sup> a fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should have been subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, have adequate time to offer input to the state.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state’s proposals are not directly related to COVID-19 and not slated to take effect until 2022. The Departments should require Georgia to reopen a comment period of at least 30 days to allow additional time to facilitate public review of and input on these important proposals.

Additionally, although Georgia is required to include in its application a comprehensive description of the program it will use to implement the waiver, this critical information is lacking. While the state is clear that it wants to end Georgians’ access to HealthCare.gov, the particulars of what will follow are omitted from the application. All the state offers is an outline of how it hopes to implement an unprecedented transition and promises that it “will develop” robust implementation plans in the future. This is insufficient to satisfy federal requirements and places an impermissible burden on consumers and stakeholders as they attempt to understand and provide input on this proposal.

#### Conclusion

Our organization believe that the Georgia Access Model withholds access to quality and affordable healthcare coverage for thousands of patients with serious and chronic health conditions. While we support Georgia’s reinsurance program, we strongly urge the Departments to reject the Georgia Access Model portion of this 1332 waiver application.

Thank you for the opportunity to provide comments.

Sincerely,

American Lung Association  
Alpha-1 Foundation  
American Heart Association  
American Liver Foundation  
Arthritis Foundation  
Cancer Support Community  
CancerCare

Chronic Disease Coalition  
Cystic Fibrosis Foundation  
Epilepsy Foundation  
Hemophilia Federation of America  
Leukemia & Lymphoma Society  
Lutheran Services in America  
Mended Hearts & Mended Little Hearts  
National Alliance on Mental Illness  
National Hemophilia Foundation  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
National Patient Advocate Foundation  
National Psoriasis Foundation  
Pulmonary Hypertension Association  
Susan G. Komen  
The AIDS Institute

---

<sup>1</sup> Christen Linke Young and Jason Levitis, "Georgia's latest 1332 proposal continues to violate the ACA," September 1, 2020, The Brookings Institution. <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

<sup>2</sup> Nevada health insurance marketplace: history and news of the state's exchange. Louise Norris, HealthInsurance.org. June 11, 2020. Available at: <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>

<sup>3</sup> Christen Linke Young and Jason Levitis, "Georgia's latest 1332 proposal continues to violate the ACA," September 1, 2020, The Brookings Institution. <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

<sup>4</sup> Seeing Fraud and Misleading Marketing, States warn Consumers About Alternative Health Insurance Products. The Commonwealth Fund, Dania Palanker, JoAnn Volk, and Maanasa Kona. October 30, 2019. Available at; <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>, and The Marketing of Short-Term Health Plans, The Robert Wood Johnson Foundation, January 31, 2019. Available at: <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>

<sup>5</sup> American Academy of Actuaries, Individual and Small Group Markets Committee. *An Evaluation of the Individual Health Insurance Market and Implications of Potential Changes*. January 2017. Retrieved from [https://www.actuary.org/files/publications/Acad\\_eval\\_indiv\\_mkt\\_011817.pdf](https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf).

<sup>6</sup> Avalere. *State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average*. March 2019. Retrieved from <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>.

<sup>7</sup> Letter from the American Lung Association and Health Partners to Governor Kemp re: Section 1332 Waiver Application, July 17, 2020.



# References

[Guidance for the Brookings community and the public on our response to the coronavirus \(COVID-19\)](#)»

[Learn more from Brookings scholars about the global response to coronavirus \(COVID-19\)](#)»

# Report BROOKINGS

## Georgia's latest 1332 proposal continues to violate the ACA

Christen Linke Young and Jason Levitis Tuesday, September 1, 2020

### Editor's Note:

*This analysis is part of the [USC-Brookings Schaeffer Initiative for Health Policy](#), which is a partnership between Economic Studies at Brookings and the University of Southern California Schaeffer Center for Health Policy & Economics. The Initiative aims to inform the national health care debate with rigorous, evidence-based analysis leading to practical recommendations using the collaborative strengths of USC and Brookings.*

For more than a year, Georgia policymakers have been pursuing a 1332 waiver that would make major changes to the way Georgians access affordable health insurance. Two prior waiver proposals from the state suffered from major deficiencies that made clear the federal government could not lawfully approve the state's plan. Georgia is now on its third attempt, but has still failed to offer a vision that is permissible under the statute. While the most recent iteration avoids some of the more serious pitfalls of prior versions, it still does not comply with the statutory "guardrails" for 1332 waivers. Specifically, despite the state's claims to the contrary, the waiver proposal would likely cause tens of thousands of Georgia residents to lose their health insurance coverage, especially in the first year, and therefore fails to satisfy the statutory requirement that a 1332 waiver may not decrease the number of people with health insurance coverage. The proposal's analysis also entirely omits the consideration of factors that will increase premiums in the state. Further, the waiver proposal continues to suffer from procedural deficiencies that would make it unlawful for the federal government to approve the state's application. On August 17, 2020, the Trump Administration deemed the application complete and opened a 30-day period for public comment, running through September 16. The waiver may not lawfully be approved, and the application in fact fails to satisfy the completeness requirements.

## Georgia's prior proposals and the current submission

Georgia has been pursuing sweeping changes to its individual health insurance market since early 2019, and is now on its third 1332 waiver proposal. The first iteration, released in November 2019, proposed allowing the sale of individual market health plans that did not offer all of the ACA's mandated Essential Health Benefits. It also would have converted the ACA's open-ended premium tax credit into a capped, state-administered financial assistance program that would place consumers on a waitlist when funding ran out. Using modest assumptions, experts estimated that this proposal would cause 110,000 Georgians to lose financial assistance (and therefore, in all likelihood, their health coverage). Such a waiver clearly violates the statute and cannot be approved by the federal government. In December 2019, the state proposed a new plan: benefit requirements would remain unchanged, but plans would be permitted to impose deductibles and other cost-sharing more than \$5,000 greater than otherwise allowed under the ACA. This second iteration also proposed limiting financial assistance and using a waitlist when funding ran out; it was also expected to cause coverage losses and reduce the affordability of coverage, and it violated a number of other legal requirements for ACA waivers.

Both prior waiver proposals would have ended the state's use of the HealthCare.gov enrollment platform. But they did *not* set-up a State-Based Marketplace (SBM) in its place. Instead, Georgia said it would operate a state-run eligibility engine but would outsource all consumer-facing activities to private web-brokers and insurance companies. That is, consumers who wanted to enroll would be required to use the website of one of several competing private companies to complete an application and select a plan; the state's role would be limited to "back-end" functions like verifying eligibility and maintaining official records of enrollment.

The state's latest waiver proposal, released in July 2020, does not propose making changes to benefits, cost-sharing, or financial assistance, so traditional ACA-regulated plans will continue to be sold to Georgia consumers with the standard financial assistance under the law. However, the new version continues to propose eliminating HealthCare.gov as an option for Georgia consumers but not replacing it with an SBM. Indeed, this change in enrollment platform is now the entirety of the proposal's Georgia Access Model.<sup>[1]</sup> As in prior iterations, Georgia consumers will be required to shop on the websites of private vendors if they want to enroll in ACA coverage. Notably, these private vendors already sell

plans in Georgia (and other states) as a complement to HealthCare.gov through a process called Direct Enrollment. Therefore, the waiver proposal does not create any new options for Georgia consumers to enroll; it simply takes away the HealthCare.gov option. The state proposes to regulate vendors in a manner “similar” to existing federal regulation, with the notable exception of allowing these vendors to market plans that do not comply with ACA requirements alongside Marketplace plans.

Georgia’s most recent waiver proposal certainly avoids some of the shortcomings of prior versions. However, it is still proposing a major change to the way Georgia consumers shop for and obtain health insurance. A state cannot obtain a waiver under section 1332 unless it provides coverage to “at least a comparable number of its residents” as existing law, and as described in the following section, Georgia’s proposal cannot satisfy that condition.

## **The transition away from HealthCare.gov will likely reduce the number of Georgians with coverage**

Georgia’s waiver proposal contains an economic and actuarial analysis that purports to show that 25,000 state residents will gain coverage under the waiver. Specifically, the state asserts 33,000 new individuals will enroll and 8,000 existing consumers will lose coverage. Both of these figures are based on entirely unsupported assumptions, and more realistic analysis reflects that the waiver should be expected to reduce – not increase – the number of people with coverage.

Let’s begin with the state’s assertion that by disallowing enrollment on HealthCare.gov and moving entirely to private vendors, the waiver will draw 33,000 new consumers. The purported mechanism for this new enrollment is as follows:

Allowing multiple, private web-brokers to participate will create competition and provide market incentives to offer improved plan/product selection and enrollment assistance, as well as local, customized customer service to attract uninsured individuals into the market. Web-brokers are typically paid on commission for enrollment, creating strong market incentives to provide education and outreach to drive enrollment and reduce the number of uninsured without cost to the state.

But that explanation fundamentally misstates what the waiver proposal does as compared to current law. As other parts of the application discuss, web-brokers are *already* allowed to sell Marketplace plans, and already receive commissions for doing so. Indeed, they are a growing feature of Georgia's enrollment landscape, encompassing 21% of the state's enrollment for plan year 2020. The state does not contemplate providing any additional inducement or advantages for web-brokers or other private entities; to the contrary, it repeatedly emphasizes that it will build on existing functionality and establish operating standards "similar" to current policy. That is, to the extent private entities face "market incentives" to drum up new enrollment, those incentives *already exist*, and nothing in the application creates new incentives that could plausibly bring in new business.

Other parts of the application seem to acknowledge this fact. The state explains that it calculated the supposed 33,000 gain by trending forward past growth in enrollment through private vendors. Specifically, between 2018 and 2020, the share of enrollments through private online vendors increased from 13% to 21% – an increase of 4 percentage points per year. If that growth was repeated between 2020 and 2022, the state, claims that would mean about 33,000 additional private-vendor enrollments in 2022 as compared to 2020. Therefore, the state says, the waiver will bring in 33,000 new consumers.<sup>[2]</sup>

But this reasoning is nonsensical for several reasons. First, it conflates two different and uncorrelated measures: the *share* of enrollment that occurs privately (which has increased), and the *total amount* of enrollment (which they assert will increase in the future). There is no reason to assume such a relationship. Indeed, if HealthCare.gov were eliminated, private enrollment would account for 100% of enrollment – an increase of 79 percentage points over the 2020 share – even if total enrollment dropped precipitously. Second, the state provides no explanation for why this increase would occur under the waiver but not absent the waiver. This is a basic error in applying 1332 rules, which gives credit only for changes that are contingent on the waiver. If the trend from 2018 to 2020 is expected to continue absent the waiver, then the waiver does not get credit for it. Finally, the state does not explain why the trend between 2018 and 2020 is likely to continue in the first place.

Georgia's assumption that only 8,000 people would lose coverage without HealthCare.gov is equally implausible. As discussed, Georgia is not asking for a waiver to *create* a web-broker enrollment pathway; it is asking for permission to *disallow* consumers from using HealthCare.gov or any other Marketplace website. The abolition of HealthCare.gov is likely to lead to a loss of coverage much greater than 8,000. Transitioning away from HealthCare.gov would require all existing consumers to identify a private vendor platform, create an account, and complete a new enrollment; automatic re-enrollment would not be possible. But for 2020, more than 80,000 Georgia enrollees (25% of returning consumers) did not respond to HealthCare.gov's repeated encouragement to make an active plan selection and instead were automatically re-enrolled in their coverage. If automatic re-enrollment were not possible, some fraction of this group might be motivated to seek out an active enrollment pathway, but assuming without evidence that 90% will do so is unreasonably optimistic. Moreover, even consumers who might normally make an active plan selection would need to find a new enrollment channel and navigate a new enrollment process – barriers that would likely cause some to drop out of the process. Indeed, even if 95% of previous active re-enrollees and 50% of previous auto-enrollees successfully navigate the new process, 52,000 people would still lose coverage. And the actual impact could be larger, as shown in Figure 1. Georgia's engagement with these issues is limited to observing that “moving from the FFE to the Georgia Access Model will require a detailed transition strategy” – the state provides no information on what that detailed strategy might be.

The waiver proposal also does not address how the state would compensate for the Medicaid enrollment support provided by HealthCare.gov today. In recent years, during each annual open enrollment period about 40,000 Georgia consumers have visited HealthCare.gov and been assessed as eligible for Medicaid under existing eligibility rules. Thousands more likely receive a similar assessment outside of open enrollment, though data are not publicly available. When consumers are assessed as Medicaid-eligible, HealthCare.gov “transfers” those applications to the state Medicaid agency, which works with the consumer to complete enrollment. Private web-brokers, however, have no incentive to support this process. As Georgia repeatedly emphasizes, web-brokers are incentivized by commissions paid for private enrollments, but Medicaid does not pay commissions. Indeed, one investigation found that some web-brokers do very little to

support Medicaid enrollment and may provide misleading information to Medicaid eligible individuals that deters them from enrolling. Eliminating HealthCare.gov in favor of web-brokers could therefore substantially reduce Medicaid coverage. As shown in Figure 1, even a 25% reduction in effective Medicaid enrollment during open enrollment could cause an additional 10,000 person reduction in the number of people with coverage under the waiver in each year.





Georgia could also face reduced enrollment on an ongoing basis as consumers struggle to complete administrative tasks necessary to retain their coverage. Consumers receiving ACA financial assistance must navigate a variety of complex enrollment tasks, including providing income documentation, and, in some cases, providing proof of tax filing. HealthCare.gov and SBMs today engage in extensive outreach to support consumers through these processes, but Georgia will not be assuming any of these outreach functions. Some of today's web-brokers support consumers in these processes, but others do not. As a result, the transition off of HealthCare.gov could result in meaningfully less post-application support to help consumers maintain enrollment, further eroding coverage.

Finally, the foregoing assumes that Georgia successfully builds a new and unprecedented administrative apparatus in approximately one year on a budget of \$6 million – far less time and far less money than the federal government and states had to stand up Marketplaces after the ACA's passage. Given the technical complexity involved and past challenges, there is reason to be concerned about a smooth and timely launch.

But even taking the state's numbers at face value, Georgia's application also makes major errors in the timing of its enrollment effects. In particular, the waiver proposal models all effects as if they occur in the very first year of the waiver – the state's assumed 33,000 person gain (associated with "market incentives") and 8,000 person loss (associated with

the “transition”) all occur in 2022. But while losses associated with the transition would in fact occur in the first year, gains would be expected to phase in over time, since the alleged gains presumably arise from web-brokers enrolling a slightly larger fraction of the reachable market at any given time. If one assumes the 33,000 gain phases in linearly over the 5 years of the waiver, then even on Georgia’s own terms coverage losses exceed gains in the first year of the waiver.<sup>[3]</sup>

To summarize, it is clear that Georgia’s waiver proposal cannot satisfy the requirements for approval of a waiver under Section 1332 of the ACA. The statute directs that to be approved a waiver must “provide coverage to at least a comparable number of its residents as” current law. The Trump Administration’s 2018 guidance on waivers further explains a waiver can be approved only if “*for each year the waiver is in effect, the state can demonstrate that a comparable number of state residents eligible for coverage under title I of PPACA will have health care coverage under the section 1332 state plan as would have had coverage absent the waiver*” (emphasis added).<sup>[4]</sup> Georgia suggests that 25,000 people will gain coverage under the waiver, but that claim is unwarranted for three distinct reasons:

- The state offers no plausible support for the assumption that 33,000 additional consumers will enroll, or, indeed, that *any* additional consumers will enroll because of the waiver.
- The state’s assertion that only 8,000 people will lose coverage is inconsistent with available evidence. Simple modeling based on the most recent enrollment period (with assumptions very favorable to the state) suggest more than 50,000 Marketplace and 10,000 Medicaid consumers could be lost.
- Even taking the state’s figures at face value, coverage losses would still be expected to exceed coverage gains in the first year of the waiver.

## **The waiver application makes other major analytic errors**

Beyond the state's problematic assumptions about the coverage impacts of the waiver, the actuarial and economic analyses included with Georgia's waiver submission make several other major analytic errors. These errors are so severe that they render the analyses incapable of meeting a variety of requirements in the statute and applicable regulations and underscore that the submission cannot provide a basis for approval.

***Fails to consider premium impacts of increased broker commissions.*** Transitioning all enrollment to private vendors (most of whom are commission-supported) is likely to meaningfully increase the total volume of broker commissions paid in Georgia, which will in turn increase premiums. As of 2018, 42% of HealthCare.gov enrollments were supported through a broker (either a web-broker or otherwise), which means that insurers were required to pay commissions on less than half of their enrollees. While that figure may have risen somewhat in the intervening years, there is likely still a significant fraction of enrollment that occurs without a commission. But under Georgia's proposal, insurers would pay a commission for the much larger volume of consumers enrolling via web-brokers. Further, consumers who do not enroll through brokers must enroll through an insurer's website, which the insurer also must support financially. The cost of broker commissions and the insurer's own enrollment infrastructure is baked into premiums, so an increase in these costs would directly increase premiums in the state. Yet despite touting the importance of commissions in enrollment throughout the waiver application, the state never considers this obvious premium impact. Indeed, the state repeatedly notes that broker-supported enrollment is "without cost to the state" – but neglects to consider who those costs are passed on to.<sup>[5]</sup>

Increased premiums will meaningfully affect the calculation of deficit neutrality under the waiver and must be accurately modeled in order to be offset against other deficit impacts associated with Georgia's proposal. It also could affect the calculation of affordability under the waiver and may feed into further losses in coverage.

***Fails to consider premium impacts associated with increased marketing of non-compliant plans.*** The waiver is likely to lead to an increase in enrollment in non-compliant plans, which will also increase premiums for compliant plans. Specifically, while Georgia's waiver application generally anticipates that private vendors selling

Marketplace coverage will be required to comply with standards that are “similar” to those partnering with HealthCare.gov, there is one notable exception: Georgia will allow private vendors to display plans that do not comply with ACA consumer protection requirements alongside regulated plans. (Under current law, the same vendors can sell both types of plans, but must display them separately.) The state explains its rationale as follows:

By enabling diverse plan types to be offered side-by-side with QHPs and Catastrophic Plans, consumers will be able to view the full range of options available to them within the State and select a plan that best suits their needs and price point. The goal is to increase healthcare coverage options across the State without eroding the QHP market to provide consumers with expanded options.

This statement (and the rest of the waiver proposal) fails to acknowledge the trade-offs that are inherent in this approach. It is not possible to promote underwritten and non-compliant plans that the state believes some consumers will prefer without “eroding” the regulated market – if healthy enrollees can receive lower premiums from underwritten plans, that will, axiomatically, worsen the ACA risk pool and increase premiums. This is the trade-off associated with the promotion of non-compliant products, and, indeed evidence on web-broker operations to date suggests that some web-broker entities are likely to aggressively promote unregulated plans given their larger commissions. The state entirely ignores these premium impacts in their consideration of the waiver. As above, this failure means that the state’s deficit neutrality, affordability, and coverage analysis are also inadequate.<sup>[6]</sup>

***Makes unsupported risk profile assumptions.*** The waiver analysis also makes unsupported assumptions about the relative health risk of individuals leaving the market due to transition difficulties. In two other contexts, the federal government has examined the age profile of those losing coverage due to administrative obstacles, and found that young people are about 25% less likely than older people to respond to requests for documentation. This suggests that people losing coverage during the transition to web-broker driven enrollment (likely to number in the tens of thousands, as described above) will be younger and healthier than those who remain. Yet the state does not mention this impact in discussing the group that would lose coverage. In addition, the state assumes

that 88% of new enrollment would be into bronze plans, and that the risk profiles of those enrolling into bronze plans would match those of current bronze enrollees – with by far the best profiles of any metal level.<sup>[7]</sup> By contrast, only 21% of 2020 enrollees selected bronze plans. No explanation is given for this assumption.

***Miscalculates user fee impacts.*** As in prior versions of the waiver, the state asserts that the state's migration away from HealthCare.gov will not affect federal administrative costs. As we have argued elsewhere, this is incorrect. Some HealthCare.gov functions entail fixed costs, and so the absence of HealthCare.gov user fees from Georgia will not be fully offset by reduced operating costs. The federal government is clear that such costs must be accounted for in deficit neutrality calculations, and the state fails to do so.

***Conflates with- and without-waiver impacts.*** As noted above, in modeling the waiver coverage gains, the analysis trends forward data on the current performance of web-brokers. These are effects under current law and would be expected to occur in the absence of the waiver. But the analysis treats that as a “with waiver” impact despite the fact that it should be reflected in the “without waiver” baseline.

***Lacks a plausible sensitivity analysis of coverage impacts.*** The application also foregoes any plausible sensitivity analysis of the coverage impacts of the waiver. It asserts without evidence a net gain of enrollment of 25,000 people as described above, and then models alternative scenarios where either 15,000 or 35,000 additional people enroll – and uses those alternative scenarios to claim that the analysis is robust to potential losses of coverage. But simply assuming a coverage gain does not, in fact, actually demonstrate that the waiver will result in increased coverage.

## **The waiver application suffers from procedural deficiencies that render it unapprovable**

The analytic deficiencies described above create significant procedural issues that make it unlawful for the federal government to approve Georgia's waiver (or even deem it complete) and are compounded by other procedural problems with the waiver.

First, the submission Georgia has provided does not meet federal criteria for a complete waiver application. Therefore, it was not lawful for the federal government to have declared it complete and proceed to the next phase of waiver consideration, and it cannot serve as the basis for approval. Specifically:

- The waiver proposal does not include adequate actuarial and economic analyses. Federal regulations require analyses that “support the State’s estimates” of coverage, affordability, comprehensiveness, and deficit neutrality under the waiver. The documents provided by the state fail to do so. As described in detail above, the state makes entirely unsupported (and unsupportable) claims about coverage gains and losses, neglects to consider important and obvious factors that will raise premiums in the state and makes other related errors. The analyses provided by the state fail to meet the standards for actuarial and economic analyses under the regulation.
- The waiver proposal fails to specify the provisions of federal law it seeks to waive. The regulations require that an application must include “a list of the provisions of law that the State seeks to waive including a description of the reason for the specific requests.” Georgia does not do so. It simply states that “Section 1311 would be waived only to the extent that it is inconsistent with the operation” of the proposal. Elsewhere, the state offers, “Georgia is requesting waiver of Section 1311 in part, to provide the State flexibility to determine the operations to best support its innovative consumer-centric model.... Georgia will remain in full compliance sections of PPACA that are not waived.” But section 1311 is a massive and multifaceted provision with over 100 subsections, paragraphs, and clauses. It includes not only extensive standards for Marketplaces but also rules on CMS responsibilities, plan certification, navigators, quality improvement, and mental health parity. Thus, Georgia does not make “specific requests” for provisions it seeks to waive as required by the regulations, nor does it include “a description of the reasons for the specific requests.” This basic omission renders the waiver incomplete and unapprovable. It also makes it impossible for the federal government or stakeholders to judge whether the state will, in fact, be in “full compliance” with portions of the law not waived – since it is not clear what provisions are encompassed.

- In important respects, the application also fails to include an adequate description of the state's waiver plan. A complete proposal must include “comprehensive description of the... program to implement a plan” under Section 1332. Georgia has certainly articulated a vision – removing the state from HealthCare.gov and shifting operations to private vendors. But it says very little about how this program would operate. The application briefly notes that the state will take on a variety of complex functions around maintaining enrollment records and reconciling data with plans and with the IRS – but it does not describe how it will conduct or fund those initiatives. Indeed, it is unclear the extent to which the state is even aware of the complexity of the operational processes it proposes to undertake. Similarly, as noted above, the state offers that it will *have* a “detailed transition strategy” but does not tell stakeholders or the federal government what it will be. These are not mere details; they are critical to the successful operation of the plan as Georgia envisions it, and without further explanation the application cannot satisfy the standard for a “comprehensive description.”

Second, the state has not conducted an adequate public comment period. Regulations require that, prior to submitting the application, the state provide “a public notice and comment period sufficient to ensure a meaningful level of public input.” (This is in addition to the requirement for the federal government to provide a comment period following the application's submission.) But Georgia offered only 15 days for public comment on its proposal. While the federal government has not specified a minimum time period, it has noted that complex waivers will require longer comment periods in order to be “meaningful.” Given that Georgia proposes to disrupt existing arrangements for hundreds of thousands of people who currently shop through HealthCare.gov, additional time is required for comment to be considered meaningful, and, indeed, many commenters made that very clear in their own submissions to the state. Nor can the state rely on the public comment period it conducted in 2019 on a prior waiver proposal. Public comment was provided on an entirely different proposal that affected EHB and financial assistance, and would not be reflective of stakeholder concerns or feedback on the current set of ideas.

Finally, we have argued elsewhere that Georgia lacks the necessary legal authority to implement the waiver it proposes because the state has not enacted authorizing legislation. Georgia has enacted legislation allowing the state to *apply* for a waiver, but state statute does not authorize the state to implement this specific set of waiver proposals. Under the statute and regulations, the federal government cannot approve a waiver unless the state has adequate authority, and Georgia also fails that test.

## Better solutions are available

Ultimately, it is unclear what problem Georgia's waiver is intended to solve. The proposal's narrative highlights the 1.5 million Georgians who remain uninsured, "one of the highest" uninsured rates in the country, and bemoans the drop in enrollment in the Marketplace in the early years of the Trump Administration. The state insists that coverage "will continue to decline" across the state absent the waiver. But, in fact, between 2019 and 2020, premiums fell in the individual market and enrollment in the Marketplace increased. Preliminary rate information suggests premiums in the individual market will continue to drop in 2021.

Georgia has proposed a waiver that by their own analysis will capture less than 2% of the uninsured in the state, and, in fact, should be expected to cause large losses in coverage – exacerbating the problem they claim to address. If Georgia wants to make meaningful progress in reducing its uninsured rate, it should expand Medicaid so that 518,000 uninsured Georgians below 138% of the federal poverty level can access affordable coverage.

Report Produced by USC-Brookings Schaeffer Initiative for Health Policy

### Footnotes

1. 1 All three iterations of the waiver have proposed a reinsurance program, similar to that operated in other states; the reinsurance provisions are generally not a focus of this analysis.
2. 2 As the state explains, "While the FFE has experienced declining enrollment, DE/EDE vendors have experienced increasing enrollment over the last couple of years, both nationally and within Georgia. Infrastructure has continued to improve and DE/EDE has been promoted by HHS guidance as an enrollment pathway. Proxy DE began in 2018 and accounted for 13% of enrollments within Georgia's marketplace; EDE began in 2019 and the combined DE/EDE partners represented 15% of total enrollment in 2019 and 21% in 2020 accounting for 88,351 consumers enrollments. This is an average of 4 percentage points growth over the past two years. Assuming this trend continues, this percent will grow to 29% by PY22 or increase by 33,658 ( $122,009 = 88,351 / 21\% * 29\%$ )."



3. 3 Nor does the reinsurance program compensate for these effects. Georgia's reinsurance program is estimated to increase enrollment by less than half a percent, or 1,500 people in the waiver's first year.
4. 4 We and others have argued elsewhere that the 2018 guidance is itself unlawful for procedural and substantive reasons.
5. 5 Nor can Georgia point to the absence of Marketplace user fees as an offsetting effect; Georgia will continue to collect a user fee and use it to fund the reinsurance program in the state.
6. 6 Waiving the ACA's standards to promote the sale of non-compliant plans also likely violates section 1332's comprehensiveness guardrail, which requires waivers to "provide coverage that is at least as comprehensive as the coverage" under the ACA. Guidance promulgated by the Administration in 2018 purports to judge compliance with the comprehensiveness guardrail by assessing the coverage made "available" to consumers, rather than the coverage consumers actually obtain. This interpretation is inconsistent with the statute. If the waiver proposal is measured against the statute – as it must be – then the fact that the waiver will intentionally facilitate the purchase of unregulated and limited coverage among people who would otherwise obtain comprehensive coverage generates a facial violation of the comprehensiveness guardrail.
7. 7 Specifically, Georgia assumes metal-level-specific risk scores of 0.902, 1.764, and 2.160 for Bronze, Silver, and Gold respectively.

Home > Exchanges > Nevada

# Nevada health insurance marketplace: history and news of the state's exchange

Open enrollment for 2021 coverage has been extended until January 15, 2021; Two new insurers are joining the exchange for 2021



Hoover Dam | by Corey Poole

**Louise Norris**  
Health insurance & health reform authority  
August 14, 2020



## Latest Nevada exchange updates

Open enrollment for 2021 coverage in Nevada will run from November 1-December 15, 2020. Residents who experience qualifying events can still enroll or make plans changes for 2020. 7.5% average proposed rate increase for Nevada's exchange in 2021, plus two new insurers joining the marketplace.

Nevada residents now use Nevada Health Link (NOT HealthCare.gov) to enroll in health coverage.

Off-exchange plans are now only available during open enrollment, as is the case in the rest of the U.S.

[Find a plan](#)



Call for quote: 866-686-8071



The average rate increase for 2020 was 1.6%, before any premium subsidies are applied (plus a look back at rate changes in prior years).

Enrollment in Nevada's exchange grew each year through 2018, but declined in 2019 and again in 2020.

Insurer participation in Nevada's exchange: 2014-2020 (including a look at how some areas of the state almost had no available plans for 2018).

Association health plans available to some chamber of commerce members in Nevada.

Short-term health plans can be sold in Nevada with initial plan terms up to 185 days.

Nevada's approach to Medicaid managed care contracts has helped to keep insurers in the exchange.

## Overview of the Nevada exchange

Action	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HA
ACA's guaranteed issue						•	•		•			•
ACA's community rating					•	•	•					•
Essential Health Benefits (EHBs)						•	•					•
Minimum 60% actuarial value (AV)												
No annual / lifetime claim limits												
Maximum out-of-pocket limit												
No-cost preventative services							•					
Young adults can stay on parents plan						•	•				•	•
3:1 or lower age band										•		
50% or lower smoker surcharge			•		•	•	•	•				

How hard has Nevada tried to preserve the Affordable Care Act's gains? See how Nevada compares to other states.

Since 2015, Nevada Health Link has been a state-run exchange using HealthCare.gov for enrollment. But the exchange began running its own enrollment platform as of the fall of 2019, so Nevada residents used the Nevada Health Link website to buy coverage for 2020.

Because Nevada runs its own exchange platform, they were able to offer a special

ll i d f i d i d i h GOVERNMENT  
Find a plan



Call for quote: 866-686-8071



and continued until May 15, 2020. More than 6,000 people signed up for coverage during the COVID-19 special enrollment period.

(People who have a qualifying event — including loss of an employer-sponsored plan — can still enroll in coverage for 2020; the special enrollment period that ended on May 15 was for people who didn't have coverage and also didn't have a qualifying event.)

Arkansas, Kentucky, New Mexico, and Oregon also have state-run exchanges but use HealthCare.gov for enrollment, and New Jersey joined them as of the fall of 2019 — so there are still five state-run exchanges using the federal enrollment platform.

Lawmakers in Nevada passed a bill in 2017 that would have allowed people in Nevada to buy into the state's Medicaid program, but Governor Brian Sandoval vetoed that legislation.

## When is open enrollment for 2021 coverage in Nevada?

Open enrollment will run from November 1, 2020 to January 15, 2021 in Nevada. This is a month longer than the enrollment period in states that use HealthCare.gov. The Nevada Health Link board of directors approved the extended open enrollment period during a July 2020 meeting.

Rate filings for 2021 individual market plans were due in early June in Nevada, and the details will be published by the Nevada Division of Insurance on July 31, 2020.

## 2021: Average proposed increase of 7.5% for Nevada exchange plans, plus two new insurers

In late July 2020, the Nevada Division of Insurance published the average rate changes that insurers have proposed for 2021 (additional details here).

Two new insurers are entering Nevada's marketplace for 2021. Friday Health Plans, a Colorado-based company, will offer 2021 coverage statewide in Nevada's exchange. And SelectHealth, which currently offers individual market coverage in Utah and Idaho, will offer plans in Clark and Nye counties for 2021. As detailed below, Nevada's exchange has had a tumultuous history in terms of

Find a plan



Call for quote: 866-686-8071



number of participating insurers set back in 2015.

The following average rate changes have been proposed for 2021:

**Health Plan of Nevada:** 7.2 percent increase

**SilverSummit:** 10.3 percent increase

**HMO Nevada (HMO Colorado/Anthem):** 4.3 percent increase

**SelectHealth:** New to Nevada's market, so no applicable rate change

**Friday Health Plan:** New to Nevada's market, so no applicable rate change

Across the three existing insurers in Nevada's health insurance exchange, the average proposed rate increase is 7.5 percent. There are about 73,000 people with on-exchange coverage in Nevada.

Outside the exchange, there will also be plans available from Sierra Health & Life, Hometown Health Plan, and Hometown Health Providers. For plans that are sold only outside the exchange, the average proposed rate increase is only 3.2 percent. Across both the on-exchange and off-exchange market segments, the overall proposed average rate increase is 6.3 percent.

## Off-exchange plans no longer available year-round

The ACA created an open enrollment period for individual major medical health plans. State-run exchanges have the option to adjust the timing of the annual enrollment window, but all states have a limited enrollment window. And in every state except Nevada, that enrollment window has applied to plans purchased outside the exchange, just as it applies to plans purchased via the exchange.

But from 2014 through 2019, Nevada law required plans sold outside the exchange to be available for purchase year-round, with a waiting period of up to 90 days before the coverage would take effect. But Section 56 of Nevada SB482, enacted in 2019, eliminated the requirement that health plans be available year-round outside the exchange. The law took effect October 1, 2019, bringing Nevada's rules into line with the rest of the country: Both on-exchange and off-exchange, individual major medical plans can only be purchased outside of open enrollment if the applicant has a special enrollment period triggered by a qualifying event.

Find a plan



Call for quote: 866-686-8071



In 2014, Nevada ran its own exchange, which was fraught with technological problems. The following year, Nevada switched to using HealthCare.gov's enrollment platform, but kept the rest of the state-run exchange (Nevada Health Link) in place, retaining a significant amount of autonomy. That setup remained in place through 2019, but Nevada has now switched back to running its own exchange, including the enrollment platform.

The new system was live as of September 2019, and Nevada residents who were enrolled in 2019 coverage through HealthCare.gov were able to claim their account on Nevada Health Link's site. Access codes for this process were emailed or mailed (depending on the consumer's preference) in early September. Consumers who can't find their code or didn't receive one can call 1-800-547-2927 for assistance. Window shopping for 2020 plans was enabled in early October, and enrollment began November 1.

Enrollment in 2020 health plans in Nevada ended December 15, 2019 (people who began by that date were given until December 20 to finish the application process). This is the same schedule that HealthCare.gov used for the previous two years, so Nevada residents were already accustomed to the December 15 deadline.

## **The transition back to a fully state-run exchange: A history**

There's no legislative session in even-numbered years in Nevada, but in February 2018, the Nevada Legislature's Interim Finance Committee approved \$1 million in funding for Nevada Health Link to transition back to using its own website for enrollment, rather than HealthCare.gov, starting in the fall of 2019.

On March 19, 2018, Nevada Health Link issued a Request for Proposal, seeking bids from vendors who would create "an integrated online health insurance exchange technology platform and associated consumer assistance center," which would be up and running by the fall of 2019, in time for the start of the seventh open enrollment period. Vendors had until early-April 2018 to submit bids. In May, the exchange unanimously selected GetInsured (VIMO Inc.) as the vendor that would orchestrate the transition to a fully state-based exchange, and manage the call center for the Nevada exchange (instead of using HealthCare.gov and the federal call center). The exchange anticipates that the transitional will reduce technology operating costs by about 50 percent — from

Find a plan



Call for quote: 866-686-8071



exchange platforms in six states (California, Connecticut, Idaho, New Mexico, Mississippi, and Washington).

The federal government charged states like Nevada, that have state-run exchanges but use the HealthCare.gov enrollment platform, a fee equal to 2 percent of premiums in 2018. The government increased that fee to 3 percent in 2019 (the fee in states that rely fully on the federally-run exchange is 3.5 percent), although it dropped down to 2.5 percent starting in 2020. Nevada Health Link charges a fee of 3.15 percent as of 2020, but has noted that this might be reduced in future years if the savings from the transition to a fully state-run exchange would make it sustainable to do so. The exchange uses the revenue from the fee to fund its own outreach and enrollment operations. Prior to 2020, most of the fee was used to pay for the HealthCare.gov services.

Nevada's exchange leadership is confident that a new state-run enrollment platform, using updated technology, will be much less expensive than paying a fee equal to 2.5 percent of premiums in order to continue using HealthCare.gov (the current estimate is that it will cost about 1.5 percent of premiums to operate the new state-run exchange platform, as opposed to 2.5 percent if they were to continue to use HealthCare.gov). In addition, the state will have increased access to demographic data about exchange enrollees, which will enable them to better target their marketing and outreach in future years. And the state hopes the new and improved enrollment platform will create a "better user experience" for consumers, insurers, and enrollment assisters, including brokers and navigators.

## **Average rates increased by 1.6% for 2020, and Anthem rejoined the exchange**

Three insurers are offering plans in Nevada's exchange for 2020: Health Plan of Nevada, SilverSummit, and HMO Colorado (HMO Nevada/Anthem BCBS). Their average approved rate increase is 1.6 percent.

---

### **Compare plans and rates in Nevada**

---

HMO Colorado/HMO Nevada/Anthem offered coverage in Nevada's exchange through 2017, but terminated their plans at the end of that year and did not offer coverage in 2018 or 2019. But their filing for 2020 noted that they would rejoin the exchange, statewide.

[Find a plan](#)



of Nevada. Outside the exchange, the average rate increase for 2020 is 1.9 percent. And as noted above, these off-exchange plans are no longer available for purchase year-round; the same open enrollment period now applies both on- and off-exchange, and a qualifying event is necessary in order to enroll outside of open enrollment.

For perspective, here's a look at how average premiums have changed over the years for plans sold in Nevada's exchange (as always, these analyses refer to pre-subsidy rates; the changes in after-subsidy premiums can be very different):

**2015: Average rate increase of 6.4 percent.** The average rate changes ranged from a 6.9 percent decrease to a 24 percent increase.

**2016: Average rate increase of 9.6 percent.** But Anthem's PPO option was new for 2016, and roughly a third of the exchange enrollees (who had coverage through the CO-OP or Time/Assurant in 2015) had to select coverage from a different carrier for 2016. For the remaining enrollees, the average premium increase within the exchange was 8.7 percent — but that's assuming people didn't shop around to find a better deal.

**2017: Average rate increase of 10.6 percent.** This was lower than the 15.02 percent that the carriers had initially requested. The overall average increase in Nevada ended up significantly lower than the national average of about 25 percent.

**2018: Average rate increase of 36.8 percent.** Two insurers offered plans in Nevada's exchange for 2018. Silver Summit was new to the exchange for 2018, so there was no applicable rate change. Health Plan of Nevada, which was only available in Clark, Nye, and Washoe counties, increased their average premiums by 36.8 percent that year. Anthem had proposed a 62 percent average rate increase, but Anthem ultimately ended up withdrawing from the exchange at the end of 2017 (they've rejoined for 2020).

The rate increases for 2018 were based on the assumption that federal funding for cost-sharing reductions would not continue (the funding was ultimately terminated in October 2017). The additional cost to cover CSR was added to on-exchange silver plans in Nevada. For people who want silver plans but don't receive a premium subsidy, off-exchange-only silver plans were available

Find a plan





Call for quote: 866-686-8071



use the new de minimus range (-4/+5) that applies to bronze plan actuarial value starting in 2018.

Health Plan of Nevada offered these extended bronze plans on and off-exchange in Clark, Nye, and Washoe counties. Silver Summit, the only on-exchange insurer in the rest of the state, did not offer any off-exchange-only plans in 2018, but there were other insurers that offered off-exchange-only plans, with a variety of silver and extended bronze plans available.

**2019: Average rate decrease of 0.4 percent in the exchange, but a slight increase for entire individual market.** The two exchange carriers initially proposed average rate changes of 5.2 percent for Silver Summit and 0 percent (no rate change) for Health Plan of Nevada. But Silver Summit revised their filing in August, requesting an average *decrease* of 1.1 percent, so the final approved weighted average rate change for Nevada's exchange was a decrease of 0.4 percent. For Nevada's entire individual market, including carriers that only offer plans outside the exchange, average rates increased by about 0.4 percent for 2019. At ACA Signups, Charles Gaba noted that the average rates in Nevada would likely have declined by about 5 percent in 2019 if the individual mandate penalty hadn't been repealed, and if the Trump Administration hadn't expanded access to short-term plans and association health plans.

## Enrollment in Nevada's exchange: 2014 – 2020

Enrollment in Nevada's exchange started out particularly low, given the exchange's technical troubles in the first year. It grew substantially over the next few years, but has declined in both 2019 and 2020. Here's a look at enrollment in private plans over the years (this does not count Medicaid enrollments through the exchange):

**2014:** Nevada Health Link extended its 2014 open enrollment period to May 30 for people who experienced technical difficulties during the regular enrollment period. A total of 45,390 people enrolled in private plans through the exchange — still short of their goal of 50,000 (which had been modified in early 2014, down from an original goal of 118,000).

**2015:** For 2015, everyone had to re-enroll from scratch, since Nevada was using the Healthcare.gov platform for the first time during the 2015 open enrollment period. But with a much better website, enrollment grew to 73,596 people for

Find a plan



Call for quote: 866-686-8071



renewal was available, and plan changes could be made by just logging back into an existing exchange account.

**2017:** The Nevada exchange ran an extensive marketing and outreach campaign leading up to the start of open enrollment for 2017 coverage. Enrollment grew by about 1 percent in 2017, with 89,061 people enrolled in private plans for 2017 through the Nevada exchange. This enrollment growth was in contrast with the average across all states that use HealthCare.gov, where average enrollment was down about 5 percent in 2017.

**2018:** The Nevada exchange once again ran an extensive outreach and marketing campaign before and during open enrollment for 2018 coverage, and enrollment continued to increase. 91,003 people enrolled in coverage through Nevada's exchange during the open enrollment period for 2018 coverage. Nevada's enrollment growth did not mirror the national trend, which saw enrollment in the majority of the states — especially those that use HealthCare.gov — peaking in 2016 and declining each year thereafter.

**2019:** Year-over-year enrollment declined in 2019, for the first time in Nevada Health Link's history. 83,449 bought private plans during open enrollment, which was about 8 percent lower than it had been in 2018. Across all states that use HealthCare.gov, enrollment was down about 4 percent for 2019, due to a variety of factors, including the elimination of the individual mandate penalty for 2019 and the expansion of short-term plans and association health plans as alternatives to ACA-compliant individual market coverage.

**2020:** Enrollment declined again in 2020, with 77,410 people signing up for individual health coverage during open enrollment.

## Insurer participation in Nevada's exchange: 2014 to 2020

**2014: Four insurers.** In the first year the exchange was operational, plans were available from Anthem, Health Plan of Nevada (UnitedHealthcare), Nevada Health CO-OP, and Saint Mary's Healthfirst.

**2015: Five insurers.** Assurant (Time) joined the exchange for 2015, bringing the total number of insurers to five: Anthem, Assurant, Health Plan of Nevada, Nevada Health CO-OP and Prominence Health Plan (formerly Saint Mary's Healthfirst).

Find a plan



Call for quote: 866-686-8071



would cease operations at the end of the year. Existing members had to pick a plan from another insurer in order to continue to have coverage in 2016.

The Nevada Health CO-OP's Board voted voluntarily to shut down, as opposed to CO-OPs in Iowa/Nebraska, Arizona, Colorado, and New York, which were shut down by state and federal regulators. And while 12 of the original 23 CO-OPs had closed by the end of 2015, most of them did so after the federal government announced that risk corridor payments would be only a fraction of what was owed; Nevada Health CO-OP announced their closure more than a month before the risk corridor shortfall was known.

Assurant (Time) also announced earlier in 2015 that they would be exiting the individual market nationwide, and would not participate in the 2016 open enrollment. Both the CO-OP and Assurant had requested double-digit rate increases for 2016, but their members ended up having to select a plan from a different carrier for 2016.

Anthem began offering PPO options in the exchange for 2016 (they only had HMO options in 2015). In addition, Prominence expanded their plan offerings into Southern Nevada. Humana also joined the exchange for 2016, *but only in the small-group market*.

**2017: Three insurers.** Unlike many other states, carrier exits were not in the headlines in Nevada in the fall of 2016, as the carriers that participated in the exchange in 2016 all continued offering coverage for 2017. Anthem was the only insurer that offered exchange coverage in all 16 Nevada counties in 2017. Plans were also available from Health Plan of Nevada (UnitedHealthcare) and Prominence.

UnitedHealthcare exited the individual markets at the end of 2016 in most of the states where they offered exchange plans in 2016. But they remained in the Nevada market, both on and off-exchange (they only continued to participate in three exchanges: Nevada, Virginia, and New York). United's HMO (Health Plan of Nevada) was available through the exchange, but they also have a PPO (Sierra Health and Life) that's available off-exchange. Health Plan of Nevada was only available in three counties (Nye, Clark, and Esmerelda), but 90 percent of Nevada's exchange enrollees live in those three counties. Prominence served seven counties, including Nye and Clark. So in those two counties, there were plans available in 2017 from all three insurers.

[Find a plan](#)



Call for quote: 866-686-8071



with the exception of off-exchange catastrophic plans, Anthem discontinued all of their ACA-compliant individual market plans at the end of 2017, and did not offer any plans in the exchange in 2018.

Initially, Anthem's plan was to continue to offer HMO plans in the exchange in Clark, Nye, and Washoe counties, and a catastrophic plan statewide *outside* the exchange. Anthem had proposed a 62 percent average rate increase for their remaining plans. But in early August, the Nevada Division of Insurance announced that Anthem had decided to withdraw completely from the Nevada exchange. [Note that this decision didn't change the number of "bare" counties in Nevada; there were already 14 counties that didn't have any exchange insurers lined up for 2018 — due to Anthem's earlier decision to limit coverage to just three counties — and that was still the case with Anthem's exit.] Anthem also exited the exchange in Virginia, Ohio, Indiana, and Wisconsin at the end of 2017, and scaled back their participation in Georgia and California.

Health Plan of Nevada continued to offer coverage only in Nye, Clark, and Esmerelda counties, but with the announcement that Anthem and Prominence would exit the exchange at the end of 2017, there were no insurers lined up to offer coverage in 14 of the state's 17 counties for 2018. This sounded worse than it was, since the vast majority of Nevada's population is in Clark and Washoe counties. But for roughly 8,000 people who buy their own insurance in the 14 "bare" counties — which are mostly rural but include Carson City, with a population of 54,000 — the situation appeared dire.

Two additional insurers — Aetna and Silver Summit/Centene — had filed plans for 2018, but the filings were initially limited to Clark, Nye, and Washoe counties. But Aetna reversed course and decided in the summer of 2017 that they would not offer plans in Nevada's exchange after all (and they also exited the off-exchange market at the end of 2017). This came on the heels of Aetna's announcement that they had terminated their new Medicaid managed care contract in Nevada (the managed care contract called for Aetna to offer plans in the exchange — details below — but once the managed care contract was terminated, Aetna was free to withdraw their exchange plan filings, which they did).

The Nevada Division of Insurance explained that Aetna had experienced lower-than-expected enrollment in their new Medicaid managed care plan, and had

Find a plan



Call for quote: 866-686-8071



withdrew those plans as well. [Aetna had completely eliminated their exchange participation nationwide as of 2018.]

But Nevada regulators continued to reach out to insurers in an effort to fill the bare counties, and their efforts were successful when Centene (Silver Summit) agreed to offer coverage in all 14 counties for 2018.

A press release from Governor Sandoval's office included comments from various stakeholders in Nevada. Heather Korbolic, who was then the executive director of Nevada's exchange, said "We are grateful that SilverSummit has stepped up to the plate, offering relief to thousands of residents who thought they would be deprived of access to health insurance. Thanks to Governor Sandoval's tireless and unwavering commitment to ensuring access to health care for all Nevadans, individuals throughout the state will have access to qualified health plans."

[It's notable that this was the case in all of the potentially bare counties that popped up around the country during the rate filing process in mid-2017. Washington, Tennessee, Indiana, Kansas, Missouri, Ohio, Virginia, and Wisconsin were all facing potentially bare counties for 2018, but insurers — in many cases, Centene — stepped up to fill them. The vast majority of the counties in the US were never facing a dearth of insurers in the first place, and all of those that were facing bare areas were ultimately covered before the start of open enrollment.]

**2019: Two insurers.** Silver Summit/Centene continued to offer statewide coverage in 2019. They offered four plans in 2018, and that increased to six plans in 2019. Health Plan of Nevada also continued to offer exchange plans in 2019.

Anthem terminated all of their grandfathered plans in Nevada on December 31, 2018 (Nevada did not permit grandmothers/transitional health plans to be renewed after 2013). So in 2019, Anthem's only individual market plans were off-exchange catastrophic plans. (as described below, however, Anthem partnered with the Las Vegas Chamber of Commerce to offer association health plans in Nevada).

**2020: Three insurers.** HMO Colorado (HMO Nevada/Anthem BCBS) rejoined the Nevada exchange for 2020, offering plans statewide. Silver Summit and Health Plan of Nevada also continued to offer plans in the exchange, giving people in

[Find a plan](#)



**2021: Five insurers.** The three existing insurers will remain in the exchange, and will be joined by two newcomers: Friday Health Plans (statewide) and SelectHealth (Clark and Nye counties).

## Association health plans

In August 2018, the Nevada Division of Insurance announced that they had received their first association health plan filing, for the Boulder City, Henderson, and Latin Chambers of Commerce. The plans, which are fully insured by Health Plan of Nevada (UnitedHealthcare) — ie, these are not self-insured plans — became available to members of those chambers of commerce with 1-50 employees as of September 1, 2018 (sole proprietors are limited to an annual open enrollment period that runs for one month and starts June 1 each year, so the first open enrollment window for sole proprietors will be June 2019). Members can select from among 10 different plan options, all of which cover maternity care, mental health care, and prescriptions.

These are the three essential health benefits that critics have been most concerned about with the expansion of association health plans, as they're the three that are most likely to be excluded in cut-rate plans. Short-term health insurance plans, for example, often exclude coverage for those three benefits. Under the new rules that apply to association health plans, the plans are regulated under large group rules, rather than the more stringent small group rules. Large group plans are not required to cover the essential health benefits (with the exception of preventive care, which must be covered on all non-grandfathered large group plans). But for now, it appears that the first set of new association health plans in Nevada are fairly comprehensive.

In September 2018, the Nevada Division of Insurance announced that two more chambers of commerce — Reno-Sparks Northern Nevada's Chamber of Commerce and the Las Vegas Metro Chamber of Commerce — had filed plans for fully insured association health plans. The Reno-Sparks Chamber plan, offered in a partnership with Prominence Health Plan, became available for coverage as of December 1, 2018. The Las Vegas Chamber's plan, offered in a partnership with Anthem, is available to chamber members statewide.

In addition to the various Chamber of Commerce plans, the Nevada Contractors and Nevada Builders Alliance associations, and the Builders Association of

Find a plan



and unrelated small businesses to enroll. As of mid-April, however, Health Plan of Nevada confirmed that nothing had thus-far changed for the Henderson Chamber's plan, and they were still expecting sole proprietors to be able to enroll in the plan in June. As of late 2019, the Reno-Sparks plan indicated that it was only available to businesses with 2-50 employees, but the Boulder City Chamber plan does still say that it's available to sole proprietors who don't have employees.

Find a short-term health plan in Nevada.

## State's approach to MCOs bolstered insurer participation in exchange, albeit only in metropolitan areas

The entry of Silver Summit (and Aetna's erstwhile plans to enter the exchange) to the exchange in 2018 was linked to the state's process for approving Medicaid managed care contracts. Prior to 2017, Nevada required its Medicaid Managed Care vendors (MCOs) to offer at least one silver and one gold plan in the state's exchange. In other words, access to Medicaid Managed Care business was not available for carriers that opted not to participate in the exchange. Anthem (AmeriGroup) and United (Health Plan of Nevada) both operated Medicaid Managed Care plans in Nevada prior to 2017, and offered plans in the exchange.

For 2017, the state decided to allow four Medicaid MCOs instead of just two (although with Aetna's exit, they dropped to three). And while they eliminated the requirement that Medicaid MCOs also offer QHPs in the exchange, the Nevada Division of Insurance reported that during the process of selecting MCOs, the state added five additional points to the scores of insurers that indicated on their MCO proposal that they would also offer QHPs in the exchange (MCO contracts are awarded to the insurers that get the highest scores).

The Division of Insurance confirmed in early May that they expected all four of the state's MCOs — Anthem, United, Silver Summit, and Aetna — to file rates and plans for 2018 QHPs that will be sold in the exchange, as a result of the information submitted during the MCO bidding process (note that Prominence, which exited the exchange at the end of 2017, did not have an MCO contract in Nevada).

But Aetna subsequently terminated their MCO contract and withdrew their exchange plans, and Anthem withdrew their exchange plans. I reached out to the

Find a plan



Call for quote: 866-686-8071



insurers to offer exchange plans, there was some wiggle room in the MCO contracts. And it turns out that the additional points for exchange participation weren't really a significant factor after all. *There were seven insurers that bid for MCO contracts, and there was enough of a point spread between the four insurers that won MCO contracts and the three that didn't, that the four that won would have won even if they hadn't received the additional five points for agreeing to offer exchange plans.*

So essentially, Anthem would have won an MCO contract even if they hadn't agreed to offer plans in the exchange, which is why their exit from the exchange didn't hamper their MCO contract. This would also have been the case for Aetna, but as described above, their decision to terminate their MCO contract was made based on their initial MCO experience, rather than issues with entering the exchange.

United filed plans to continue to offer QHPs in Nevada's exchange for 2018, and they did the same thing in New York, where a new regulation bars insurers that drop out of the exchange from participating in Medicaid managed care, Child Health Plus, or the state's Essential Plan. Virginia is the only other state where United offered plans in the exchange in 2017, and they exited Virginia's exchange at the end of the year. So the only states where United continued to offer exchange coverage in 2018 are states that have linked Medicaid managed care participation to participation in the exchange (United ended up having to rejoin the exchange in Massachusetts in 2019, also due to state rules).

The MCO contract bidding process indicated an effort on Nevada's part to keep insurers in the exchange, and likely played a role in Silver Summit's entry to the exchange and the preservation of insurer choice for most Nevada residents in 2018. However, there's clearly an issue with localized versus statewide coverage. Rural areas have always been less attractive to insurers, and the extra points that Nevada awards to its MCO bidders who offer exchange plans does not require that those plans be available statewide. Silver Summit agreed to offer coverage in the rural areas in order to alleviate the bare county problem that Nevada was facing, but they were not required to do so.

Nevada is considering expanding their MCO contracts to be statewide, and are also considering the possibility of reverting to their previous system of requiring MCO insurers to offer products in the exchange (rather than simply offering b

it d i th MCO biddi \

Find a plan





Call for quote: 866-686-8071



Nevada's DIVISION OF INSURANCE announced in late November 2013 that policies scheduled to end on December 31 could not be extended into 2014, and should instead be replaced with ACA compliant plans. Thus there was also no renewal available for pre-2014 plans heading into 2015, and all non-grandfathered plans in the individual market in Arizona are now ACA-compliant.

## History of the Nevada exchange

Nevada's blueprint for its state-run health insurance exchange received federal approval on Dec. 3, 2012. Gov. Sandoval and the state legislature created the Silver State Health Insurance Exchange in 2011, and the state moved steadily to get the marketplace up and running.

Nevada Health Link operates as a "free market facilitator" or "clearinghouse," meaning it allows all qualified health insurance companies to sell policies on the exchange.

Nevada had contracted with Xerox to build the state's exchange platform, but the system never worked correctly (the IRS allowed an exemption from the individual mandate penalty for 2014 for Nevada residents who were unable to complete the enrollment process due to flaws in the exchange).

On May 20, 2014, the exchange board unanimously voted to drop Xerox and switch to Healthcare.gov instead. Xerox had been paid about \$12 million of the \$72 million that had been allocated to build the exchange, but it was determined that they would only receive a small portion of the remaining funds, since much of the site was never built or was not built correctly. However, Xerox continued to work with Nevada Health Link until April 2015, running call centers and enrolling applicants who qualified for a special open enrollment period during the latter part of 2014.

Things went much better for Nevada Health Link during the second open enrollment period, since they were using Healthcare.gov as their enrollment platform. The state retained some responsibilities and was still legally be classified as a state-run exchange.

With Nevada Health Link relying on the now very-functional Healthcare.gov site for eligibility and enrollment, the state-run portion of the exchange was able to focus on consumer advocacy and assistance, without being bogged down by the technical problems that hampered the exchange during the 2014 open

Find a plan

In addition to using Healthcare.gov for enrollment, premium payments began to be handled directly by the carriers in 2015, rather than routing through the exchange first. As a result of these changes, Nevada Health Link had far fewer technological headaches during the 2015 open enrollment and throughout the year.

The federally-supported state-based exchange model was used from 2015 through 2019, but Nevada has transitioned back to a fully state-run exchange as of the fall of 2019. People enrolling in coverage for 2020 used Nevada Health Link's enrollment platform and call center, and the state no longer relies at all on the federally-run exchange. FAQs about the transition back to a fully state-run exchange are available [here](#).

## More Nevada health insurance exchange links

[NevadaHealthLink.com](http://NevadaHealthLink.com)

855-768 5465

[Silver State Health Exchange](#)

Information about exchange planning and start-up operations

[State Exchange Profile: Nevada](#)

The Henry J. Kaiser Family Foundation overview of Nevada's progress toward creating a state health insurance exchange.

[Nevada Governor's Office for Consumer Health Assistance](#)

Serves all residents with health-related issues; benefits, denials, insured, uninsured, worker's compensation, and hospital billing.

(702) 486-3587 / Toll-Free: 1-888-333-1597 (nationwide)

### Nevada section



General overview



Exchange/Marketplace



Medicare

[Find a plan](#)



## About us

[About us](#)

[Our site in the news](#)

[Contact us](#)

[Privacy policy](#)

[Terms of use](#)

[Sitemap](#)



## Sections

[Blog](#)

[FAQs](#)

[Glossary](#)

[Obamacare](#)

[Open enrollment guide](#)

[Special enrollment guide](#)

[Other coverage](#)

## Individual state guides

[General guides](#)

[Exchanges/Marketplaces](#)

[Medicare guides](#)

[Medicaid expansion](#)

[Short term availability](#)

## Popular

[Health insurance quotes](#)

[Subsidy calculator](#)

[Penalty calculator](#)

[Federal poverty level calculator](#)

[ACA qualifying events](#)



Call for quote: 866-686-8071



Find a plan



# Seeing Fraud and Misleading Marketing, States Warn Consumers About Alternative Health Insurance Products

October 30, 2019 | [Dania Palanker](#), [JoAnn Volk](#), and [Maanasa Kona](#)



It has been two years since President Trump issued an [executive order](#) aimed at promoting and expanding skimpy health coverage products as an alternative to comprehensive health insurance. These changes to regulations combined with messaging from the executive branch about choice and freedom effectively [opened the floodgates](#) for increased marketing of alternative coverage options. These products typically [fail to provide](#) the comprehensive coverage guaranteed in plans compliant with the Affordable Care Act (ACA). In some cases, people are [left burdened with high medical bills](#) or find out their plans [won't cover their health care needs](#).

## Alternative Coverage Options

---

Type of plan	Description
Association health plans	Health insurance plans sponsored by an employer-based association, such as a professional or trade association. They are a type of multiple employer welfare arrangement (MEWA*) that offers coverage to employees of member employers.
Fixed indemnity plans	Health insurance plans that reimburse the enrollee for a set dollar amount for each service, such as an office visit.
Health care sharing ministries	Members share a common set of religious beliefs and contribute funds to pay for the qualifying medical expenses of members. HCSMs do not guarantee payment for services, and coverage does not have to meet any of the ACA consumer protections.
Short-term plans	Health plans designed to fill temporary gaps in coverage. Generally, short-term plans are available without medical underwriting. Typically they provide minimal benefits and financial protection for those who are not eligible for ACA-compliant plans. Short-term plans do not have to meet any of the ACA consumer protections.

Note: \*Kofman, Mila, Kevin Lucia, Eliza Bangit, and Karen Pollitz. "Association Health Plans: What's All The Fuss About?" Health Affairs (blog), Commonwealth Fund, Oct. 25, 2019. <https://doi.org/10.1377/hlthaff.25.6.1591>.

Source: Dania Palanker, JoAnn Volk, and Maanasa Kona, "Seeing Fraud and Misleading Marketing, States Warn Consumers About Alternative Health Insurance Products at the Point of Sale" (blog), Commonwealth Fund, Oct. 30, 2019. <https://doi.org/10.26099/c32n-5998>

---

Share

States are warning consumers of fraud and about the inadequate nature of the products sold. Over the last year, we identified [consumer alerts](#) or [press releases](#) issued by 15 states warning about fraud or other concerns. In comparison, we found only one similar warning in a scan of these states' websites from the prior four years.<sup>1</sup> We spoke with regulators in five of these states to better understand what was behind these warnings and get insight into potential pitfalls for consumers.

Three regulators noted an uptick in activity from health care sharing ministries. Some states are responding to this increased activity by reviewing these entities for potentially operating as unlicensed insurers. Numerous states are investigating Aiera and Trinity. These two groups are working together to sell unlicensed insurance, according to three states — Colorado, Texas, and Washington. In one state, a regulator said they are examining whether other entities claiming to be ministries are illegally selling insurance.

States also warn consumers when they determine that association health plans are illegally selling insurance. Regulators are not aware of how many associations may be selling unlicensed insurance, often relying on consumer complaints or reports from brokers and agents, who can act as eyes and ears by providing early information about these products.

## States Face Barriers to Protecting Consumers and Insurance Markets

All the regulators interviewed noted barriers to stopping fraudulent or misleading sales of alternative coverage. When it comes to robocalls, a regulator said it as “very, very, very difficult to take specific action.” Because, as mentioned previously, sites often send information to call centers and agents, consumers rarely have adequate information when filing complaints and regulators are therefore unable to identify the entity behind the call. One state has helped return premium dollars that consumers have paid and allowed them to qualify for special enrollment in ACA-compliant coverage. However, these people may still owe funds on unpaid claims or association membership dues.

Ministries, associations, and robocallers are all selling insurance across state lines, which presents another obstacle to state agencies. One regulator said stopping robocallers is “more appropriate for the federal government to address” since they operate nationally.

## Looking Forward

State regulators have been tasked with making sure consumers understand what they’re buying, protecting them against inadequate coverage and fraud, and ensuring that insurance plans meet state rules. Alerts and press releases sent by 15 states over the past year indicate states are seeing problems, yet interviews with regulators suggest this is just the tip of the iceberg. To ensure effective consumer choice and functioning health insurance markets, states must inform consumers of misleading insurance claims and deal forcefully with fraud on the part of brokers and those companies marketing illegal plans.

# State Notices Warning Consumers About Misleading, Fraudulent Insurance Practices

---

Source: Dania Palanker, JoAnn Volk, and Maanasa Kona, "Seeing Fraud and Misleading Marketing, States Warn Consumers About AI the Point (blog), Commonwealth Fund, Oct. 30, 2019. <https://doi.org/10.26099/c32n-5998>

---

Share

## Consumers Do Not Know What They Are Buying

State regulators said consumers are purchasing plans without understanding their limits. Regulators noted particular concern regarding a growing trend of robocalls selling insurance over the phone as well as websites that are designed to look like they sell health insurance but actually gather personal information to send to call centers or brokers generating robocalls. These websites are “causing mayhem” in the words of one regulator. Once on the phone, brokers make a hard sell for short-term plans, fixed-indemnity plans, or limited-benefit products bundled together. According to one regulator, these are sometimes misleadingly sold as “ACA-compliant.” Disclosures concerning the limitations of short-term plans are “too little too late” because consumers are talked into purchasing plans before they hear the information, according to a regulator.

Regulators also expressed concerns about the limits of health care sharing ministries, which don’t comply with insurance standards, as well as plans that are posing as ministries. One regulator reviewed broker training manuals for an entity claiming to be a ministry and found information likely to mislead consumers into thinking they are buying insurance. Another regulator found advertisements online for “Christian plans” that actually link to fixed-indemnity and short-term plans.

## Some Entities Are Illegally Selling Insurance



<sup>1</sup> Some states do not have alerts and press releases from the past four years on their insurance department websites. This analysis therefore may have missed some consumer alerts or press releases issued during the four-year time period.

## Publication Details

**Publication Date:** October 30, 2019

**Citation:**

Dania Palanker, JoAnn Volk, and Maanasa Kona, "Seeing Fraud and Misleading Marketing, States Warn Consumers About Alternative Health Insurance Products," *To the Point* (blog), Commonwealth Fund, Oct. 30, 2019. <https://doi.org/10.26099/c32n-5998>

## Topics

[Health Care Coverage and Access](#)

## Tags

[Non-ACA-Compliant Health Plans](#), [Health Insurance Marketplace](#)

## Experts



**Dania Palanker**

Assistant Research Professor, Center on Health Insurance Reforms, Health Policy Institute, McCourt School of Public Policy, Georgetown University



**JoAnn Volk**

Research Professor, Center on Health Insurance Reforms, Georgetown University



**Maanasa Kona**

Assistant Research Professor, Center on Health Insurance Reforms, Health Policy Institute, McCourt School of Public Policy, Georgetown University



**The  
Commonwealth  
Fund**

© 2020 The Commonwealth Fund. All Rights Reserved.

U.S. Health Reform—Monitoring and Impact

# The Marketing of Short-Term Health Plans: An Assessment of Industry Practices and State Regulatory Responses

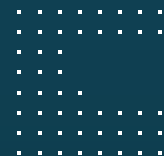
January 2019

By Sabrina Corlette, Kevin Lucia, Dania Palanker, and Olivia Hoppe



Robert Wood Johnson  
Foundatio

Support for this research was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.



With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of health reform. The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform to help states, researchers and policymakers learn from the process as it unfolds. Reports that have been prepared as part of this ongoing project can be found at [www.rwjf.org](http://www.rwjf.org) and [www.healthpolicycenter.org](http://www.healthpolicycenter.org).

## EXECUTIVE SUMMARY

A 2018 federal rule changing the definition of short-term limited-duration insurance (STLDI) has created a new marketing opportunity for insurance companies and brokers. STLDI, once limited to a three-month contract duration, can now be sold as full-year substitute coverage for traditional health insurance. STLDI is also exempt from the consumer protections and standards prescribed by the Affordable Care Act (ACA).

STLDI, depending on how it is marketed and sold, can be risky for consumers because many buy these plans mistakenly believing that they are as comprehensive as traditional, ACA-compliant plans. A growing market for STLDI plans also places new demands on state insurance departments, which are responsible for overseeing insurers and consumer protection. This study assesses short-term limited-duration insurers' marketing tactics in the wake of the new federal rules and, through interviews with insurance officials in Colorado, Florida, Idaho, Maine, Minnesota, Missouri, Texas, and Virginia, how regulators have evaluated and prepared for this new market. Key findings include the following:

- State officials have mixed views on short-term plans' benefits for consumers but generally agree they pose several risks, including coverage denials because of health status, refusal to cover services because of a preexisting condition, the retroactive cancellation of coverage for enrollees with certain medical claims, and surprise balance billing because of a lack of in-network providers. Some states have issued warnings and advisories to help educate consumers about the benefits and risks, but their capacity to widely disseminate educational materials and fully inform consumers is limited.

- State officials lack comprehensive data about which insurers actively market STLDI to their residents, with one official calling it "one of our biggest blind spots." However, most state regulators report that they have begun to, or plan to, identify the short-term limited-duration insurers operating in their state.

- Our marketing scan suggests that consumers shopping online for health insurance, including those using search terms such as "Obamacare plans" or "ACA enroll," will most often be directed to websites and brokers selling STLDI or other non-ACA compliant products. These websites and brokers often fail to provide consumers with the plan information necessary to inform their purchase. Brokers selling STLDI over the phone push consumers to purchase the insurance quickly, without providing written information.

- State insurance departments generally lack the authority and/or capacity to engage in preemptive regulatory oversight that would prevent deceptive marketing tactics before they occur.

- In most states, plan and marketing standards will primarily be enforced retroactively, after insurance regulators receive complaints. Resolving the complaint in favor of the consumer is often challenging because little of the purchase transaction is documented in writing.

Without state oversight of STLDI and insurers' and brokers' marketing tactics, consumers are at risk of being underinsured, and both consumers and providers face significant financial liability if a high-cost medical event occurs.

# INTRODUCTION

A 2018 federal rule changing the definition of short-term limited-duration health insurance (STLDI) has created a new marketing opportunity for insurance companies and brokers.<sup>1</sup> Short-term health plans, once limited to a three-month contract, can now be sold as full-year substitute coverage for traditional health insurance. Short-term plans are also exempt from Affordable Care Act (ACA) standards that prohibit eligibility and price discrimination against people with preexisting conditions, as well as requirements to cover a minimum set of essential health benefits and cap enrollees' out-of-pocket costs.

Short-term plans, depending on how they are marketed and sold, can be risky for consumers because many buy these plans mistakenly believing that they are as comprehensive as traditional, ACA-compliant plans. The growing market for these plans also places new demands on state insurance departments, which are primarily responsible for overseeing insurers and consumer protection. This study assesses insurers' tactics for marketing short-term plans in the wake of the federal rule and how insurance regulators in eight states have evaluated and prepared for this new market.

## BACKGROUND

### Short-Term Plans Versus ACA-Compliant Coverage: Key Differences

Short-term health insurance products are not new. Before the ACA, people used short-term health insurance to fill gaps in coverage, such as when transitioning between school and a job or during a waiting period for an employer-sponsored plan. Under existing federal law, however, short-term policies are not considered individual health insurance coverage, and thus are exempt from federal health insurance standards.<sup>2</sup>

When categorized as short-term coverage, STLDI plans do not have to comply with the ACA, including standards such as banning preexisting condition exclusions and rescissions, covering a minimum set of essential health benefits, and limiting enrollees' annual out-of-pocket costs (Exhibit 1). STLDI may also be exempt from many states' health insurance

regulations, such as the requirements to annually file policy forms, undergo rate review, and meet state-established benefit mandates.

Because short-term plans cover less and can exclude people with health conditions, they tend to have lower premiums than ACA-compliant options. Proponents of extending short-term plans to 12 months argue that STLDI can be a more affordable alternative to ACA-compliant coverage and provide greater choices for consumers, particularly for those ineligible for ACA marketplace subsidies.<sup>3</sup> Critics, however, argue that short-term plans can expose consumers to financial liability if they have an unexpected medical event. They further argue that the proliferation of short-term plans siphons healthy risk away from ACA-compliant plans, resulting in adverse selection and higher premiums for those products.<sup>4</sup>

### Exhibit 1. Federal Consumer Protection Standards for ACA Plans Compared with Short-Term Coverage

Consumer Protection	ACA Plans	Short-Term Coverage
Must issue policies to all applicants, regardless of health status?	Yes	No; can deny coverage to an applicant for any reason, including current or past health status or risk for future health expenses
Includes coverage for preexisting conditions?	Yes	No; can decline coverage or issue policies that exclude coverage for preexisting conditions
Prohibits higher rates based on health status?	Yes	No; can charge a higher rate based on a person's health status
Covers essential health benefits?	Yes	No, coverage varies by plan; benefits like maternity care, mental health care, and prescription drugs are often excluded
Prohibits dollar caps on coverage of services?	Yes	No; can include a dollar cap on covered services and stop paying medical bills after cap is reached
Caps enrollees' out-of-pocket expenses?	Yes	No; may not limit consumer out-of-pocket costs

Just as with ACA-compliant health insurance, consumers can purchase short-term plans through an insurance broker or directly from an insurance company. Many consumers purchase short-term policies through web-based brokers and even over the phone.<sup>5</sup> For short-term plans with a January 1, 2019, effective date, federal rules require the application materials to include the following disclosure:

*This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.*<sup>6</sup>

One national web broker reported short-term plans as an increasing portion of its commercial business, with as many

as 70 percent of unsubsidized customers opting for short-term plans over ACA-compliant coverage for 2019.<sup>7,8</sup> Many insurance brokers report receiving higher commissions from short-term plan insurers than from selling ACA-compliant policies.<sup>3</sup>

### The State Role in Regulating Short-Term Plans

States can set standards for STLDI, including contract duration length (several states set a three- or six-month limit), required benefits, minimum medical loss ratios, and prohibit the use of preexisting condition exclusions or rescissions.<sup>9</sup> They can ban the sale of these plans outright, as California has done.<sup>10</sup> States may also oversee these products' marketing and ensure that companies communicate with consumers accurately and honestly. States have several tools to enforce standards and consumer protections, including licensing short-term plan insurers, reviewing short-term plan contracts and rates, and fines or injunctions for deceptive marketing practices or violations of state standards. Further, state insurance departments are responsible for licensing insurance brokers and can withdraw the licenses of, or refer for criminal prosecution, brokers violating the law or engaging in deceptive practices.

## METHODOLOGY

### Marketing Scan

To assess short-term health plan sellers' marketing tactics, including potential changes to those tactics during open enrollment for 2019 ACA-compliant coverage, we conducted an online marketing scan in two phases: before and during open enrollment. We conducted our first marketing scan, Phase I, between October 22 and 26, 2018. We conducted Phase II between November 11 and 16, 2018. Overall, we analyzed 256 search results and 65 unique websites.

To limit regional bias, we used Google Incognito to search the following terms for each of our eight study states:

- "Cheap health insurance"
- "Short-term health insurance"
- "Obamacare plans"
- "ACA enroll"

Each search term was followed by a study state name (i.e., "cheap health insurance Missouri"). However, Google Incognito does not completely hide the searcher's location, so our marketing scan includes some infrequent geographically irrelevant search results, such as insurance

products not for sale within the selected study state. We then analyzed the first four search results, which are often paid advertisements.

Many of these sites are "lead-generating" websites, which do not sell a product. Rather, they ask shoppers to share a phone number and other demographic information, after which the consumer is either directed to another site that sells insurance products or contacted directly by an insurance broker. We created a profile of a consumer seeking health insurance who was age 29, in good health, currently uninsured, and had an estimated yearly income of \$20,000 for 2019 (making her potentially eligible for premium subsidies for ACA-compliant coverage). We also used a standardized set of questions a consumer might ask as a guideline for the phone calls with brokers. The questions included:

- "What are my cheapest options?"
- "What does the health plan cover?"
- "Is this health plan Obamacare, or is it something else?"
- "If I have [example of unexpected medical event], will it be covered?"

We answered six broker calls after entering a phone number into these sites between October 26 and December 3, 2018. We took detailed notes of these interactions.

In addition to the Google Incognito scan, we compared information on short-term plans from the websites of the following top-selling short-term health plan insurers, both before and during open enrollment:

- IHC Group
- Pivot Health
- Everest Re Group
- National General
- UnitedHealthOne

### Interviews with State Officials

To assess how state regulators prepared for the new market for short-term health insurance, we conducted structured interviews with department of insurance officials in eight states (Colorado, Florida, Idaho, Maine, Minnesota, Missouri, Texas, and Virginia) between October 26 and December 3, 2018. We selected these states to reflect diverse geography

and regulatory approaches. Of the eight states, Colorado and Minnesota require short-term plans to adhere to a shorter contract duration than required by federal law (Exhibit 2).

## Exhibit 2. State Laws Limiting Short-Term Health Plans' Contract Duration

State	Does State Limit Initial Contract Duration of Underwritten Short-Term Coverage to Less Than 364 Days?
Colorado	Yes (six months)
Florida	No
Idaho	No
Maine	No
Minnesota	Yes (185 days)
Missouri	No
Texas	No
Virginia	No

Source: Georgetown University Center on Health Insurance Reforms and The Commonwealth Fund. What is Your State Doing to Affect Access to Adequate Insurance?" <https://www.commonwealthfund.org/publications/interactive/2018/nov/what-your-state-doing-affect-access-adequate-health-insurance>. Published November 15, 2018. Accessed December 31, 2018.

## FINDINGS

### State Officials Have Mixed Views of the Benefits of the Short-Term Health Insurance Market

In all eight study states, insurers can market short-term health plans. In several study states, officials expressed concerns about the marketing of short-term plans as a “replacement coverage” option for ACA-compliant plans, but without the accompanying consumer protections. “We prefer people to have ACA-compliant coverage,” one official said. However, most interviewed regulators were not unduly alarmed by the potential expansion of the short-term health plan market.

A few state regulators noted that the short-term market long predated the ACA and provides an option for consumers who can’t afford ACA-compliant plans or need to fill a short gap in coverage. Some were also skeptical that the short-term market would grow enough to create adverse selection in the ACA-compliant market. One official said their department “is not anticipating a huge short-term market,” noting further that many consumers ineligible for ACA subsidies have already dropped out of the ACA-compliant market. In this view, even a short-term plan with limited financial protection is better than no insurance.

A few state regulators voiced concerns that many consumers will not understand what they are purchasing, and that some may mistakenly believe they are buying ACA-compliant coverage. Regulators agreed that several common industry practices pose risks to consumers seeking or enrolled in short-term health plans, including coverage denials because of health status, refusal to cover services because of a preexisting condition, the rescission of coverage for enrollees with certain medical claims, and surprise balance billing because of a lack of in-network providers.

### State Regulators Are Working to Collect Data on Who Is Selling and Buying in the Short-Term Market

In most study states, regulators reported being “in the process” of gathering and assessing data about the companies that market short-term health plans and the consumers who buy such coverage. Though all regulators in our study agreed on the value of having good data about the short-term market, they reported challenges in obtaining the information needed to ensure adequate oversight.

First, though state regulators reported that insurers are required to become licensed in the state and file their plans, they often do not have a mechanism to know what products insurers actively market to consumers. This is “one of our biggest blind spots,” said one state official. Second, in at least some study states, officials acknowledged that short-term plans are sold through out-of-state associations that are not required to comply with state standards or to file their products or rates for regulatory review.

However, most study state officials reported that they have begun to, or plan to, better identify the insurers marketing in their state. For example, the Maine and Idaho insurance departments can track short-term plan market growth through annual data submissions on premium revenue and enrollment, respectively.<sup>11</sup> Colorado is requiring short-term plan sellers to file forms and rates annually.<sup>12</sup> In the wake of the new federal standards, Virginia is requiring short-term plan insurers to refile their policies with the state. Another state insurance department is considering withdrawing its approval of all currently approved short-term plans and requiring them to refile. They believe this will “flush out,” or reveal, the companies intending to actively market in the state in 2019.

However, though some states are asking insurers to refile their short-term plans and rates because of the new federal rule, many states’ regulators lack the authority to reject or require modifications to the policies before they are sold. In addition, short-term plan insurers do not generally have to refile their plans or rates annually with the state (unlike ACA-compliant coverage), unless there is a “material” change in the benefit design or formula by which the insurer sets its rates. Further, states may never conduct a regulatory review of short-term plans sold through out-of-state insurers.

### **Some States Are Attempting to Educate Consumers about Short-Term Plans**

Regulators in our study states acknowledged that many consumers would likely be confused about the differences between short-term plans and ACA-compliant coverage. These concerns prompted the Colorado, Florida, and Maine insurance departments to issue public advisories and frequently asked questions (FAQs) before and during 2019 open enrollment to help consumers better understand their purchases.<sup>13</sup>

Maine instructed brokers to improve consumer disclosures, noting that their “duty of competence includes ensuring that consumers considering [short-term] policies are fully advised of the terms, benefits, and limitations of the coverage.”<sup>14</sup> In another study state, local brokers complained to state regulators about potential deceptive and aggressive marketing of short-term plans over the internet and phone.

In response, the department of insurance is considering a standard disclosure form that all brokers must follow when counseling consumers on short-term plans.

### **Marketing Scan Suggests Obtaining Information about Insurance Options Is Difficult**

Consumers are likely to have difficulty obtaining the information necessary to make an informed insurance purchase, if the results of our marketing scan are representative of many consumers’ experiences. Specifically, our marketing scan found the following:

- Even during ACA open enrollment, only 19 percent of searches using the previously delineated terms (see methodology section) returned sites offering solely ACA-compliant plans. Before open enrollment, the return was less than 1 percent (Exhibit 3).
- Generally, regardless of the search terms used, companies selling short-term plans dominated the returns. However, short-term plan insurers’ and brokers’ sites appeared more frequently when we searched for “short-term health insurance.”
- Lead-generating sites<sup>15</sup> that point consumers to short-term plans or other non-ACA compliant insurance products were the most common search result in every state, representing more than half of all search results before and during open enrollment.
- Lead-generating sites and other sites connecting consumers directly to web brokers or insurers provide limited, if any, information about plan benefits, cost sharing, or rates.
- Of the two web brokers that appeared in our results, the one selling ACA-compliant plans appeared half as often as the web broker selling only short-term plans and did not appear in results before open enrollment.
- The short-term plan insurers’ websites provide more information about their plans, such as premiums and plan brochures, than the lead-generating sites, but the insurers’ websites do not appear in top search results.
- Many brokers conducting phone sales use aggressive sales tactics, encouraging consumers to purchase coverage over the phone with minimal plan information; most refuse to provide written plan materials or discontinue the call when asked for such materials.
- We posited that STLDI issuers and brokers would more actively market their product as a substitute for ACA coverage (not just as short-term gap insurance) during



### Exhibit 3. Search Term Results, Phases I and II

Lead-Generating Websites*	Web Broker	Short-Term Insurer Site	ACA-Compliant Information and Enrollment**	Unrelated to Health Insurance***
<b>Phase I Search Term Results: October 22–26, 2018</b>				
53.9%	14.1%	9.4%	0.78%	21.9%
<b>Phase II Search Term Results: November 11–16, 2018</b>				
55.5%	16.4%	9.4%	18.8%	0%

Notes: \*Lead-generating websites require consumers to enter personal information including email, address, and phone number, and then direct consumers to other sites to purchase coverage and/or have brokers reach out to consumers directly.

\*\*ACA-compliant information and enrollment websites provide information or enrollment only for ACA-compliant plans through healthcare.gov or other state-based marketplace websites.

\*\*\*Results unrelated to health insurance included political campaign, petition, and other websites irrelevant to the sale or purchasing of health insurance.

open enrollment than outside open enrollment. However, in general, we found that the plan descriptions, language, images, and other consumer-facing marketing content did not significantly change between Phases I and II of our scan. In both phases, the marketing content encouraged consumers to consider STLDI as a replacement for ACA-compliant coverage.

#### Web Searches Point Consumers to Noncompliant Plans and Provide Little Information to Inform Purchases

Across all study states, lead-generating sites were the most common search result.<sup>16</sup> Though several lead-generating sites touted the ACA’s open enrollment period to entice consumers to purchase a policy, none directed consumers to healthcare.gov, the official government website where consumers can apply for premium subsidies and enroll in ACA-compliant coverage. Further, these lead-generating sites provide little, if any, information about STLDI plan benefits, cost sharing, or rates. Some of these sites advertise “free” insurance quotes and prompt the consumer to provide personal information, including a phone number. If the consumer enters a phone number, she will usually receive a call from a call center, where an operator will ask screening questions regarding the consumer’s age, address, income, and often whether she has any major medical conditions likely to disqualify her from the coverage. From there, the consumer may be connected to an insurance broker.

One website we consider a lead-generating site, healthcare.com, provides some information about rates and cost sharing in specific plans and directs consumers to web brokers and insurer websites once the consumer chooses a plan for purchase. In some, but not all, search results that returned healthcare.com, the site advertised access to ACA “bronze, silver, and gold” plans and short-term plans on the landing page, but only short-term plans appeared for purchase.

Search results and the lead-generating sites raised two web broker sites that allow consumers to enroll in a plan through the website. Agilehealthinsurance.com only sells short-term plans and other non-ACA compliant coverage options. The other web broker site, eHealthinsurance.com, sells short-term plans, ACA-compliant coverage, and other coverage options but appeared in search results half as often as agilehealthinsurance.com during open enrollment and did not appear at all before open enrollment. The web broker sites we viewed provide consumers with access to plan summaries and brochures with some information about covered benefits, cost sharing, and rates. eHealthinsurance.com offers consumers comparative information about both short-term and ACA-compliant plan options. We did not encounter any site that allows consumers to see detailed policy documents, such as a contract of insurance, before sale.

In general, short-term plan insurance companies’ websites provide more consumer information and plan details than the lead-generating sites, but these sites made up only 9.4 percent of our search results. However, if a consumer goes directly to these insurance company websites, they may find resources such as FAQs, comparisons with ACA-compliant plans, and blog posts designed to educate consumers shopping for insurance coverage. These sites’ content included information about the limits of short-term health plans but primarily highlighted their lower premiums. An FAQ by one short-term insurance company noted that short-term plans are not required to cover the essential health benefits and are not “guaranteed issue,” but did not define guaranteed issue. The same FAQs advised readers that the company’s short-term plans are less expensive than ACA-compliant plans.

Another insurance company’s advice on how to cancel an ACA-compliant plan included the caution that “it’s important to carefully consider the potential financial and health

consequences of opting out of comprehensive major medical coverage.” It then provided information and links to enroll in one of its short-term plans.<sup>17</sup> Another insurance company noted in its FAQs that people “best served” by short-term plans are “those who are not eligible for premium tax credits (Obamacare subsidies) and those in good health that do not have major significant preexisting conditions.”<sup>18</sup>

### **Brokers Try to Make Quick Sales over the Phone, without Providing Written Information**

Our phone conversations with insurance brokers shared common elements. Most brokers would ask questions about the consumer’s health status, age, and income. The broker would then provide some general information about the coverage being offered, such as the names of companies offering products, consumer cost sharing for primary and specialist visits, and deductibles. Brokers did not offer information about the type of insurance product they were offering, such as a “short-term” or “marketplace” plan, unless asked by the consumer. For example, only after being asked if the coverage recommended was “an Obamacare plan,” did brokers describe the product type. Of the six brokers we spoke with, three recommended ACA-compliant plans when informed that the consumer’s income could make her eligible for the ACA’s premium tax credits. Two of the three brokers recommending ACA-compliant plans, however, pushed a “bundled” package that included supplementary insurance products in addition to the ACA-compliant plan. The remaining three brokers recommended non-ACA compliant coverage, even after being informed that the consumer’s income made her eligible for subsidies and cost-sharing reductions. “Obamacare is only for sick people,” one broker told us.

The brokers generally pressed for a quick decision to purchase coverage, and most refused or were reluctant to send written plan information. One agreed to send plan

documents via email, but they never arrived. The only broker who agreed to send plan documents recommended an ACA-compliant plan.

### **State Enforcement of Marketing Violations Will Be Largely Retroactive**

Of the eight study states, only Minnesota requires the insurers selling short-term plans to submit their advertising and marketing materials in advance, but no state reviews or approves them before use. In many cases, state regulators believe they lack the legal authority to require such advance approval. Other officials indicated that, even with legal authority, they would not have the staff capacity to review and assess the marketing materials generated by short-term insurers. No state reported conducting secret shopper surveys or a proactive review of insurer or broker websites to assess how they communicate with consumers. State insurance departments can, however, request that insurers provide advertising and marketing material in response to consumer or other complaints, if they have evidence the information is misleading or deceptive, or as part of a market conduct exam. However, retroactive reviews may not be useful to consumers with unpaid medical bills who believe they’ve made a purchase based on false or inaccurate information provided by the insurer.

Additionally, state regulators acknowledged that, in many cases, resolution of a marketing complaint is challenging. “We do try to hold the company or agent responsible,” one regulator asserted, “but many times, unfortunately, it’s a ‘he said, she said’ thing, and we can’t prove anything.” As our marketing scan revealed, particularly over the phone, the consumer is often urged to purchase the plan before reviewing written plan materials, making it difficult for insurance regulators to later identify clearly fraudulent or deceptive statements.

---

## **CONCLUSION**

Our marketing scan suggests that consumers shopping online for health insurance will, more often than not, find websites and brokers selling short-term plans as a replacement for ACA-compliant coverage. These websites and brokers often fail to provide consumers with the detailed plan information necessary to inform their purchase. Most often, brokers push consumers to purchase a plan over the phone without seeing written information or time to think about the decision. However, many interviewed state regulators do not have the tools to know which insurers and brokers actively market short-term coverage to their residents and lack the authority to engage in preemptive regulatory oversight that would prevent deceptive marketing practices. Further, though

several departments of insurance in our study states have attempted to educate consumers about the differences between short-term and ACA-compliant plans, their capacity to disseminate educational materials and arm consumers before purchasing is limited. In most states, plan and marketing standards will primarily be enforced retroactively, after insurance regulators receive complaints. Resolving the complaint in favor of the consumer is often challenging because little of the transaction, and the information conveyed to the consumer, is documented in writing. Without oversight of short-term plan marketing, consumers are at risk of being underinsured, with significant financial liability if a high-cost medical event occurs.

# NOTES

- 45 C.F.R. §144.103 (2018).
- Lucia K, Giovannelli J, Corlette S, et al. *State Regulation of Coverage Options Outside of the Affordable Care Act: Limiting the Risk to the Individual Market*. Washington: The Commonwealth Fund; 2018. [https://www.commonwealthfund.org/sites/default/files/documents/\\_\\_\\_media\\_files\\_publications\\_fund\\_report\\_2018\\_mar\\_lucia\\_state\\_regulation\\_alternative\\_coverage\\_options\\_rev.pdf](https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2018_mar_lucia_state_regulation_alternative_coverage_options_rev.pdf). Accessed December 31, 2018.
- See, for example, Lucia K, Corlette S, Palanker D, Hoppe O. "Views from the Market: Insurance Brokers' Perspectives on Changes to Individual Health Insurance." Princeton, NJ: Robert Wood Johnson Foundation. <https://www.urban.org/research/publication/views-market-insurance-brokers-perspectives-changes-individual-health-insurance>. Published August 2018. Accessed December 31, 2018.
- Kamal R, Cox C, Fehr R, Ramirez M, Horstman K, Levitt L. "How Repeal of the Individual Mandate and Expansion of Loosely Regulated Plans are Affecting 2019 Premiums." Menlo Park, CA: Kaiser Family Foundation. <http://files.kff.org/attachment/Issue-Brief-How-Repeal-of-the-Individual-Mandate-and-Expansion-of-Loosely-Regulated-Plans-are-Affecting-2019-Premiums>. Published October 2018. Accessed December 31, 2018.
- Livingston S. "More eHealth customers choosing short-term insurance plans." *Modern Healthcare*. November 29, 2018. <https://www.modernhealthcare.com/article/20181129/NEWS/181129912>. Accessed December 31, 2018. Feder Ostrov B. "Annoying robo-calls are at 'epidemic levels' this health open-enrollment season." *Washington Post*. November 11, 2018. [https://www.washingtonpost.com/national/health-science/annoying-robo-calls-are-at-epidemic-levels-this-health-open-enrollment-season/2018/11/09/6958322e-e2bb-11e8-8f5f-a55347f48762\\_story.html?utm\\_term=.6089718f6435](https://www.washingtonpost.com/national/health-science/annoying-robo-calls-are-at-epidemic-levels-this-health-open-enrollment-season/2018/11/09/6958322e-e2bb-11e8-8f5f-a55347f48762_story.html?utm_term=.6089718f6435). Accessed December 31, 2018.
- 45 C.F.R. §144.103 (2018).
- eHealth, Inc. "eHealth's (EHTH) CEO Scott Flanders on Q3 2018 Results – Earnings Call Transcript." *Seeking Alpha*. October 25, 2018. <https://seekingalpha.com/article/4214706-ehealths-ehth-ceo-scott-flanders-q3-2018-results-earnings-call-transcript?part=single>. Accessed December 31, 2018.
- eHealth, Inc. 2018. "Half-Time Report – the ACA Open Enrollment Period for 2019 Coverage." Mountain View, CA: eHealth, Inc. <https://news.ehealthinsurance.com/ir/68/201810/Open%20Enrollment%20for%202019%20Half-Time%20Report.pdf>. Published November 28, 2018. Accessed December 31, 2018.
- Georgetown University Center on Health Insurance Reforms. 2017. "State Options to Protect Consumers and Stabilize the Market: Responding to President Trump's Executive Order on Short-Term Health Plans." Washington: Georgetown University Health Policy Institute Center on Health Insurance Reforms. [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf441920](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf441920). Published December 17, 2017. Accessed December 31, 2018.
- Cal. Ins. Code § 10123.61 (2018).
- Idaho Department of Insurance. *2017 Annual Report for the Year Ended December 31, 2017*. Boise, ID: Idaho Department of Insurance; 2018. <https://doi.idaho.gov/publicinformation/AnnualReports>. Accessed December 31, 2018.
- 3 Col. Code Regs. § 702-4-2-41 (2018) and 3 Col. Code Regs. § 702-4-2-59 (2018).
- Colorado Department of Regulatory Agencies. "Considering a Short-term Health Insurance Plan?" <https://www.colorado.gov/pacific/dora/considering-short-term-health-insurance-plan>. Accessed December 31, 2018. Colorado Department of Regulatory Agencies. "Consumer Advisory: Open Enrollment for individual health insurance starts Nov. 1." <https://www.colorado.gov/pacific/dora/news/consumer-advisory-open-enrollment-individual-health-insurance-starts-nov-1>. Published November 1, 2018. Accessed December 31, 2018. Maine Bureau of Insurance. "Short-Term Health Insurance Plans: Know What You're Getting Before You Buy." [https://www.maine.gov/pfr/insurance/consumer/consumer\\_guides/pdf/short\\_term\\_health\\_insurance\\_plans.pdf](https://www.maine.gov/pfr/insurance/consumer/consumer_guides/pdf/short_term_health_insurance_plans.pdf). Accessed December 31, 2018. Cioppa R. *Bulletin 341: Short-Term Health Insurance*. Gardiner, ME: State of Maine Department of Professional and Financial Regulation, Bureau of Insurance; 2018. <https://www.maine.gov/pfr/insurance/legal/bulletins/pdf/431.pdf>. Accessed December 31, 2018. Short-term Limited Duration Insurance (STLDI). Jimmy Patronis Florida's Chief Financial Officer website. <https://www.myfloridacfo.com/Division/Consumers/STLDIPolicies.htm>. Accessed December 31, 2018.
- Cioppa R. *Bulletin 341: Short-Term Health Insurance*. Gardiner, ME: State of Maine Department of Professional and Financial Regulation, Bureau of Insurance; 2018. <https://www.maine.gov/pfr/insurance/legal/bulletins/pdf/431.pdf>. Accessed December 31, 2018.
- A lead-generating site does not sell a product. Rather, it is a landing page that collects demographic information about a customer interested in a product or service. Once the consumer fills out the information, she is then directed to other sites to purchase the product and/or have a salesperson reach out directly to the consumer.
- These sites also offer other types of coverage including memberships in health care sharing ministries; fixed indemnity insurance; and products that bundle multiple insurances that are not subject to the ACA, such as a hospital-only policy, a drug discount plan, and fixed indemnity policy. These products are often marketed to appear to offer similar benefits to those of ACA-compliant plans.
- Sullivan S. (2018). *How to Cancel Your Health Insurance*. Health eDeals. <https://www.healthdeals.com/blog/aca/cancel-health-insurance/>.
- Smedsdrud J. (2018). *Q&A About Short Term Medical Insurance Plans*. Pivot Health. <https://www.pivothealth.com/blog/2018/08/01/qa-about-short-term-medical-insurance-plans/>.

Copyright© January 2019. The Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.

## About the Authors and the Georgetown University Center on Health Insurance Reforms

Sabrina Corlette and Kevin Lucia are Research Professors, Dania Palanker is an Assistant Research Professor, and Olivia Hoppe is a Research Associate at Georgetown University's Center on Health Insurance Reforms (CHIR). CHIR is based at the McCourt School of Public Policy. Its faculty and staff conduct research on the complex and developing relationship between state and federal health insurance law and policy. For more information, visit <https://chir.georgetown.edu>. Follow CHIR on Twitter @GtownCHIR and via our blog at <http://chirblog.org>.

## Acknowledgments

The authors thank John Holahan and Linda Blumberg for their thoughtful review and comments on drafts of this report. We are also grateful to the state insurance regulators who so generously shared their time and insights with us.

## About the Robert Wood Johnson Foundation

For more than 45 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [www.rwjf.org](http://www.rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](https://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](https://www.rwjf.org/facebook).

## About the Urban Institute

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector. For more information, visit [www.urban.org](http://www.urban.org). Follow the Urban Institute on [Twitter](https://www.urban.org/twitter) or [Facebook](https://www.urban.org/facebook). More information specific to the Urban Institute's Health Policy Center, its staff, and its recent research can be found at [www.healthpolicycenter.org](http://www.healthpolicycenter.org).

JANUARY 2017

# AN EVALUATION OF THE INDIVIDUAL HEALTH INSURANCE MARKET AND IMPLICATIONS OF POTENTIAL CHANGES

American Academy of Actuaries  
Individual and Small Group Markets  
Committee



AMERICAN ACADEMY of ACTUARIES

*Objective. Independent. Effective.™*

## Members of the Individual and Small Group Markets Committee include:

Karen Bender, MAAA, ASA, FCA  
*chairperson*

Barbara Klever, MAAA, FSA  
*vice chairperson*

Eric Best, MAAA, FSA  
Philip Bieluch, MAAA, FSA, FCA  
Joyce Bohl, MAAA, ASA  
Frederick Busch, MAAA, FSA  
April Choi, MAAA, FSA  
Sarkis Daghlian, MAAA, FSA  
Richard Diamond, MAAA, FSA  
James Drennan, MAAA, FSA, FCA  
Scott Fitzpatrick, MAAA, FSA  
Beth Fritchen, MAAA  
Rebecca Gorodetsky, MAAA, ASA  
Audrey Halvorson, MAAA, FSA  
David Hayes, MAAA, FSA  
Juan Herrera, MAAA, FSA  
Shiraz Jetha, MAAA, CERA, FCIA, FSA  
Raymond Len, MAAA, FCA, FSA  
Rachel Killian, MAAA, FSA

Kuanhui Lee, MAAA, ASA  
Timothy Luedtke, MAAA, FSA  
Scott Mack, MAAA, ASA  
Barbara Niehus, MAAA, FSA  
Donna Novak, MAAA, ASA, FCA  
Jason Nowakowski, MAAA, FSA  
James O'Connor, MAAA, FSA  
Bernard Rabinowitz, MAAA, FSA, FIA, FCIA, CERA  
David Shea, MAAA, FSA  
Steele Stewart, MAAA, FSA  
Martha Stubbs, MAAA, ASA  
Karin Swenson-Moore, MAAA, FSA  
David Tuomala, MAAA, FSA, FCA  
Rod Turner, MAAA, FSA  
Cori Uccello, MAAA, FSA, FCA  
Dianna Welch, MAAA, FSA, FCA  
Tom Wildsmith, MAAA, FSA

The American Academy of Actuaries is a 19,000-member professional association whose mission is to serve the public and the U.S. actuarial profession. For more than 50 years, the Academy has assisted public policymakers on all levels by providing leadership, objective expertise, and actuarial advice on risk and financial security issues. The Academy also sets qualification, practice, and professionalism standards for actuaries in the United States.

# Table of Contents

<b>Executive Summary</b>	<b>1</b>
<b>SECTION 1</b>	
<b>What Is Necessary for a Sustainable Individual Health Insurance Market?</b>	<b>4</b>
<b>SECTION 2</b>	
<b>Assessment of Progress to Date</b>	<b>7</b>
<b>SECTION 3</b>	
<b>Addressing ACA Individual Market Challenges</b>	<b>20</b>
<b>Conclusion</b>	<b>36</b>
<b>Endnotes</b>	<b>39</b>



# Executive Summary

In this issue paper, the American Academy of Actuaries' Individual and Small Group Markets Committee examines experience in the Affordable Care Act (ACA) individual market. It outlines the conditions necessary for a sustainable individual health insurance market, examines whether these conditions are currently being met, and discusses the implications of potential changes to improve the ACA market rules or replace the ACA with an alternative approach.

## What is necessary for a sustainable individual health insurance market?

- Individual enrollment at sufficient levels and a balanced risk pool;
- A stable regulatory environment that facilitates fair competition;
- Sufficient health insurer participation and plan offerings to provide consumer choice; and
- Slow spending growth and high quality of care.

## How does the ACA individual market measure up to these conditions?

- Although the ACA has dramatically reduced uninsured rates, enrollment in the individual market has been lower than initially expected and enrollees have been less healthy than expected.
- For the most part, competing plans face the same rules; however, some rules might disadvantage insurers participating on the ACA marketplaces (or exchanges) compared to off the marketplaces.
- The uncertain and changing regulatory environment—including legal challenges to the ACA, allowing individuals to retain pre-ACA coverage, and constraints on risk corridor payments—contributed to adverse experience among insurers. As a result of these and other factors, insurer participation and consumer plan choice declined in 2016 and is declining further in 2017.
- In recent years, health care spending has been growing relatively slowly compared with historical averages, but there are signs that growth rates are increasing.



## What options have been proposed to improve the sustainability of the individual market?

Many options have been put forward to improve the sustainability of the individual market under the ACA. In addition, ACA replacement approaches have been proposed. The impact of any option or set of options depends on the specific details. This paper makes no recommendations and instead assesses the positive and negative implications of various options, including:

- **Stronger incentives to purchase coverage.** Strengthening the incentives to purchase coverage, through increased penalties for non-enrollment, increased premium subsidies, or a permanent reinsurance program, could help increase enrollment and improve the risk pool. Reducing the 90-day grace period and tightening special enrollment period (SEP) eligibility also have the potential to improve the risk pool by decreasing the potential for abuse of these protections.
- **Greater variation in premiums by age.** Widening premium variations by age could increase participation by young adults, but could result in higher uninsured rates among older adults and increased federal costs for premium subsidies, due to higher premiums for older adults.
- **Restructured premium subsidies.** Current premium subsidies are based on premium levels relative to income. The impact on enrollment, net premiums, and federal spending of basing premium subsidies instead on age or other factors depends on the amount of the subsidies relative to premiums.
- **Reduced regulatory uncertainty.** Releasing rules in a timely fashion would help reduce uncertainty for insurers. In addition, applying rules consistently among insurers is important to maintain a level playing field.
- **Allow insurance sales across state lines.** Allowing insurers to sell coverage across state lines, which states already have the ability to permit, could create an unlevel playing field and threaten the viability of insurance markets in states with more restrictive rules. This could reduce the ability of individuals with pre-existing health conditions to obtain coverage.
- **Enhanced state flexibility.** States could pursue approaches tailored to their specific situations through Section 1332 State Innovation Waivers or through other enhancements to state flexibility. Such efforts could include the pursuit of different enrollment incentives, subsidy structures, benefit coverage requirements, premium rating rules, etc.

# An Evaluation of the Individual Health Insurance Market and Implications of Potential Changes

Now that the individual market under the Affordable Care Act (ACA) is entering its fourth year of operation, experience is available from 2014–2016 that can be used to help assess the sustainability of the market over the longer term. In this paper, the American Academy of Actuaries' Individual and Small Group Markets Committee outlines the conditions necessary for the individual health insurance market to be sustainable over the long term and examines whether these conditions are currently being met. The paper then discusses the implications of potential changes to improve the ACA market rules or replace the ACA with an alternative approach.

# SECTION 1

## What Is Necessary for a Sustainable Individual Health Insurance Market?

This section outlines the conditions necessary for the sustainability of the individual health insurance market. In general, a financial security program is sustainable if it can be reasonably expected to be maintained over time without requiring significant curtailment or restructuring.<sup>1</sup> This determination involves considering whether all significant stakeholders accept the balance of benefits and costs and whether the program will achieve its goals over its time horizon. The ACA's goals include increasing access to affordable health insurance coverage, enhancing the quality of care, and addressing health spending growth.

With respect to the individual market, the conditions necessary for a sustainable market include achieving enrollment that is sufficient and balanced, a regulatory environment that is stable and facilitates fair competition, participation by health plans that is sufficient for market competition and consumer choice, and slow spending growth and high quality of care. These factors will affect premium affordability; in turn, premium affordability will affect enrollment numbers and risk pools. Subsequent sections of this paper will examine the extent to which the ACA individual market meets these conditions, including the feedback between enrollment and premiums.

## Individual enrollment at sufficient levels and a balanced risk pool

### **Sufficient enrollment levels.**

At the overall market level, enrollment must be high enough to reduce random fluctuations in claims from year to year. In states that fund health insurance marketplace operations through user fees, market-wide enrollment must be sufficient to generate adequate user fee revenues. At the insurer level, enrollment must be high enough to achieve stability and predictability of claims and to benefit from economies of scale, so that per-enrollee administrative costs are low relative to average claims.

### **A balanced risk pool.**

Because the ACA prohibits health plans from denying coverage or charging higher premiums based on pre-existing health conditions, having affordable premiums depends on enrolling enough healthy individuals over which the costs of the less-healthy individuals can be spread. Enrollment of only individuals with high health care needs, typically referred to as adverse selection, can produce unsustainable upward premium spirals. Attracting healthier individuals (e.g., through the ACA individual mandate and premiums subsidies) is needed to keep premiums more affordable and stable.

## A stable regulatory environment that facilitates fair and sufficient insurer competition

### **Consistent rules and regulations applied to competing health plans.**

Health plans competing to enroll the same participants must operate under the same rules. If one set of plans operates under rules that are more advantageous to healthy individuals, then those individuals will migrate to those plans; less-healthy individuals will migrate to the plans more advantageous to them. In other words, plans that have rules more amenable to higher-risk individuals will suffer from adverse selection. In the absence of an effective risk adjustment program that includes all plans, upward premium spirals could result, threatening the viability of the plans more advantageous to higher-risk individuals.

### **Stable effective regulatory environment.**

The rules and regulations governing the health insurance market need to be announced with sufficient lead time, relatively stable over time, and not overly burdensome in terms of costs or restrictions on innovation.

### **Reasonable expectation of earning a fair return.**

Insurers operating in the ACA-compliant individual market rely on premium payments from enrollees, federal funding for premium tax credits and cost-sharing reduction subsidies, and risk-mitigation transfers. In total, these revenues must be adequate to cover claims and administrative costs. They must also provide a reasonable margin for contribution to reserves and surplus in order to meet solvency requirements and support ongoing business activities.

## Sufficient health insurer participation and plan offerings

### **Sufficient number of participating health insurers.**

Health insurance market competition can provide incentives for health plans to improve the efficiency of health care delivery, lower administrative costs, and provide products that are attractive to consumers. The optimal number of insurers likely differs by area and local market conditions (e.g., the number of eligible enrollees, the degree of provider concentration). Rural areas can support fewer insurers, for instance, due to low potential enrollment numbers and the presence of sole community providers.

### **Sufficient plan offerings.**

The number and range of plan offerings must be sufficient to provide appropriate choice to consumers with respect to plan design features including a variety of out-of-pocket costs, provider networks, and plan type. This does not preclude requiring standardized plan designs. Offerings should not be so numerous that they impose an overwhelming burden on consumers that results in less-than-optimal choices.

## Slow health spending growth and high quality of care

### **Reasonable health care costs and moderate health spending growth.**

Long-term sustainability of the individual market requires containing the growth in health spending.

### **High quality of care.**

There must be a focus not only on containing the growth in health care spending but also on improving health care quality, measured for instance based on health care outcomes.

# SECTION 2

## Assessment of Progress to Date

This section addresses each of the conditions for sustainability identified in Section 1 and assesses progress that has been made as well as challenges that remain to be addressed. Although the ACA has dramatically reduced uninsured rates, enrollment in the individual market has been lower than initially expected and enrollees have been less healthy than expected. For the most part, competing plans face the same rules. However, the uncertain and changing regulatory environment—including legal challenges to the ACA, allowing individuals to retain pre-ACA coverage, and constraints on risk corridor payments—contributed to adverse experience among insurers. As a result of these and other factors, insurer participation and consumer plan choice declined in 2016 and declined further in 2017.

### Individual enrollment at sufficient levels and a balanced risk profile

#### **Sufficient enrollment levels.**

The number of individuals selecting marketplace plans during the annual open enrollment periods increased from 8.0 million in 2014 to 11.6 million in 2015, and to 12.7 million in 2016.<sup>2</sup> Enrollment numbers decline during the year, as individuals shift to other coverage sources (or to being uninsured) and insurers cancel coverage for consumers who don't pay their premiums. Offsetting part of this decline is enrollment during special enrollment periods (SEPs) for individuals who experience a qualifying event, such as a loss of coverage through a job. At the end of 2015, 8.8 million individuals had marketplace coverage, down from 11.6 million during the open enrollment period.<sup>3</sup>

Because of differences in populations and other factors, such as consumer outreach and enrollment systems, marketplace enrollment varies among the states. In 2016, the number of individuals with marketplace selections ranged from about 15,000 in Hawaii to 1.7 million in Florida.<sup>4</sup> Hawaii had a state-based marketplace, but moved to using the federal marketplace because its low enrollment numbers were not enough to generate sufficient revenues to sustain marketplace operations.<sup>5</sup> Other state-based marketplaces with relatively low enrollment numbers could be at similar risk. For instance, of the 13 remaining state-based marketplaces in 2016, three had fewer than 35,000 individuals with plan selections through the marketplaces during open enrollment (District of Columbia, Rhode Island, and Vermont).<sup>6</sup>

The ACA requires that insurers use a single risk pool when developing premiums. ACA-compliant off-marketplace plans are included as part of this single risk pool. In other words, insurers must pool all of their individual market enrollees together when setting the prices for their products. Therefore, premiums reflect insurer expectations of medical spending for enrollees both inside and outside of the marketplace. Although there are no official off-marketplace enrollment numbers, the Department of Health and Human Services (HHS) estimates that in 2016, about 7 million individuals enrolled in individual market coverage outside of the marketplace.<sup>7</sup> The majority of these individuals are likely to have ACA-compliant coverage; the Kaiser Family Foundation estimates that in 2016, only 12 percent of all individual market plans are non-ACA-compliant (i.e., grandfathered and transitional plans).<sup>8,9</sup> This suggests a total ACA-compliant individual market enrollment in 2016 of about 17-18 million.

Enrollment, both on the marketplace and in total, was lower than initially projected by the Congressional Budget Office (CBO) and others. In its May 2013 baseline estimates, CBO projected a total individual market enrollment in 2016 of about 37 million—22 million on the marketplace and about 15 million off marketplace.<sup>10</sup> In updated estimates from its March 2016 baseline, CBO lowered its 2016 enrollment projection to 21 million—12 million on the marketplace and 9 million off.<sup>11</sup> One major reason for the downward adjustment is that more employers than projected are continuing to offer coverage, resulting in fewer individuals moving from employer coverage to coverage in the individual marketplace. Lower-than-expected enrollment also suggests that affordability remains a challenge—in 2015, 46 percent of uninsured adults said that they had tried to obtain coverage but it was too expensive.<sup>12</sup> In addition, the ACA's individual mandate may be too weak to provide sufficient enrollment incentives. Outreach efforts may be insufficient to raise consumer awareness of the mandate and availability of premium assistance.

Even with enrollment lower than expected, uninsured rates have declined under the ACA. For instance, the National Health Interview Survey reports that the share of individuals under age 65 who were uninsured at the time of the interview declined from 18.2 percent in 2010 to 10.4 percent during the first six months of 2016.<sup>13</sup>

Despite these coverage gains, about 27 million nonelderly people remain uninsured in 2016.<sup>14</sup> Of these, the Kaiser Family Foundation estimates that 19 percent are eligible for a premium tax credit and 24 percent are eligible for Medicaid. These individuals may be unaware of their eligibility or, in the case of those eligible for premium subsidies, they may still find premiums unaffordable. Forty-seven percent of the uninsured are ineligible for premium assistance—20 percent due to their immigration status, 17 percent because they have an employer offer of coverage that is deemed affordable, and 11 percent because they have incomes that are too high. Another 10 percent of the uninsured would have been eligible for Medicaid if their state had expanded Medicaid coverage. Affordability may also be an issue for these groups. Notably, these are national estimates; percentages will vary among and within states.

### **A balanced risk pool.**

A sustainable market requires not only enrollment at sufficient numbers, but also a balanced risk profile. That is, enrollment should not be skewed toward those with high health care costs; sustainability requires the enrollment of healthy individuals as well. The ACA includes several provisions that aim to reduce the potential adverse selection effects of allowing guaranteed access to coverage at standard premiums regardless of pre-existing health conditions. These provisions include providing premium and cost-sharing subsidies to lower the cost of coverage and imposing a financial penalty for individuals who remain uninsured. Each encourages even healthy individuals to obtain coverage. However, affordability issues and the weakness of the individual mandate could have disproportionately suppressed enrollment among individuals with low expected health care costs.

Lower-than-expected marketplace enrollment has been accompanied by concerns that the risk profile of enrollees was worse than many insurers expected.<sup>15</sup> The average risk profile for a given population in a guaranteed issue environment generally can be viewed as inversely proportional to enrollment as a percentage of the eligible population. Higher individual market participation rates will tend to reflect a larger share of healthy individuals enrolling, and therefore a more balanced risk profile. In contrast, lower participation rates will tend to reflect a less-healthy risk profile, and in turn higher average costs. This is because those previously uninsured individuals with greater health care needs are more likely to enroll than those with lesser needs.



As expected, evidence from the 2014 open enrollment period suggests that less-healthy individuals were more apt to sign up first. For instance, early marketplace enrollees were more likely to be older and use more medications than later enrollees.<sup>16</sup> Examinations of how the risk pool has been changing over time have yielded some mixed results. A Center for Consumer Information and Insurance Oversight (CCIIO) analysis of per-enrollee costs in 2014 and 2015 suggests that slower cost growth may have resulted from a broader and healthier risk pool and that states with stronger enrollment growth had greater improvements in their enrollee risk profiles.<sup>17</sup> Similarly, an analysis of Covered California marketplace data found that the risk profile at the end of the open enrollment period improved from 2014 to 2015<sup>18</sup> and nationwide estimates suggest an improvement from 2014 to 2015 in the share of marketplace enrollees self-reporting very good or excellent health status.<sup>19</sup> In contrast, an analysis of the ACA risk adjustment program shows an increase in risk scores from 2014 to 2015.<sup>20</sup> Although this result suggests a deterioration of the risk pool, other factors could have played a role, such as increased diagnostic coding and better data submission to the Centers for Medicare & Medicaid Services (CMS). In addition, similar to the CCIIO analysis, the report finds that enrollment growth is correlated with an improvement in the risk profile when other factors such as a state's transition policy and Medicaid expansion decisions are controlled for.

The risk corridor results for 2014 and 2015 also support assertions that enrollment was sicker than insurers expected; for many insurers, 2014 and 2015 premiums were too low relative to actual claims.<sup>21</sup> Some of this understatement was likely due to the implementation of the transitional policy that allowed individuals to keep their prior non-ACA-compliant coverage. In states adopting the transition policy, ACA-compliant plans exhibited less favorable experience because lower-cost individuals were more likely to retain their prior policies. But even in many states that didn't allow for transition policies, insurers were more likely to receive risk corridor payments, suggesting that market average claim costs were higher than assumed in premium pricing.

Except for grandfathered plans, individuals will not be allowed to renew non-ACA-compliant plans beyond Dec. 31, 2017. In states that allowed transition policies, an influx of individuals from these plans to ACA-compliant plans could help improve the risk profile in 2018.

Risk profile concerns may have continued into 2016. The Kaiser Family Foundation estimated that during the 2016 open enrollment period, nationwide only 46 percent of the potential marketplace population selected a marketplace plan, ranging from a low of 22 percent in Iowa to a high of 74 percent in the District of Columbia.<sup>22</sup> However, these figures understate total ACA-compliant enrollment to the extent that individuals enrolled off marketplace (notably, the District of Columbia does not offer plans off marketplace).

The availability of SEPs for individuals who encounter certain life events—such as losing health insurance coverage, moving, or getting married—also can affect average claim costs. Eligibility requirements for SEPs in the marketplaces have not been stringently enforced, thereby creating opportunities for individuals to delay enrollment until health care services are needed. On average, SEP enrollees have had higher claim costs and higher lapse rates than individuals enrolling during the open enrollment period.<sup>23</sup> The worse experience exhibited by SEP enrollees could be resulting from a combination of higher enrollment among SEP-eligible higher-cost individuals, lower enrollment among SEP-eligible low-cost individuals, and enrollment among higher-cost individuals who would not meet SEP eligibility criteria if validation were required. CCIIO is exploring additional verification requirements for individuals who purchase coverage on the marketplaces.

The availability of long premium payment grace periods for subsidized enrollees could also contribute to an unhealthy risk profile. Individuals who receive premium subsidies on the marketplace and have paid at least one month's premium are allowed a grace period of 90 days for future premium payments. States govern the grace period, typically 30 days, for individuals not receiving subsidies and those purchasing coverage off marketplace. Longer grace periods for on-marketplace plans can worsen the risk pool profile by allowing healthy people to pay premiums for nine months and be assured of 12 months of coverage if needed. In other words, individuals who develop health problems can retroactively pay premiums in order to maintain coverage; individuals who remain healthy can skip payments for the last three months of the year and simply enroll for the next year's coverage during the open enrollment period. The risk adjustment program does not mitigate lost revenue problems arising due to healthy people not paying a full year of premium. It's unclear the extent to which subsidized enrollees may be taking advantage of the extended grace period.

A recognition by insurers of worse-than-expected risk pool profiles in 2015 was likely a factor that contributed to 2017 premium increases. Insurers have more information now than they did last year regarding the risk profile of the enrollee population and used that information to adjust their 2017 assumptions accordingly.<sup>24</sup>

## A stable regulatory environment facilitating fair competition

### **Consistent rules and regulations applied to competing health plans.**

A stable marketplace requires that rules be consistently applied to all competitors in order to prevent particular insurers from being inappropriately advantaged or disadvantaged. Inconsistent regulations distort the market, reducing competition and limiting consumer choices. Fair competition also requires rules to prevent insurers from gaming the system. These conditions are generally met under the ACA, but not completely.

The same issue and rating requirements apply to all individual market insurers in a state, regardless of whether coverage is offered on or off the state marketplace. However, many states decided to take up the federal option of allowing individuals to keep non-ACA-compliant coverage, which put ACA-compliant plans at a disadvantage with respect to enrolling healthier individuals. This transition policy expires at the end of 2017; beginning in 2018, individuals in these plans will need to purchase ACA-compliant coverage.

ACA-compliant plans on and off the marketplaces participate in the risk adjustment program. By transferring funds between insurers based on the relative risk of their plan participants, the risk adjustment program aims to reduce incentives for insurers to avoid enrolling people at risk of high health spending. An Academy analysis found that for the 2014 plan year, the risk adjustment program compressed the loss ratio differences among health plans—risk adjustment transfers increased average loss ratios among health plans with low loss ratios and reduced loss ratios for health plans with high loss ratios, indicating that the program generally worked as intended for the individual market.<sup>25</sup> Nevertheless, risk adjustment payments can be affected by diagnostic coding and operational issues, and risk adjustment transfers as a percent of premium are much more variable among smaller insurers, which can produce unexpected results.

Non-ACA-compliant plans are not part of the risk adjustment program. Therefore, the program cannot mitigate the differences in enrollment patterns between non-ACA-compliant plans, which are more attractive to healthy individuals, and ACA-compliant plans.

One example of rules that apply differently on and off marketplace is the length of the premium grace period. As noted above, a 90-day grace period is available for individuals receiving premium subsidies, whereas the grace period is typically 30 days for other enrollees, including those purchasing coverage off the marketplaces. This can create a minor advantage for insurers selling off marketplace only.

There are also some differences in how fees are levied among insurers. Marketplace user fees are collected to support marketplace operations. The fee is charged only on marketplace business, but insurers must spread the fee across its marketplace and off-marketplace business. Insurers that operate only off marketplace do not need to reflect the fee in their premiums.

### **Stable effective regulatory environment.**

Uncertainty in the regulatory environment can impact premium adequacy and stability, and ultimately insurer solvency. ACA regulations put into place standardized and effective processes for premium rate development, actuarial value determinations, and rate review processes that contribute to relative stability in the year-by-year rate filing processes. However, certain regulatory and legislative changes have seriously undermined this stability, negatively affecting the risk pool profiles, premium adequacy, and insurer financial results. In addition, delays in the release of important information can negatively affect stability.

- **Allowing individuals to retain pre-ACA coverage.** The decision to allow individuals to retain pre-ACA coverage was not made until 2014 premiums were finalized. In states that allowed pre-ACA plans to be renewed, this decision resulted in the risk pool profiles of ACA-compliant coverage being worse than expected and contributed to premiums being low relative to actual claims.
- **Constraints on risk corridor payments.** Risk corridors were included in the ACA to mitigate the pricing risk in the early years of the program. Although originally not specified to be budget neutral, subsequent legislative and regulatory actions have limited risk corridor payments to those that can be paid through risk corridor collections. If there is a shortfall, risk corridor payments are made on a pro rata basis. Due to such a shortfall for the 2014 plan year, only 12.6 percent of risk corridor payments were made.<sup>26</sup> The failure to pay the full amounts led to financial difficulty for many plans, in particular many Consumer Operated and Oriented Plans (CO-Ops). For instance, the Kentucky Health Cooperative specifically cited the lack of full risk corridor payments as a reason for closure.<sup>27</sup> HHS has indicated that no funds will be available for 2015 risk corridor payments, as any 2015 risk corridor collections will be used toward remaining 2014 risk corridor payments.<sup>28</sup>
- **Legal challenges to the ACA.** The steady flow of lawsuits has created additional costs and uncertainty. For instance, many states using the federal marketplace required dual premium submissions for the 2016 plan year because the Supreme Court had not yet

ruled on *King v. Burwell* (regarding the availability of premium subsidies) at the time premium filings had to be submitted for review. This required additional resources and expenses. Other cases are currently working their way through the courts. One that could have significant implications for premiums and insurer financial stability involves whether the administration has the legal authority to make cost-sharing reduction payments to health plans.<sup>29</sup>

- **Timing of available risk adjustment information.** Because the risk adjustment program depends on the market-wide risk profile, there is uncertainty regarding the amount that insurers expect to pay or receive under the program. Risk adjustment results in 2014 and 2015 were much different than expected for some insurers, resulting in unexpected losses. This risk adjustment “shock” is another reason cited for causing solvency problems for CO-OPs and other smaller plans.<sup>30</sup> Because of the lag in reporting, final risk adjustment results for a given plan year are not released until the middle of the next year, after premiums have already been filed for the year after that. In recognition of this time lag, CCIIO has begun to release interim reports that provide summary risk adjustment information. This information is not available for all states and insurers using the reports must do so with caution because the final results can differ significantly from interim estimates.
- **Timing of final rules.** The rulemaking process is understandably long and involved. Nevertheless, the earlier that rules are finalized, the easier it is for insurers to meet deadlines for product and rate filings in May. The final rules applicable to 2018 premium filings were released in December, earlier than in prior years. This earlier release will reduce rulemaking uncertainty, especially if this timeframe is continued in future years.

### **Reasonable expectation of earning a fair return.**

Like all businesses, insurers participating in the individual market have an obligation to protect their viability and solvency, requiring that they must earn a fair return that supports ongoing business activities. Premiums net any of other payments or receipts (e.g., through the risk adjustment and reinsurance programs) must be adequate to cover claims and all administrative costs, taxes, and fees, and still provide a margin for profit or contribution to reserves and surplus.

The ACA reforms implemented in 2014 significantly changed insurance market rules and increased business risks. The most fundamental of these risks is related to projecting claim costs. Insurers had very limited data available to estimate who would enroll in plans under the new rules and what their health spending would be. It was likely that the composition of the insured population would change dramatically due to the elimination of underwriting and the introduction of premium subsidies. The risk adjustment and transitional reinsurance programs also needed to be factored in, while the temporary risk corridor program could be viewed as providing a partial safety net for premium rate development uncertainty.

Even with all the known risks, issuers were further subject to circumstances that could not reasonably have been anticipated. As noted above, these include the ability for individuals in many states to continue non-ACA-compliant transitional coverage in 2014 and beyond, as well as the federal government's failure to make risk corridor payments in full.

In an analysis of 2014 experience, McKinsey & Company found much variation in financial performance among insurers, with about 40 percent of the market covered by insurers with positive margins; the aggregate post-tax margin in 2014 was -4.8 percent.<sup>31</sup> The transition policy may have contributed to losses, as did insurer-specific factors, with CO-OPs and insurers offering preferred provider organization (PPO) plans and broad networks experiencing larger losses. Health maintenance organizations (HMOs), insurers with narrower networks, and Medicaid-based plans had more favorable experience, on average.

Once financial losses have been suffered, they cannot easily be recouped through future gains in the individual marketplace. Pricing margins can be limited by the rate review process and competitive pressures, which often puts downward pressure on rates, and health plans are not allowed to build in provisions to recoup past losses into premium rates.

Prior to the ACA, normal fluctuations in year-by-year margins could result in poorer-than-expected margins being offset by better-than-expected margins in subsequent years. The ACA's medical loss ratio (MLR) requirements limit the extent to which this can occur. These requirements stipulate that if claims plus quality improvement expenses fall below 80 percent of premium net of taxes and fees (in effect meaning that administrative costs and profit exceed 20 percent of premium), insurers may be required to return the difference to plan members.

Insurers and regulators now have more experience that can be used to develop and review future premiums. S&P Global Ratings recently forecast that insurer financial performance will improve, with smaller aggregate losses in 2016 than in 2015 and continued improvement in 2017 with more insurers becoming profitable.<sup>32</sup>

Nevertheless, continuing uncertainty and ACA legal challenges mean that pricing and solvency challenges in the market remain. This has caused many issuers to question their ability to earn a fair return—resulting in some issuers withdrawing from existing markets and fewer issuers having an interest in entering new markets.

## Sufficient health plan participation and plan offerings

### **Sufficient number of participating health insurers.**

Although there is no definitive minimum number of health insurers that are needed to ensure a competitive marketplace, it is generally recognized that competition can be difficult with fewer than three insurers.<sup>33</sup> This threshold may be lower than in other markets due to consumers' ability to compare plans under the ACA.<sup>34</sup>

The average number of ACA marketplace insurers per state increased from 5.0 in 2014 to 6.1 in 2015, and then declined to 5.7 in 2016.<sup>35</sup> Due to the failure of a number of small carriers, especially the CO-OPs, and market withdrawal announcements by some larger carriers (e.g., Aetna, Humana, UnitedHealth), the number of insurers is decreasing further in 2017. These averages mask tremendous variation among states. For instance, in 2017, five federal marketplace states (Alabama, Alaska, Oklahoma, South Carolina, and Wyoming) have only one insurer. On the other end of the spectrum, Wisconsin has 15 insurers, Ohio has 11, and Texas has 10. Within states, the number of insurers offering coverage can vary by county, with rural counties having fewer participating insurers. Avalere estimates that in states using the federal marketplace, the average number of insurers per county has fallen from 5.3 in 2016 to 2.9 in 2017, and 21 percent of enrollees have only one participating insurer for 2017.<sup>36</sup>

It was expected that insurer exits and entries would occur during the early years of the ACA as insurers adjust to the new market rules. Nevertheless, recent marketplace pullbacks, especially among some major insurers, raise a concern that the current ACA marketplace environment is not viable from a business perspective. (Notably, some of the insurers pulling back from offering marketplace coverage continue to offer ACA-compliant coverage outside of the marketplace.) A reduction in competition due to fewer participating insurers can reduce consumer options as well as impact premiums. The ability of insurers to effectively compete depends in large part on their ability to manage costs, which in turn reflects their ability to effectively negotiate with providers to lower utilization and costs (e.g., through narrower networks). Insurers with larger market shares in a particular area may have more leverage in provider contracting. (The dynamic may be different in rural areas with a limited number of providers—rural providers can have more negotiating power even if there is only one insurer.) On the other hand, having a more competitive market could provide insurers more incentives to negotiate aggressively and to pass along savings to consumers. Research based on 2014 and 2015 ACA premiums suggest that the addition of an additional competitor leads to lower premium increases, but the competitive effects shrink after two or three additional entrants.<sup>37</sup>

Due in part to lower potential enrollment, rural areas can support fewer insurers, so it is not surprising that there are fewer participating insurers in rural counties and states. Nevertheless, having only one or even no participating insurers in some areas is a cause for concern.

### **Sufficient plan offerings.**

Consumers have choices with respect to their particular plans. The ACA provides for four metal levels, which reflect relative plan generosity, as well as a catastrophic plan available to young adults and individuals who qualify for a hardship exemption from the individual mandate. Insurers offering marketplace coverage must offer silver and gold metal plans, but are not required to offer the other metal levels. In most states, insurers have flexibility within metal levels to set particular benefit design and cost-sharing requirements. Some state marketplaces impose standardized plan options, but may allow non-standardized options as well. Standardized benefit options may help simplify consumer choices and facilitate plan comparisons,<sup>38</sup> but could also inhibit innovative plan designs. For the 2017 plan year, the federal marketplace is offering standardized benefit designs, called Simple Choice plans, on an optional basis. Insurers can also offer choices across additional plan dimensions, such as plan type (e.g., HMO, PPO), which can affect the level of care management, how broad or narrow the provider network is, and the availability of out-of-network benefits.



Over the first three years of the ACA, the average number of marketplace plans offered per county in federal marketplace states increased from 51 in 2014 to 55 in 2015, and then decreased to 48 in 2016; plan offerings per county is further decreasing to 30 in 2017.<sup>39</sup> Plan offerings and enrollment are concentrated in silver plans, which would be expected given that premium subsidies are based on silver plans and cost-sharing subsidies are available only for silver plans.

Forty-seven percent of 2017 federal marketplace plans are silver plans; 33 percent are bronze. On average, only one platinum plan is offered per county, and many areas have no platinum plan offerings at all. Enrollment has been even more concentrated; as of March 31, 2016, 70 percent of enrollment nationwide is in silver plans and 22 percent is in bronze.<sup>40</sup>

The type of plans offered in the marketplaces has been changing, with a decline in less restrictive network PPO offerings. This shift may reflect consumers' willingness to forgo access to a broad set of providers and looser utilization management in return for lower premiums and cost sharing. Among silver plan offerings, PPO plans have declined from 52 percent of plan offerings in 2014 to 35 percent in 2016, and were expected to decline further in 2017, especially among competitively priced plans.<sup>41</sup> Some areas have few or no PPO marketplace offerings.<sup>42</sup> More restrictive network plans, such as HMOs and exclusive provider organizations (EPOs), are becoming a larger share of marketplace offerings. Low- and moderate-income consumers may be more open to narrower networks,<sup>43</sup> and Medicaid-based marketplace plans are particularly based on HMO and EPO plans.<sup>44</sup> Nevertheless, the high deductibles associated with lower-metal-level plans have generated concerns regarding high out-of-pocket costs.<sup>45</sup> On average, plan offerings are broader off marketplace, both in terms of plan type and metal tier,<sup>46</sup> but premium subsidies are not available for off-marketplace plans.

Insurers are shifting toward narrower provider networks in marketplace plans to lower premiums.<sup>47</sup> Health insurers negotiate provider payment rates and other network participation terms, such as those related to quality and sharing financial risk. Providers often accept lower payment rates in return for being included on a plan's network. Deep provider discounts have been negotiated in some cases, particularly when the health insurer is able to leverage rate negotiations between two competing health care systems.

## Slow health spending growth and high quality of care

Because most premium dollars go toward paying medical claims, keeping premiums (and taxpayer-funded premium and cost-sharing subsidies) affordable requires controlling health care costs. Medical spending trends for the individual market reflect those for the health system as a whole. In recent years, health spending has been growing relatively slowly compared with historical averages. Nevertheless, national health spending made up 17.8 percent of the economy in 2015.<sup>48</sup> Because health spending has been growing faster than the gross domestic product (GDP), this share is increasing.

There are signs that health spending growth rates are beginning to increase. Prescription drug spending growth has been particularly high recently, due to price increases and the introduction of high-cost specialty drugs. According to national health spending projections from the CMS Office of the Actuary, annual per capita spending growth for those with private health insurance will increase from 3.2 percent in 2014 to 4.9 percent from 2016 to 2019.<sup>49</sup> This higher growth rate remains lower than the 7.1 percent annual growth rate from 2007 to 2013, but exceeds projected annual per capita GDP growth by 1.0 percentage point. Growth in per capita health spending will directly result in premium increases.

Not only is national health spending high and growing, there is evidence that we are not spending our health care dollars wisely. For instance, the Institute of Medicine estimated that 10-30 percent of health spending is for unnecessary care or other system inefficiencies and that missed prevention opportunities also add to excess spending.<sup>50</sup> Although the medical care that people receive can vary dramatically across and within geographic regions, those variations are unrelated to health outcomes,<sup>51</sup> also indicating inefficient spending. In addition, medical errors are now the third leading cause of death,<sup>52</sup> raising quality concerns.

# SECTION 3

## Addressing ACA Individual Market Challenges

This section discusses the potential implications—both positive and negative—of several options that have been proposed to address the challenges in the individual market under the ACA. This section focuses on options to improve the risk pool profile, increase insurer participation, and improve the regulatory environment. Although the long-term sustainability of the individual market depends on containing health care spending, this is a health system-wide issue and not unique to the individual market. As such, an examination of payment and delivery system reform options is beyond the scope of this paper.

### Options to Achieve Sufficient Enrollment Levels and a Balanced Risk Profile

One of the most popular elements of the ACA is that people with pre-existing health conditions cannot be denied health insurance coverage or charged more for that coverage. For this provision to work, however, healthy people must enroll at levels high enough to spread the costs of those who are sick. Otherwise, average costs, and therefore premiums, will rise. This section explores options related to approaches that aim to increase enrollment and attain a balanced risk profile.

## Impose penalties for non-enrollment

One way of increasing enrollment is to penalize individuals who do not enroll. An individual mandate may be the best way of using penalties to increase enrollment, but only if it is effective and enforceable. Other options that impose penalties on individuals who initially forgo coverage but later enroll may provide some incentives to enroll when first eligible. However, their effect on the risk pool may come more from suppressing later enrollment or mitigating the costs of future adverse selection.

- **Individual mandate.** The ACA individual mandate penalty (\$695 or 2.5 percent of income, whichever is greater) may not be strong enough to encourage healthy consumers to enroll. For instance, an annual income of \$50,000 would result in a tax penalty of \$1,250, which is about half of the national average premium for a bronze plan.<sup>53</sup> A larger financial penalty would increase the incentives for individuals to enroll, especially as the amount of the penalty approaches the amount of the premium.

Strengthening the mandate's enforcement could also increase its effectiveness. Currently, the mandate penalty is reported on the federal income tax form and is deducted from any tax refund. If no refund is owed, however, there are no consequences to the taxpayer if the penalty goes unpaid. Enforcing payment regardless of whether there is a tax refund would increase the mandate's effectiveness.

Increased outreach to ensure that consumers are aware of and understand the penalty as well as their coverage options and potential eligibility for premium subsidies would help increase the mandate's effectiveness, as would reducing allowed exemptions to the mandate.

- **Continuous coverage requirement/reduce access to coverage for late enrollees.** Another form of a late enrollment penalty would be to remove the pre-existing condition coverage protections for late enrollees or for those who haven't had continuous coverage for a specified period of time, such as 18 months. In other words, insurers would be allowed to underwrite individuals who do not enroll when first eligible or do not meet continuous coverage requirements. Individuals with pre-existing conditions could be denied coverage altogether, provided access to less generous plans only, or charged higher premiums based on their health conditions.

If this type of approach were structured to allow insurers to offer preferred premiums to individuals who meet underwriting requirements, however, the marketplace would in effect return to a pre-ACA environment. Healthy individuals, even those who had continuous coverage, would have an incentive to undergo underwriting. As a result, healthy individuals would be charged lower premiums and less healthy individuals would face higher premiums and potentially less generous or no coverage options. Similarly, if this approach moved away from requiring a single risk pool with risk adjustment among all plans, market fragmentation could occur and plans insuring higher-cost individuals would require higher premiums and could become less viable.

A continuous coverage requirement in effect imposes a one-time open enrollment period. Instead of having only a one-time open enrollment period, or annual open enrollment periods as under the ACA, an intermediate approach would be to offer open enrollment periods every two to five years.

- **Late enrollment premium penalty.** In addition to or instead of an individual mandate penalty, individuals who do not enroll in coverage when it is first available could be subjected to a premium surcharge if they later enroll. For instance, the Medicare program increases Part B and D premiums by 10 percent of premium for every 12 months that enrollment is delayed past the initial eligibility date. (Medicare's high enrollment rates are likely not attributable to this penalty, however. Instead, Medicare's highly subsidized Part B and Part D premiums probably play a larger role.) The higher premium is paid for the lifetime of the enrollee. Such a penalty would be more challenging to implement under the ACA. It would be difficult to track an individual's eligibility and enrollment over time, especially when individuals change employers or move between different coverages. Communicating the nature of the penalty to consumers could also be difficult. In addition, as the penalty accumulates over time, premiums could become prohibitively expensive, potentially further suppressing subsequent enrollment, potentially more so among healthy individuals.

## Provide enrollment incentives

In the ACA, the individual mandate is the stick and premium subsidies are the carrot used to encourage enrollment, especially among healthy individuals. Although much attention is focused on the enrollment experience among young adults, who on average have lower health care costs, enrolling low-cost individuals of all ages should be the goal. Enrolling healthy older adults can be even more advantageous than enrolling healthy younger adults, because of the higher premiums paid by older adults. Regardless of age, attracting low-cost individuals depends on whether they deem that the value of the health insurance available exceeds the premiums charged. Reducing premiums through premium subsidies, tax credits, or other means could increase the perceived value of insurance, even to healthy individuals. The impact of any change in subsidies on enrollment, premiums, and government spending would depend on the details of the approach.

- **Premium subsidies.** Premium subsidies for ACA coverage are based on income and the cost of the second-lowest silver tier plan, and are available for individuals with incomes up to 400 percent of the federal poverty level (FPL). Nevertheless, premium affordability appears to continue to be a problem. Premium subsidies could be increased, perhaps targeting different subsets of enrollees. One option would be to increase the premium subsidies for all individuals currently eligible for premium subsidies—those with incomes between 100 and 400 percent of FPL. This would help address the concern that premiums remain unaffordable for low- and moderate-income individuals. Another option would be to increase subsidies for a subset of individuals currently eligible for premium subsidies (e.g., individuals with incomes of 250-400 percent of FPL, younger adults, older adults) if affordability issues are seen as greater for those subgroups. A third approach would be to extend subsidies to individuals with incomes exceeding 400 percent of FPL, in recognition that even higher-income individuals can face affordability problems. By increasing subsidies, net premiums would decline, increasing the incentives for even healthy individuals to obtain coverage.

- **Restructured premium subsidies.** The ACA premium subsidy structure sets a cap on premiums as a share of income, and the cap increases with income as a share of FPL. The difference between the premium cap and the premium for the second-lowest silver tier plan is provided as a premium tax credit, which can be used toward any plan in the marketplace. If the plan chosen costs less than the second-lowest silver tier plan (e.g., the lowest silver tier plan, a bronze tier plan), the enrollee will pay less than the premium cap. Because premiums for older adults are more expensive than premiums for younger adults, older adults will receive a higher premium subsidy than younger adults with the same income. Using that subsidy toward a lower-priced plan could result in an older adult paying a lower net premium than a younger adult with the same income. Conversely, if a higher-cost plan is chosen, older adults would pay a higher net premium than younger adults with the same income.

The subsidy structure could be changed so that subsidies vary by age, instead of or in addition to varying by income. For instance, subsidies could be targeted to increase enrollment among young adults. Regardless of how they are structured, subsidies need to be sufficient so that premiums are affordable, especially for low- and moderate-income households.

- **Reimbursement for high-risk enrollees.** The ACA includes a transitional reinsurance program that uses contributions collected from all insurers and self-funded plans to offset a portion of claims for high-cost individuals in the individual market. To the extent that the group insurance market (including self-funded plans) has a healthier risk profile than the individual market, this mechanism in effect acts as a risk adjustment program between the individual and group markets. The program was in effect from 2014-2016 only. A permanent program to reimburse plans for the costs of their high-risk enrollees would reduce premiums. For instance, during the reinsurance program's first year, the \$10 billion reinsurance fund was estimated to reduce premiums by about 10-14 percent.<sup>54</sup> Such a program to pool high risks could be implemented at the state or federal level and could use the current funding mechanism or another. For instance, the state of Alaska recently established a comprehensive health insurance fund that will act like a reinsurance program, thereby lowering 2017 premium rate increases.

## Modify insurance rules

Under the ACA, premiums cannot vary by health status, but are allowed to vary by age, up to a 3:1 ratio. The ACA also imposes rules regarding the comprehensiveness of coverage. These rules can affect average premiums and out-of-pocket costs. They also affect how premiums vary across individuals.

- **Wider premium variations by age.** Widening the allowable age variation from a 3:1 ratio to a 5:1 ratio would more closely align premiums to underlying costs by age. One study estimates that such a change would reduce premiums for 21-year-olds by 22 percent (\$70 per month), resulting in an increase in young adult enrollment.<sup>55</sup> However, premiums for 64-year-olds would increase by 29 percent (\$274 per month), likely reducing older adult enrollment while also increasing federal costs for premium subsidies due to the higher premiums. Unsubsidized healthy older adults may be the most likely to drop coverage. On net, the study estimates that loosening the age bands would increase federal premium and cost-sharing subsidies by \$11 billion in 2018 under the current ACA subsidy structure.
- **Increased access to catastrophic coverage or the addition of a lower tier “copper” plan.** Less generous coverage could be appealing to younger adults and healthy people of all ages more generally. The ACA offers a catastrophic plan option to adults under age 30 and older adults who have a hardship exemption from the individual mandate. However, individuals are not allowed to use premium tax credits toward catastrophic plans and the actuarial value of catastrophic plans is similar to bronze plans. As a result, current participation in catastrophic plans is quite low—less than 1 percent of marketplace enrollees.<sup>56</sup>

Allowing broader access to catastrophic coverage with even lower actuarial values and allowing premium tax credits to be used toward this coverage could increase enrollment, especially among healthy individuals. Under current law, however, increased enrollment in catastrophic plans won’t affect premiums for the metal level plans—although catastrophic plans are part of the single risk pool, catastrophic plan premiums are allowed to be adjusted to reflect the expected impact of catastrophic plan eligibility. In addition, catastrophic plans are treated separately in the risk adjustment program.



Adding a copper tier plan, with an actuarial value lower than that of the bronze tier plans, could result in increased enrollment among young and healthy individuals. However, the lower premiums associated with these plans mean that it would be more difficult to spread the risk of higher-cost enrollees in more generous plans. In addition, by their nature, both catastrophic plans and copper tier plans would have higher out-of-pocket cost-sharing requirements than other plans. This may be less of an issue for high-income individuals, but these types of plans are a less viable option for low- and perhaps even moderate-income individuals. (Individuals with incomes less than 250 percent FPL are eligible for cost sharing subsidies, but only if they purchase silver tier plans.)

- **Increased benefit design flexibility.** Designing benefit packages that would be more attractive to healthy enrollees could increase their participation. For instance, offering primary care visits or generic drugs with low copayments before the deductible could be a way to increase the value of benefits. Although insurers already have flexibility to vary plan designs within the actuarial value constraints, the HSA rules prohibit paying most non-preventive benefits prior to the deductible. Relaxing those rules to allow insurers to provide more incentives for cost-effective care prior to the deductible could increase the value of benefits while also potentially reducing costs.

### **Make risk pools less susceptible to adverse selection**

Even with provisions such as an individual mandate and premium subsidies that aim to reduce the adverse selection effects of prohibiting discrimination against individuals with pre-existing conditions, some degree of adverse selection will occur. In addition, many individuals enroll after the year begins, either later during the open enrollment period or during a special enrollment period. And many individuals drop coverage prior to the end of the year. Partial-year enrollment is not unexpected in the individual market, as individuals move between it and other sources of coverage, such as employer group coverage. Nevertheless, partial-year enrollment can be especially prone to adverse selection. Further mitigating adverse selection and encouraging full-year enrollment can improve the risk pool profile and market stability.

- **Modify the open enrollment period.** Shortening the open enrollment period or ending it prior to January 1 would increase the confirmed enrollment in January. As a comparison, the 2017 open enrollment period runs from November 1 to January 31 for ACA plans, but only from October 15 to December 7 for Medicare. Having an ACA open enrollment as short as that for Medicare might not be currently feasible—more time may be needed for outreach and enrollment efforts. In addition, individuals may need until December to know what their financial situation for the next year will be (e.g., whether they get a raise can affect enrollment decisions). Nevertheless, an enrollment period that ends prior to January 1 could reduce the potential for adverse selection, thus improving the average risk profile. In addition, it would help insurers understand their enrollee population sooner, direct members into care management programs earlier, provide more time to send welcome materials to enrollees, and better ensure enrollees access to insurance benefits closer to January 1.
- **Reduce the 90-day grace period.** Individuals receiving premium subsidies are allowed a 90-day grace period for premium payment. This can enable enrollees to select against the market by paying premiums retrospectively only if they use services during that time; those who don't use services can let their coverage lapse. This can destabilize the market and increase average costs per enrollee. Reducing the grace period so that it is the same as that for individuals not receiving subsidies, typically 30 days, could keep enrollees participating regardless of need, and for a longer duration. Concerns regarding premium affordability could be addressed through other mechanisms, such as increased or restructured premium subsidies.
- **Tighten SEP eligibility and enrollment verification.** Recent changes by CMS to eliminate some SEP categories and tighten the eligibility requirements for certain SEPs have been reported to have resulted in a 15 percent decline in SEP enrollment.<sup>57</sup> CMS has also announced plans to test procedures that would verify SEP eligibility.<sup>58</sup> Further limiting SEP eligibility and tightening enforcement could reduce any abuses of SEP eligibility that might be occurring. Although potentially difficult to implement, an additional option is to prohibit SEP enrollees from choosing richer plans than their prior coverage. Any requirements regarding SEP enrollment should not be so onerous as to reduce participation among those legitimately eligible, otherwise the consequence could be to reduce participation among healthy SEP eligibles, thus worsening the risk pool. Because higher claim costs among SEP enrollees likely reflects not only abuse of SEP eligibility, but also higher enrollment among high-cost SEP eligibles, consideration

should be made to increase outreach regarding SEP eligibility and the individual mandate (e.g., notices to employees losing group coverage). Doing so could reduce adverse selection by increasing participation among low-cost SEP eligibles. Nevertheless, late-year SEP enrollment among healthy eligibles could be low because deductibles aren't prorated.

- **Limit third-party premium and cost-sharing payments.** Adverse selection can occur when third parties pay an individual's insurance premiums and cost sharing, as these payments are more typically made on behalf of individuals with high health care needs. Payments from certain third parties may be appropriate. For instance, CMS requires insurers to accept third-party payments from federal, state, and local programs. However, it is less appropriate for providers who will receive payments for their services to be making payments on behalf of enrollees. CCIIO has expressed concerns that provider organizations could be steering Medicaid and Medicare patients to marketplace plans in order to obtain higher reimbursement rates.<sup>59</sup> Dialysis providers in particular appear to be benefiting from such steerage, even if it is not the best coverage option for patients. To address this issue, CMS issued rules to improve dialysis facility disclosure requirements and transparency around third-party premium payments.
- **Establish high-risk pools.** Rather than directly increasing the participation of healthy individuals, high-risk pools could be established to remove high-cost enrollees from the risk pool, reducing premiums for the remaining enrollment. If the issue and rating requirements were relaxed to allow insurers to deny coverage or charge higher premiums to individuals with pre-existing conditions, average standard premiums would be lower but high-risk individuals could have difficulty obtaining coverage. High-risk pools have been used to facilitate coverage for high-risk individuals, but enrollment has generally been low, coverage has been limited and expensive, they require external funding, and they have typically operated at a loss.<sup>60</sup> Substantial funding would be required for high-risk pools to be sustainable. In addition, removing high-risk individuals from the insured risk pools reduces costs in the private market only temporarily. Over time, even lower-cost individuals in the individual market can incur high health care costs, which would put upward pressure on premiums. As discussed above, an alternative is to use funding that would have been directed to external high-risk pools toward a program that reimburses plans the costs of high-risk enrollees.

## Increase sources of potential individual market enrollment

Another approach to increasing enrollment in the individual market is expanding eligibility to other groups:

- **Incorporate Medicaid expansion population into the individual market.** The ACA expanded Medicaid eligibility to 138 percent of the FPL. Arkansas and New Hampshire received federal waivers to expand Medicaid by purchasing marketplace coverage for newly Medicaid-eligible adults; the Arkansas waiver began in 2014 and the New Hampshire waiver began in 2016. Iowa had implemented a similar program but subsequently terminated it when the remaining marketplace insurer would no longer accept Medicaid enrollees. Other states could pursue the approach of using Medicaid funds to purchase marketplace coverage. Incorporating the Medicaid expansion population into the individual market would increase marketplace enrollment, potentially increasing marketplace stability. But the impact on the risk profile and resulting premiums is unclear—having a lower income is often associated with having poorer health. In 2015, Arkansas had the highest average risk score in the individual market (but closer to the average risk score in the small group market), perhaps reflecting in part the Medicaid waiver. In addition, there is evidence that marketplace premiums are lower on average in states that expanded Medicaid compared to those that have not.<sup>61</sup> These findings suggest that expanding traditional Medicaid could improve marketplace risk profiles, although marketplace enrollment would decline.
- **Merge the individual and small group markets.** Merging the individual and small group markets into a single risk pool would increase the size of the risk pool. Whether it would lead to greater market stability and lower premiums, at least compared to the individual market, would depend on the relative size and risk of the individual market compared to the small group market. For instance, if a state's small group market is relatively large and lower risk than its individual market, the small group market would more easily absorb the individual market, lowering premiums for those previously in the individual market without substantially increasing premiums for those previously in the small group market. In contrast, if the small group market in a state is relatively small compared to the individual market, merging the markets could increase small group premiums without a significant reduction in individual market premiums. Other factors that could impact outcomes are whether merged market premiums would be allowed to vary between individuals and groups and the extent to which a self-funding option is available for small groups with lower expected health care spending. Adverse

selection against the ACA market could occur if low-cost small groups pursue self-funding options. Currently, self-funding is relatively infrequent among small groups. Of establishments with fewer than 100 workers that offer health insurance, 14.2 percent offered a self-funded plan in 2015, up from 13.4 percent in 2014.<sup>62</sup> Nevertheless, to limit additional adverse selection, rules might need to be considered to discourage further self-funding among small groups.

- **Remove option for adult children up to age 26 to remain on a parent's insurance plan.** The ACA allows adult children to remain on a parent's plan up to age 26. This likely suppresses young adult enrollment in the individual market. Eliminating that provision could increase young adult enrollment in the individual market, but could also lead to an increase in uninsured rates among young adults. The potential impact on the individual market risk pool profile depends on the extent of adverse selection among younger adults, with healthy young adults opting to forgo coverage.

## Increasing Insurer Participation and Improving the Regulatory Environment

### Options to level the playing field

It is important for competing plans to operate under the same rules. For the most part, the ACA applies the same rules to all plans in the individual market. However, there are some instances in which plans are treated differently. Options to address these inconsistencies include:

- **Reduce the grace period for subsidized enrollees.** As noted above, reducing the grace period for subsidized enrollees could improve the risk pool profile. It would also increase consistency between individuals with premium subsidies and those without, including those purchasing coverage off the marketplace.
- **Consistent SEP enforcement mechanisms.** Stricter SEP enforcement mechanisms have the potential to improve the risk profile. In addition, more consistent SEP verification processes between plans on and off the marketplace could reduce any related disadvantages for on-marketplace plans.

- **Modifying marketplace fee assessments.** Marketplace fees should be assessed in a manner that does not disadvantage insurers participating in the marketplace. Currently, marketplace fees are assessed only on insurers selling coverage on the marketplace, but these insurers are required to spread the fee to both their on- and off-marketplace enrollees. Insurers selling off marketplace only avoid these fees. Potential solutions include allowing insurers to vary their administrative charges for on-marketplace and off-marketplace members, with the marketplace business being charged the entire marketplace fee. Another option would be to charge the marketplace fee to all insurers operating in the market, even those operating exclusively off marketplace. This would spread the costs of the marketplace over a broader base and allow the charge to be a lower percentage of premium. Even off-marketplace-only insurers benefit from marketplace functions that increase enrollment, because they can improve the overall market's risk profile.

### **Prohibit off-marketplace plans**

Another option that would create a level playing field is to require all insurers and plans to be offered only through the marketplace. This would prevent insurers from choosing to market only off marketplace to avoid some of the fees and additional marketplace rules and may help with some risk selection problems to the extent that risk adjustment does not fully compensate for risk differences between on- and off-marketplace plans. In general, a wider array of insurance plans is available off the marketplace than on the marketplace. Prohibiting off-marketplace plans could potentially increase the options available to enrollees receiving premium subsidies. On the other hand, insurers may choose to continue offering only the narrower set of on-marketplace options, thus reducing plan choice among individuals previously purchasing off-marketplace plans. Also, some insurers may decide not to participate in the market at all.

### **Continue to improve the risk adjustment program**

The risk adjustment program should fairly compensate insurers for the risk of their enrollees so that insurers do not have incentives to avoid any particular type of potential enrollee. CCIIO has indicated plans to modify the risk adjustment program so that it better reflects differences in the underlying risk among participating insurers. These modifications include the incorporation of prescription drug data, the incorporation of preventive services, and better accounting for partial-year enrollees. In addition, CCIIO will begin using data collected from the ACA-compliant individual and small group markets for purposes of calculating risk scores and making risk adjustment transfers to also calibrate the

model. This will improve the model's accuracy for these markets compared to the current calibration method that uses experience from large employer plans. CCIIO is also exploring the incorporation of a high-risk enrollee pool to improve risk adjustment for extremely high-cost enrollees. The risk adjustment program should continue to be monitored. If experience suggests that the risk model systematically over- or under-compensates for certain enrollee subgroups, the model should be revised as appropriate. Except under exceptional circumstances, changes should be made on a prospective basis only. In addition, CCIIO should continue to provide and improve interim reports to help reduce uncertainty for insurers.

### **Conduct effective rate review**

A sustainable insurance market requires that premiums be adequate but not excessive. Although much focus is often given to ensuring that rates are not too high, it is equally important that rates not be approved if they are too low. Low rates may help an insurer attract a large membership, but rates that are too low have numerous adverse consequences, including:

- **Higher risk of insurer insolvency.** Insurer insolvencies not only cause coverage disruption for enrollees, but the cost can be borne by other insurers through state guaranty funds or special assessments that increase premiums.
- **Inadequate premium subsidies.** If premium subsidies are based on the second-lowest silver tier plan with a premium that is set too low, those subsidies will be insufficient to purchase a more adequately priced plan.
- **Insufficient risk adjustment transfers.** The risk adjustment program bases transfers on market average premiums. If those averages are understated due to an insurer having rates that are too low, the risk adjustment transfers will be too low to adequately adjust for risk profile differences among insurers.

Another issue with the rate review process is the availability of insurer premiums and pricing assumptions to competing insurers. The ACA requires rate filing transparency and an opportunity to allow for consumer feedback, although the level of detail required varies by state. Because there are multiple rate filing rounds, this transparency means that rates could be publically available, even before they are approved. As a result, insurers would be able to mimic another's pricing strategy, sometimes referred to as shadow pricing. In other words, premiums can go up or down relative to initially filed rates for reasons other than the adequacy of rates. This further emphasizes the need for an effective rate review that considers not only whether premiums are excessive, but also whether they are inadequate.

### **Allow insurance sales across state lines**

Under this option, insurers licensed to sell insurance in any particular state would be allowed to sell insurance under that state's rules in other states. The intention is to spur more competition, which could increase consumer choice, lower premiums, and improve services. For instance, an insurer could choose to follow the rules of a state with less restrictive benefit requirements in order to offer lower-cost coverage in another state. Although states currently have the ability to permit the sale of insurance across state lines, few have done so to date and no out-of-state insurers have entered the market in those states.<sup>63</sup>

Health insurance is licensed and regulated primarily by state authority. Prior to the ACA, the rules regarding insurance issue, premium rating, and benefit requirements varied considerably by state. The ACA narrowed state differences in these rules by imposing more standardized requirements. Premium rate review and approvals continue to be conducted primarily at the state level, as are other consumer protections such as network adequacy requirements.

Allowing insurance licensed in one state to be sold in another would raise concerns regarding how insurers would set up local provider networks and how consumer protections would be enforced. In addition, with many of the rules currently harmonized across states, there is less ability for insurers to take advantage of differences in rules in order to lower premiums by avoiding certain requirements.



If the ACA issue, rating, and benefit requirements were relaxed and the state variation in rules returned, there would be more opportunity for insurers to take advantage of these differences. However, this could create an unlevel playing field, with plans in a single market competing under different market rules. Less-healthy individuals would purchase plans licensed in states with stricter regulations (e.g., guaranteed issue, community rating, comprehensive benefit requirements), and healthier people would purchase plans licensed in states with looser regulations. Such a result could lead to healthier people benefiting from less-expensive insurance, but those who are older and have more health issues would face higher premiums. Premiums for the plans licensed in states with stricter regulations would increase accordingly. Such a situation could threaten the viability of the insurance market in states with more restrictive rules and create a situation in which states would have incentives to reduce insurance regulations and consumer protections. This could reduce the ability of individuals with pre-existing health conditions to obtain coverage.

### **Include a public plan option**

In order to increase plan availability and consumer choice, a public plan option could be offered as a marketplace competitor. This could be structured as a fallback option in areas with no or few participating insurers or could be offered more broadly. In order to compete on a comparable basis with private plans, a public plan would need to follow the same rules as those governing private plans and set premiums that are self-supporting. These rules could include the establishment of a premium stabilization fund that would function similarly to private plan surplus and cover any unexpected differences between plan expenditures and premiums, rather than relying on general government funds.

A public plan could provide consumers with an additional option, especially in areas with no or few other participating insurers. Nevertheless, a public plan would face the same underlying issues as private plans, such as low enrollment and sole community providers, which make it difficult for insurers to cover costs and earn a reasonable return. A public plan could potentially support lower premiums than traditional health plans, especially if such plans are able to use the federal government's clout with providers to negotiate payment rates at, or somewhat above, Medicare rates. Such an approach could lead to a more affordable coverage option, but would create an unlevel playing field relative to other competing private plans. If a public plan can achieve much lower provider payment rates than other plans, thereby allowing it to offer lower premiums, the effect could be to eliminate competition, making the public plan the sole option. In addition, there could be concerns regarding health care access if providers opt to not participate at the lower payment rates.

A variant of the public plan option is to allow older adults, (e.g., 50 or 55 and older), to buy into Medicare. There are many design considerations involved, such as whether the benefits would be structured similarly to current Medicare benefits, how the premium would be determined, and whether subsidies would be available. A Medicare buy-in could have a large impact on the individual marketplace. In 2016, 26 percent of individuals enrolling during the open enrollment period were age 55–64.<sup>64</sup> If a large portion of these individuals were to move to a Medicare buy-in, it could lower average premiums in the individual market. However, by reducing the size of the individual market pools, the financing of the marketplaces and the predictability of experience could be affected.

Allowing consumers a choice between the individual market and a Medicare buy-in could create opportunities for adverse selection for both markets, depending on the plan generosity and premium differences between the two options. For instance, because Medicare does not cap out-of-pocket costs, individuals with high expected health care costs could be more likely to opt for individual market coverage rather than Medicare. This selection against the individual market would at least partially offset any premium reductions resulting from a younger average enrollment age.

Offering a Medicare buy-in option would also have implications for employer coverage. Employers are concerned about health care costs for workers and covered retirees in the very age group that a Medicare buy-in program would target. Their support for early retiree coverage has already diminished in the past 25 years. A Medicare buy-in option could be seen as a potential replacement for remaining early retiree coverage, depending on benefit and premium levels. If federal premium subsidies are available for Medicare buy-in coverage, such a shift would increase the costs of federal premium subsidies.

# CONCLUSION

To be sustainable, the individual market under the ACA requires sufficient enrollment numbers and a balanced risk profile. It also requires a stable regulatory environment that facilitates fair competition, with sufficient health insurer participation and plan offerings. Experience from the first three years of the ACA varies, with the markets in some states faring relatively well. More typically however, the results thus far indicate the need for improvement along most of these measures.

Although the ACA has dramatically reduced uninsured rates, enrollment in the individual market has generally been lower than expected and enrollees have been sicker than expected. Both of these factors have contributed to substantial premium increases in many, but not all, states. For the most part, competing plans face the same rules; however, some rules might be disadvantaging insurers participating in the marketplaces compared to off the marketplaces. The uncertain and changing regulatory environment, including legal challenges to the ACA, allowing individuals to retain pre-ACA coverage, and constraints on risk corridor payments, contributed to adverse experience among insurers. As a result of these and other factors, insurer participation and consumer plan choice declined in 2016 and is declining further in 2017.

Many options have been put forward to improve the short- and long-term sustainability of the individual market, either through changes to the ACA or by replacing the ACA with a different approach. If as part of this a goal is to provide coverage to people with pre-existing conditions at standard premiums, it is vital to enroll enough healthy people to spread the costs of those who are sick. The ACA's individual mandate, annual open enrollment period, and premium subsidies aim to achieve a balanced risk profile. Increased penalties for non-enrollment could help improve the risk profile, as could improving premium affordability, for instance through increased premium subsidies or additional funding for high-risk enrollees. Weakening the incentives for participation, however, could further exacerbate adverse selection issues and lead to higher premiums and more uninsured.

Achieving a balanced enrollee risk profile, along with providing consistent rules in a timely fashion to insurers, could lead to a more stable and sustainable market. Insurer participation could increase as a result, leading to more consumer choice.

Individual market experience varies by state. The ACA's section 1332 waivers could be used by states to pursue different approaches to improving the individual market. These approaches could reflect the particular situations of each state.

Finally, it's important not to overlook the need for a continued focus on controlling health care spending. Most premium dollars go toward paying medical claims. Therefore, keeping premiums (and taxpayer-funded premium and cost-sharing subsidies) affordable requires keeping health spending in check. Moderating health spending growth is a key to the sustainability of not only the individual market, but also the health care system as a whole.



## Endnotes

1. American Academy of Actuaries, [Sustainability in American Financial Security Programs](#). June 2015.
2. Department of Health and Human Services, ASPE Issue Briefs, [Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period](#), May 1, 2014; [Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report](#), March 10, 2015; [Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report](#), March 11, 2016. Figures reflect pre-effectuated enrollment—that is, the selection of a plan, with or without the first premium being paid. The open enrollment period for 2014 ran from October 1, 2013-March 31, 2014; enrollment figures cited also include additional special enrollment period activity through April 19, 2014. The open enrollment period for 2015 ran from November 15, 2014-February 15, 2015; enrollment figures cited also include additional special enrollment period activity through February 22, 2015. The open enrollment period for 2016 ran from November 1, 2015-February 1, 2016.
3. CMS, [December 31, 2015 Effectuated Enrollment Snapshot](#), March 11, 2016.
4. Department of Health and Human Services, ASPE Issue Brief, [Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report](#), March 11, 2016.
5. Governor David Y. Ige, “[News Release: State to Assist with Transition of Private Non-Profit Hawaii’s Health Connector Operations](#).” June 5, 2015.
6. Department of Health and Human Services, ASPE Issue Brief, [Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report](#). March 11, 2016.
7. HHS, [ASPE Data Point: About 2.5 Million People Who Currently Buy Coverage Off-Marketplace May Be Eligible for ACA Subsidies](#). October 4, 2016.
8. Grandfathered plans are those already in effect when the ACA was passed in March 2010. Those plans are allowed to be renewed indefinitely as long as they do not undergo substantial changes. Transition plans are those purchased after March 2010, but prior to the ACA’s marketplace requirements that went into effect in January 2014. A federal decision was made in the fall of 2013 that gave states the option to permit non-ACA-compliant coverage renewals into 2014. This was later extended to allow coverage renewals of non-ACA-compliant coverage through 2017. A majority of states opted to allow for transitional plans. See Kevin Lucia, Sabrina Corlette, and Ashley Williams, “[The Extended “Fix” for Canceled Health Insurance Policies: Latest State Action](#),” The Commonwealth Fund, November 21, 2014.
9. Liz Hamel, et al., [Survey of Non-Group Health Insurance Enrollees, Wave 3](#). Kaiser Family Foundation, May 20, 2016.
10. Congressional Budget Office, [The Budget and Economic Outlook: 2014-2024](#). February 2014. The CBO 2013 baseline does not include a separate line item for off-marketplace individual market enrollment estimates. However, the baseline estimates indicate that in 2016, 24 million nonelderly individuals would be enrolled in off-marketplace non-group and other coverage, where “other” includes Medicare. According to [CMS](#), nearly 9 million nonelderly individuals were enrolled in Medicare in 2013. Depending on whether “other” coverage includes additional coverage categories, this suggests an estimated off-marketplace non-group enrollment upwards of 15 million in 2016.
11. Congressional Budget Office, [Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2016 to 2026](#), March 2016.

12. Kaiser Family Foundation, [Key Facts about the Uninsured Population](#), September 2016.
13. Emily P. Zammitti, et al., [Health Insurance Coverage: Early Release Estimates from the National Health Interview Survey, January-June 2016](#). Centers for Disease Control and Prevention, November 2016.
14. Congressional Budget Office, [Federal Subsidies for Health Insurance Coverage for People Under Age 65: 2016 to 2026](#), March 2016.
15. Greg Ip, “[The Unstable Economics in Obama’s Health Law](#),” *Wall Street Journal*, August 17, 2016.
16. Julie M. Donohue, et al., “[Early Marketplace Enrollees Were Older and Used More Medication Than Later Enrollees; Marketplaces Pooled Risk](#),” *Health Affairs* 34(6): 1049-1055, June 2015.
17. CCIIO, [Changes in ACA Individual Market Costs from 2014-2015: Near-Zero Growth Suggests an Improving Risk Pool](#), August 11, 2016.
18. Zachary Goldman, John Bertko, and Jim Watkins, “[Health Risk Continues to Improve in Covered California](#),” *Health Affairs Blog*, October 26, 2015.
19. Stacey McMorrow, et al., “[Marketplaces Helped Drive Coverage Gains in 2015; Affordability Problems Remained](#),” *Health Affairs* 35 (10): 1810-1815, October 2016.
20. Rebecca Owen, [An Examination of Relative Risk in the ACA Individual Market](#), Society of Actuaries, August 2016.
21. CCIIO, [Risk Corridors Payment and Charge Amounts for Benefit Year 2014](#), November 19, 2015. CCIIO, [Risk Corridors Payment and Charge Amounts for Benefit Year 2015](#), November 18, 2016.
22. Kaiser Family Foundation, “[Marketplace Plan Selections as a Share of the Potential Marketplace Population: Timeframe November 1, 2015-February 1, 2016](#),” accessed on August 29, 2016.
23. Chris Carlson and Kurt Giesa, [Special Enrollment Periods and the Non-Group, ACA-Compliant Market](#), Oliver Wyman, February 24, 2016.
24. American Academy of Actuaries, [Drivers of 2017 Health Insurance Premium Changes](#), May 2016.
25. American Academy of Actuaries, [Insights on the ACA Risk Adjustment Program](#), April 2016.
26. CCIIO, [Risk Corridor Payment and Charge Amounts for Benefit Year 2014](#), November 19, 2015.
27. Bob Herman, “[Kentucky Co-Op Blames Inadequate Risk Corridor Funding for Closure](#),” *Modern Healthcare* October 12, 2015.
28. CCIIO, [Risk Corridors Payment and Charge Amounts for Benefit Year 2015](#), November 18, 2016.
29. Under the ACA, health insurers are required to provide cost-sharing reductions to eligible enrollees and the federal government is to reimburse insurers for these reductions. At issue in *House v. Burwell* is whether a congressional appropriation is required to make such reimbursements. If the courts ultimately rule that an appropriation is required and none is made, insurers would need to increase premiums for all plan enrollees in order to fund the cost-sharing reductions. Otherwise, financial losses could occur, potentially threatening insurer solvency. The uncertainty of whether any required appropriations would be made would itself create uncertainty and instability for insurers and premiums, potentially leading to insurers withdrawing from the market.
30. See for example, State of Connecticut Insurance Department, “[Insurance Department Places HealthyCT Under Order of Supervision](#),” July 5, 2016.
31. McKinsey; [Exchanges three years in: Market variations and factors affecting performance](#), May 13, 2016.

32. S&P Global Ratings, *The ACA Individual Market: 2016 Will Be Better Than 2015, But Achieving Target Profitability Will Take Longer*. December 22, 2016.
33. Cynthia Cox, Gary Claxton, and Larry Levit, [Analysis of Insurer Participation in 2016 Marketplaces](#), Kaiser Family Foundation, November 2015.
34. Paul Jacobs, Jessica Banthin, and Samuel Trachtman, "[Insurer Competition in Federally Run Marketplaces is Associated with Lower Premiums](#)," *Health Affairs* 34:12 (2027-2035), December 2015.
35. Cynthia Cox et al., [2017 Premium Changes and Insurer Participation in the Affordable Care Act's Health Insurance Marketplaces](#), Kaiser Family Foundation, November 1, 2016.
36. Caroline F. Pearson, [2017 Open Enrollment Preview](#), Avalere, October 25, 2016.
37. Paul Jacobs, Jessica Banthin, and Samuel Trachtman, "[Insurer Competition in Federally Run Marketplaces is Associated with Lower Premiums](#)," *Health Affairs*, December 2015.
38. Too many health insurance plan choices can lead to suboptimal consumer decision making. Research suggests that 10 to 15 options can result in a sufficient range of choices and manageable decision making. See Consumers Union, [The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making](#), November 2012.
39. ASPE, [Health Plan Choice and Premiums in the 2016 Health Insurance Marketplace](#), October 31, 2015; ASPE, [Health Plan Choice and Premiums in the 2017 Health Insurance Marketplace](#), October 24, 2016.
40. CMS, [March 31, 2016 Effectuated Enrollment Snapshot](#), June 30, 2016.
41. McKinsey Center for U.S. Health System Reform, "[2016 Exchange Market Remains in Flux: Plan Type Trends](#)." December 2015.
42. Katherine Hempstead, [Burnt Offerings? PPOs Decline in Marketplace Plans](#), Robert Wood Johnson Foundation Issue Brief, November 3, 2015.
43. California HealthCare Foundation, [Designing Coverage: Uninsured Californians Weigh the Options](#), June 2007.
44. McKinsey Center for U.S. Health System Reform, [2016 Exchange Market Remains in Flux: Plan Type Trends](#), December 2015. McKinsey Center for U.S. Health Reform, [2017 Exchange Market: Plan Type Trends](#), as of November 3, 2016.
45. Robert Pear, "[Many Say High Deductibles Make Their Health Law Insurance All but Useless](#)," *New York Times*, November 14, 2015.
46. Harris Meyer, "[New Data Expose Mysterious World of Off-Exchange Health Plans](#)," *Modern Healthcare*, October 24, 2016.
47. Daniel Polsky, Zuleyha Cidav, and Ashley Swanson, "[Marketplace Plans with Narrow Physician Networks Feature Lower Monthly Premiums than Plans with Larger Networks](#)." *Health Affairs* 35 (10): 1842-1848, October 2016.
48. Anne B. Martin, et al., "[National Health Spending: Faster Growth in 2015 As Coverage Expands and Utilization Increases](#)," *Health Affairs* published online December 2, 2016.
49. Sean P. Keehan, et al., "[National Health Expenditure Projections, 2015–25: Economy, Prices, And Aging Expected To Shape Spending and Enrollment](#)," *Health Affairs* 35(8):1522-1531. August 2016.
50. Institute of Medicine, [Best Care at Lower Cost: The Path to Continuously Learning Health Care in America](#), September 6, 2012.
51. Institute of Medicine, [Variation in Health Care Spending: Target Decision Making, Not Geography](#), July 24, 2013.
52. Martin A. Makary and Michael Daniel, "[Medical Error—The Third Leading Cause of Death in the US](#)," *BMJ* May 3, 2016.



53. Internal Revenue Service, "[Individual Shared Responsibility Provision—Reporting and Calculating the Payment](#)." Accessed on October 31, 2016.
54. American Academy of Actuaries, *Drivers of 2015 Premium Changes*, June 2014.
55. Evan Saltzman and Christine Eibner, "[Insuring Younger Adults through the ACA's Marketplaces: Options to Expand Enrollment](#)," Commonwealth Fund blog post and [technical appendix](#), December 16, 2016.
56. CMS, *March 31, 2016 Effectuated Enrollment Snapshot*. June 30, 2016.
57. CCIIO, "[Frequently Asked Questions Regarding Verification of Special Enrollment Periods](#)," September 6, 2016.
58. CCIIO, "[Pre-Enrollment Verification for Special Enrollment Periods](#)," December 12, 2016.
59. CMS, "[Promoting Transparency and Appropriate Coverage for Dialysis Patients](#)," CMS Fact Sheet, December 12, 2016.
60. Congressional Research Service, "Health Insurance: State High Risk Pools," 2011.
61. Aditi P. Sen and Thomas DeLeire, *The Effect of Medicaid Expansion on Marketplace Premiums*, Department of Health and Human Services, ASPE Issue Brief, September 6, 2016.
62. Employee Benefit Research Institute, *Self-Insured Health Plans: Recent Trends by Firm Size, 1996-2015*, July 2016.
63. Sabrina Corlette, et al., *Selling Health Insurance Across State Lines: An Assessment of State Laws and Implications for Improving Choice and Affordability of Coverage*, The Center on Health Insurance Reforms, Georgetown University Health Policy Institute, October 2012.
64. Department of Health and Human Services, ASPE Issue Brief, *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report*, March 11, 2016.





AMERICAN ACADEMY of ACTUARIES

*Objective. Independent. Effective.™*

1850 M Street NW, Suite 300  
Washington, DC 20036

202-223-8196 (tel) | 202-872-1948 (fax)  
**[www.actuary.org](http://www.actuary.org)**

©2017 American Academy of Actuaries. All rights reserved.

March 13, 2019

| [Press Releases](#)| [State Policy](#)

# State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average



Chris Sloan



Neil Rosacker



Elizabeth Carpenter

---

## Summary

New analysis from Avalere finds that states with their own reinsurance programs reduce individual market premiums by 19.9% on average in their first year.

Reinsurance programs provide a combination of state and federal funds to insurance companies to help offset losses they may incur by covering individuals who are sicker than originally anticipated. In response to recent individual market uncertainty and rising premiums, many states are pursuing reinsurance programs to mitigate insurers' risk and stabilize individual markets, as well as to help residents avoid unexpected premium increases while reducing the number of uninsured.

“For states looking to stabilize their individual markets, reinsurance programs may be an attractive opportunity,” says Chris Sloan, associate principal at Avalere. “State-based reinsurance programs have the potential to reduce premiums and are a good financial deal for states if they can identify a source of funding.”

To date, 7 states (AK, MD, ME, MN, NJ, OR, WI) have created their own reinsurance programs using Section 1332 of the Affordable Care Act (ACA). These states receive federal funding for their reinsurance programs based on the amount the federal government would have spent on advanced premium tax credits (APTCs) to eligible individuals if the programs were not in place;

this is known as pass-through funding.

To understand the impact of these programs, Avalere analyzed existing and actuarially estimated data from the 7 states with approved reinsurance programs to estimate changes in individual market premiums, federal pass-through funding levels, and costs to the state.

Avalere’s analysis finds that among the 7 states with state reinsurance programs, premiums were 19.9% lower, on average, in the first year of enactment (Table 1). The premium reductions ranged from -6% to -43.4%.

In addition, Avalere’s analysis estimates that, during the first year of enactment, reinsurance programs led to lower federal spending on APTCs of nearly \$1 billion (Table 1) compared to what the federal government would have spent without a reinsurance program. The federal government must “pass through” a portion of these savings to the states to help fund their reinsurance programs. In total, the federal government has contributed nearly twice as much (\$990.6M) to state reinsurance programs as states (\$509.1M) in the first year of enactment.

**Table 1: Estimated Individual Market Impact of State Reinsurance Programs in Year of Enactment**

State (Date of Enactment)	Percent Change in Average Individual Market Premiums	Federal Pass-Through Funding (millions)	State Reinsurance Funding (millions)	Percent of Program Cost Born by State	Enrollment in Year of Enactment
AK (2017)	-34.7%	\$58.5M	\$1.5M	2.5%	14,200
MN (2018)	-20%	\$131M	\$140M	51.7%	106,500
OR (2018)	-6%	\$54.5M	\$35.5M	39.4%	143,200
ME (2019)	-9.4%	\$65.3M	\$27.7M	29.8%	62,100
MD (2019)	-43.4%	\$373.4M	\$88.6M	19.2%	181,500
NJ (2019)	-15.1%	\$180.2M	\$143.5M	44.3%	331,000
WI (2019)	-10.6%	\$127.7M	\$72.3M	36.1%	203,000
State Average	-19.9%	\$141.5M	\$72.7M	31.9%	148,800
Total	--	\$990.6M	\$509.1M	--	--

Avalere’s analysis also finds that states bear an average of 31.9% (ranging from 2.5% to 51.7%) of the total annual costs to run their reinsurance programs for an average of \$72.7M. These

---

additional costs may hinder adoption of reinsurance programs by states with limited budget flexibility.

“Reinsurance programs have been effective at stabilizing individual market premiums and maintaining insurer participation,” said Elizabeth Carpenter, practice director at Avalere. “Though the appetite for state reinsurance programs is high, securing state funding is an obstacle to additional states implementing these programs.”

## Methodology

To conduct the analysis, Avalere analyzed individual market rate filings in states from 2017 to 2019, as well as state ACA Section 1332 waiver application reports, to estimate changes in individual market premiums, spending by the federal government on advanced premium tax credits (APTCs) and subsequent pass-through funding associated with savings from reinsurance programs, and costs to the state as a percentage of total program spending.

For states with existing reinsurance program data (AK, MN, OR), Avalere compared baseline premium projected growth to actual premium rate filings in the year of enactment to determine the percent reduction in premium growth due to reinsurance. For states with approved ACA Section 1332 waiver applications to establish reinsurance programs (ME, ME, NJ, WI), Avalere compared state 2019 projected premium growth to projected 2019 premium growth under the waiver using approved 1332 waiver application reports.

Avalere used total federal pass-through funding through savings associated with reduction in APTCs from the Center for Consumer Information & Insurance Oversight Section 1332: State Innovation Waivers Resource Center. Avalere then estimated the percent of program costs born by the state as the portion of remaining funds after pass-through funding, divided by total estimated reinsurance program costs.

To estimate enrollment in year of enactment, Avalere used data from state 1332 waiver application reports and CMS effectuated enrollment files for the respective year of operationalization.

To learn more about Avalere’s work in this space, connect with us.

---

Find out the top 2020 healthcare trends to watch.



July 17, 2020

The Honorable Brian Kemp  
206 Washington Street  
Suite 203, State Capitol  
Atlanta, GA 30334

Dear Governor Kemp:

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions in Georgia. As you know, the state released a new version of its Section 1332 waiver application on July 9. This application is materially different from the one that preceded it, which itself was materially different from the initial draft of the application (the only version of these sweeping proposals on which the state permitted public comment, back in the fall of 2019). We write today to express our serious concerns with the proposals contained in the new application, and with the insufficient amount of time that the state has allotted for the public, in the midst of a pandemic, to provide input. We respectfully request that you extend the comment period on the state's Section 1332 waiver application to at least 30 days.

While the application released on July 9 removes several policies that our organizations have previously opposed, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with pre-existing conditions. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs.

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.



Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state’s proposals are not directly related to COVID-19 and not slated to take effect until 2022. We ask that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

Sincerely,

American Cancer Society Cancer Action Network

American Heart Association

American Lung Association

Arthritis Foundation

Cystic Fibrosis Foundation

Epilepsy Foundation

Georgia Equality

Georgians for a Healthy Future

Hemophilia Federation of America

Leukemia & Lymphoma Society

National Hemophilia Foundation

National Multiple Sclerosis Society

National Organization for Rare Disorders

National Patient Advocate Foundation

Protect Our Care Georgia

September 18, 2020

**SUBMITTED VIA ONLINE PORTAL AND EMAIL to StateInnovationWaivers@cms.hhs.gov**

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Re: Georgia Section 1332 Waiver Comment

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

The Southern Poverty Law Center (“SPLC”) writes to express its deep concern about the State of Georgia’s proposal to waive certain federal rules under Section 1332 of the Affordable Care Act (“ACA”), under which Georgia would exit the federal marketplace with no substitute in its place, such as a state-based marketplace. The federal marketplace reduces asymmetries of information by simplifying comparisons of insurance plans and reducing “inefficiencies” caused by brokers steering consumers into higher cost products or lower quality products from which they profit but which are not the optimal choice for consumers. Thus, not only is the waiver illegal under federal law, but it would eliminate the central source of help for hundreds of thousands of Georgians—particularly Black, Brown, and rural residents—who use the marketplace to identify the best healthcare plans (whether private or Medicaid) for themselves and their family.

The SPLC is a non-profit legal organization with offices in Georgia and other states across the Deep South. For over four decades, the SPLC has sought justice for, and represented the needs of, the most vulnerable members of our society, particularly in communities of color, who are punished or penalized due to their economic status. The SPLC is committed to ensuring that no- and low-income people across the United States have access to health coverage and care. With this commitment, and for the reasons explained below, the SPLC respectfully urges the Department of Health and Human Services, the Centers for Medicare & Medicaid Services, and Department of Treasury to **deny** the 1332 waiver application’s elimination of the federal marketplace and instead encourage Georgia to join 38 other states by adopting the ACA’s expansion of Medicaid to low-income adults. In sharp contrast to the effects of the proposed Section 1332 waiver, Medicaid expansion would sharply reduce the state’s uninsured rate, help respond to the ongoing pandemic, and bring billions in additional federal funding into Georgia, which has one of the highest uninsured rates in the nation.<sup>1</sup>

Georgia’s application frames the waiver as a solution for the state’s high uninsured rate. But Georgia’s proposal, if approved, would result a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in deficient plans that impose high costs if they get sick, as detailed below.<sup>2</sup>

## **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver eliminates the most popular way to purchase health insurance through the federal marketplace and does not propose a replacement. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>3</sup> Nearly half of all Georgians (49%) who participate in the ACA in Georgia have incomes below 150% of the federal poverty level. For these families, their children should be eligible for Medicaid even if the parents are not under Georgia's current, unexpanded Medicaid program. However, in the system Georgia is proposing, these and other people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally does not pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. Furthermore, the waiver proposal does not address how Georgia would compensate for the Medicaid enrollment support provided by HealthCare.gov, including assisting consumers to provide income documentation and proof of tax filings.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>4</sup> In a national survey, one in four consumers who received assistance from a broker was offered an ACA non-compliant policy as an alternative or supplement to a compliant health insurance plan.<sup>5</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>6</sup>

The waiver would be particularly harmful to the Black and Brown communities that the SPLC serves. Under the ACA, Black and Latinx families saw the greatest improvement in uninsured rates across the United States, especially in those states that expanded Medicaid,<sup>7</sup> and the ACA's implementation began to reduce the disparity in insurance coverage between Black and Brown families and white families. But in 2017, uninsured rates began to rise, and the disparity between Black and Brown families and white families also began increasing in Georgia and nationwide as the Trump Administration sought to repeal the ACA and undermine the stability of the private insurance market created under the ACA.<sup>8</sup>

Accordingly, by closing a door to the 38,000 families who applied to Medicaid through the federal exchange, the Section 1332 proposal would disproportionately affect Black families. As mentioned earlier, private insurance brokers do not receive commissions for assisting people enrolling in Medicaid. Thus, because Black families currently account for 47% of Georgia's Medicaid enrollees,<sup>9</sup> closing the federal marketplace application process will likely hurt Black families.

In addition, removal of the federal marketplace would hurt families with limited English proficiency. The federal marketplace is required to provide language access to people with limited English proficiency under Title VI and Section 1557 (42 U.S.C.A. § 18116), and current navigators and assistors have bilingual staff to provide additional assistance to families who need it. There is no clear plan in the waiver's proposed decentralized process to enforce these language access requirements with brokers' offices or their individual websites. The loss of the navigators and assistors would further imperil families who need interpretation or translation to access and understand their insurance options.

Moreover, transitioning away from HealthCare.gov would require all existing consumers to identify a private vendor platform, create an account, and complete a new enrollment each cycle, eliminating the possibility of automatic re-enrollment and increasing the likelihood that many current enrollees would lose coverage due to complicated re-enrollment processes for which they would likely receive no help from private brokers or prospective insurers.

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and must not be approved. In addition to our concerns about the impact of the waiver on Black, Brown, and rural Georgians, we are deeply concerned about the precedent that would be set by approving an illegal waiver that is expected to result in more people uninsured or enrolled in plans that do not provide comprehensive coverage, than the number of people without the waiver.

### **Georgia Has Better Options to Address Waiver's Purported Goals**

The proposal tilts at problems caused by the Administration's decisions to repeal the ACA by a thousand cuts and does not look at the needs of consumers who use the marketplace. When surveyed, three fourths of users of the federal exchange expressed satisfaction with the marketplace.<sup>10</sup> However, only roughly 18% of people who applied or actively renewed were able to receive assistance, i.e. through a navigator or other assistor.<sup>11</sup> Of those surveyed who did, most (40%) said they would not have found insurance without that assistance.<sup>12</sup> Where the system has failed is that 12% of people who sought assistance could not find a navigator or other assistance to help with choosing a plan or enrolling online.<sup>13</sup> Thus, if Georgia's goal is to make it easier to access and enroll in the private market, Georgia should increase its unbiased outreach and assistance programs to meet the need of low-income Black and Brown consumers while keeping the federal marketplace. Unlike

brokers, these programs do not have conflicts of interest with the consumers they serve and can assist with the Medicaid application process.

Moreover, if Georgia sincerely wants to reduce the number of uninsured people within the state, it needs to fully expand Medicaid. More than one fourth of people without health insurance in Georgia are Medicaid-eligible with incomes below 100% of the federal poverty level,<sup>14</sup> and that number has likely risen since the start of the COVID-10 pandemic, as thousands of people—particularly those in the retail and food services industries—have lost their jobs and thus, their employer-provided health insurance, or suffered reduced wages or hours that may now qualify them for Medicaid. Expansion would permit Georgia to extend coverage to nearly half a million people for a total cost of \$150 million in its first year.<sup>15</sup> By comparison, Georgia’s waiver assumes that it will increase enrollment by 25,000,<sup>16</sup> at a cost of \$143 million<sup>17</sup> from Georgia’s general fund. Putting aside the accuracy of this assumption, Georgia’s 1332 proposed waiver would cost over 10 times more per person than fully expanding Medicaid.

If Georgia fully expands Medicaid, it will receive a 90% federal matching rate. In addition to being a more cost-effective way to increase coverage, Medicaid expansion would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>18,19</sup> Thus, Georgia should fully expand Medicaid, rather than upending the federal marketplace at great risk to consumers. Otherwise, Georgia risks leaving billions of federal dollars on the table.

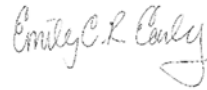
### **The Administration Should Approve Georgia’s Reinsurance Plan**

While this comment primarily addresses the Georgia Access model, the waiver’s proposed reinsurance program could benefit consumers. The reinsurance proposal largely cites to problems intended by the Administration to undermine the ACA. The Trump Administration set out to destabilize the market for private insurance by, first, removing the individual mandate of the ACA; then, withholding payments for the Cost Sharing Reductions from health plans; and finally, through Executive Order 13813, expanding ACA non-compliant plans - such as short-term health plans, association health plans, and health care sharing ministries. These policies have caused uncertainty for insurers, reduced plan options for high income and healthy consumers, and forced brokers into alternative plans to survive.<sup>20</sup> The reinsurance program, however, could lower premiums for consumers and attract more insurers to their marketplaces by paying insurance companies for a portion of the costs of consumers who have unusually expensive health needs. We therefore do not object to the approval of the reinsurance program.

For these reasons, the SPLC urges the Department of Health and Human Services, the Centers for Medicare & Medicaid Services, and Department of Treasury to deny the proposal to eliminate the federal marketplace after considering the numerous concerns expressed above and in public comments by other interested persons and organizations.

Thank you again for the opportunity to comment on this issue.

Sincerely,



Emily C.R. Early  
Senior Staff Attorney  
[emily.early@splcenter.org](mailto:emily.early@splcenter.org)

Wingo Smith  
Economic Justice Regional Policy Analyst  
[Wingo.Smith@splcenter.org](mailto:Wingo.Smith@splcenter.org)

*The Southern Poverty Law Center*

---

<sup>1</sup> Christen Linke Young and Jason Levis, “Georgia’s latest 1332 proposal continues to violate the ACA,” Brookings Institute, Sept. 1, 2020, <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

<sup>2</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>3</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, Mar. 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>4</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>5</sup> Karen Pollitz, Jennifer Tolbert, Liz Hamel, and Audrey Kearney, “Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need” Aug 07, 2020, <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>

<sup>6</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

---

<sup>7</sup> Samantha Artiga, Kendal Orgera, and Anthony Damico “Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018,” March 5, 2020, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>.

<sup>8</sup> *Id.*

<sup>9</sup> Kaiser Family Foundation, “Distribution of the Nonelderly with Medicaid by Race/Ethnicity (2018)”, <https://www.kff.org/medicaid/state-indicator/distribution-by-raceethnicity-4/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

<sup>10</sup> Karen Pollitz, et al., *supra* at note 6.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>15</sup> American Community Survey, 2018 ACS 1-Year Estimates, Table ID S2702, found at <http://data.census.gov>.

<sup>15</sup> Greg Bluestein, “The net cost of Medicaid expansion in Georgia: About \$200M a year by 2022,” Atlanta-Journal Constitution, January 23, 2019, <https://www.ajc.com/blog/politics/the-net-cost-medicaid-expansion-georgia-about-200m-year-2022/BE490IAAo4dgcnmZy6lKyJ/>

<sup>16</sup> Georgia Section 1332 State Empowerment and Relief Waiver, July 31, 2020, at pages 3-4. This assumption appears dubious, at best. In other parts of its proposal, Georgia estimates a 0.4% increase because of its proposed reinsurance program. That change to the marketplace, which has approximately 464,000 enrollees, would only increase enrollment by 1,856 people according to Georgia’s estimate.

<sup>17</sup> *Id.* at page 49.

<sup>18</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>19</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>20</sup> Sabrina Corlette & Linda J. Blumberg, et al., “Insurers Remaining in Affordable Care Act Markets Prepare for Continued Uncertainty in 2018, 2019,” Mar. 19, 2018, <https://www.urban.org/research/publication/insurers-remaining-affordable-care-act-markets-prepare-continued-uncertainty-2018-2019>; Kevin Lucia & Sabrina Corlette, et al., “Views From the Market: Insurance Brokers’ Perspectives on Changes to Individual Health Insurance,” Aug. 2008, <https://www.urban.org/research/publication/views-market-insurance-brokers-perspectives-changes-individual-health-insurance>.



ONE FEDERAL STREET, BOSTON, MA 02110

MAIN: 617.338.6035

FAX: 617.451.5838

[www.communitycatalyst.org](http://www.communitycatalyst.org)

September 18, 2020

**To:** The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

**Submitted by email to:** [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

**Subject:** Georgia Section 1332 Waiver Comments

**From:** Community Catalyst

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing to express our deep concern about this waiver. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. But the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. We are distressed that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup> We strongly urge you not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

Community Catalyst is deeply committed to advancing high-quality and affordable coverage options for all. As a national non-profit health care advocacy organization since 1998, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. With the belief that this transformation will happen when consumers are fully engaged and have an organized voice, Community Catalyst works in partnership with national, state and local consumer organizations, along with policymakers and

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>



foundations, providing leadership and support to change the health care system so it serves everyone.

### **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

---

<sup>2</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>3</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

## **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, given the state’s proposed reliance on enrollment sites and brokers able to steer consumers to subpar plans, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver.

Furthermore, those who remain in ACA plans will likely see their premiums increase. The market fragmentation and consumer confusion caused by the Georgia Access Model risks making the individual market risk pool sicker and more expensive, as some individuals are likely to drop comprehensive coverage and opt for a skimpy plan or forgo coverage altogether. Those who shift out of the ACA-compliant market will be disproportionately healthy, while those who remain in the individual market are likely to have more complex health conditions, causing premiums to be higher than they would be in the absence of the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

## **Georgia Has Better Options to Address the Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Georgia’s proposal estimates that this reinsurance program will cost the state approximately \$100 million, which will come from the state’s general fund. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver; however, it will be important that the state not fund the reinsurance program by cutting funding for other public health and coverage programs, which are particularly needed during the pandemic.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people

gaining coverage.<sup>5,6</sup> It should do so, rather than upending the state's insurance market at great risk to consumers.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael Miller".

Michael Miller,  
Director, Strategic Policy  
Community Catalyst

---

<sup>5</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>6</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>



HUMAN  
RIGHTS  
CAMPAIGN®

September 21, 2020

The Honorable Alex M. Azar, Secretary  
Department of Health and Human Services

The Honorable Steven Mnuchin, Secretary  
Department of the Treasury

The Honorable Seema Verma, Administrator  
Centers for Medicare & Medicaid Services

Submitted To: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

**Re: Georgia Section 1332 Waiver Comments**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

On behalf of the Human Rights Campaign's more than 3 million members and supporters nationwide, including nearly 95,000 in Georgia, we submit this comment in opposition to Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing to express our deep concern about the impact of this waiver. Should the waiver be approved, hundreds of thousands of Georgians would find their central source of accessing healthcare dismantled. As the nation's largest civil rights organization working to achieve lesbian, gay, bisexual, transgender, and queer (LGBTQ) equality, we strongly oppose granting this waiver that would significantly impair Georgians' ability to access quality healthcare. Georgia's obligations under the ACA require it to continue providing access to HealthCare.gov or to propose an innovative, comparable solution, which it has not done.

**I. Georgia's Proposed Waiver**

Georgia's proposal would allow the state to exit HealthCare.gov without creating a state-based marketplace to replace it. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov.

In its application, Georgia states that the proposal is in response to its high uninsured rate, but a better solution to that problem already exists. Thirty-eight other states and DC and have adopted the ACA's expansion of Medicaid to low-income adults. Georgia's proposal would cause a fragmented system that

could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup>

The Human Rights Campaign is dedicated to the goal of achieving fundamental fairness and equality for all Americans. Lack of access to healthcare is a huge barrier to achieving that goal, as those without adequate access are left behind. Without the ability to meet basic health needs, Georgians who rely on HealthCare.gov will be forced to allocate additional time navigating a confusing and complicated system, and additional economic resources to subpar insurance plans.

## II. The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans

The intended purpose of the ACA 1332 waiver is to encourage states to create an innovative, comparable platform to that of HealthCare.gov, and to continue providing the one-stop shop for healthcare coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the option HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. Making this change, would increase confusion without providing any additional tangible benefit. Consumers already have the option to seek out insurance at private companies and brokers, HealthCare.gov simply centralizes the information and allows consumers a greater opportunity to compare plans and coverage. Removing this neutral source of information would also discourage competition for high-quality plans among insurers, as they would be less incentivized to provide high-quality plans knowing the increased difficulty consumers would be facing in comparing those plans. Georgia claims that "allowing multiple, private web-brokers to participate will create competition and provide market incentives," but this fundamentally misstates what the waiver proposal does as compared to current law.<sup>2</sup> Private web-brokers are already allowed to sell plans; HealthCare.gov operates in addition to those private web-brokers as a neutral, centralized source of information.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> Commissions for ACA plans have declined, and some pay no commissions at all. Insurers profit on short-term plans. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums upfront, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

---

<sup>1</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal*, Center on Budget and Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>2</sup> Christen Linke Young and Jason Levitis, *Georgia's Latest 1332 Proposal Continues to Violate the ACA*, Brookings Institute (Sept. 1, 2020), <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

<sup>3</sup> Christen Linke Young and Kathleen Hannick, *Misleading Marketing of Short-Term Health Plans Amid COVID-19*, Brookings Institution (Mar. 24, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, *The Impact of Short-Term Limited-Duration Policy Expansion on Patients and the ACA Individual Market*, Milliman (Feb. 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey

### III. The Proposal Violates Statutory Requirements

The ACA 1332 waiver option has certain statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off as a result. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. The waiver sought by Georgia does not meet those objectives. First, the waiver requested would reduce enrollment. By eliminating the option to compare plans and enroll in coverage through a neutral platform, granting this waiver would make it more difficult and confusing for consumers, thereby lowering enrollment. With respect to affordability, the Georgia model would likely increase premiums. By reducing competition and driving consumers to less subpar plans, Georgia would likely see an increase in the cost of premiums. On comprehensiveness, Georgia’s proposal would create new opportunities for brokers and insurers to steer people toward substandard plans, likely resulting in more Georgians enrolled in non-comprehensive plans that expose them to huge costs. The waiver therefore does not meet the requirements under federal law and is not approvable.<sup>5</sup>

### IV. Georgia Has Better Options to Address Waiver’s Purported Goals

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. Specifically, the expansion would provide coverage to those who need it most: Georgia’s poorest residents. Georgia currently has 518,000 uninsured residents who fall below 138% of the federal poverty level, and therefore would be eligible for the expanded Medicaid coverage under this program.<sup>6</sup> Enactment of Medicaid expansion would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care, and financial security for people gaining coverage.<sup>78</sup> Georgia should act accordingly rather than upend the state’s insurance market at great risk to consumers. Failure to do so will only increase the number of uninsured as a result of the requested waiver.

Thus far, Medicaid expansion has provided coverage to over 12 million people, and if the remaining states expanded their coverage, another 4 million would receive Medicaid benefits.<sup>9</sup> If Georgia’s goal is to address the problem of uninsured residents, expanding Medicaid would directly increase the number of

---

Waddill, *Do Short-Term Limited Duration Plans Deserve Industry Skepticism?*, HealthPayerIntelligence (Mar. 4, 2020), <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>5</sup> Young and Levitis, *supra* note 3.

<sup>6</sup> Young and Levitis, *supra* note 3.

<sup>7</sup> Matt Broaddus and Aviva Aron-Dine, *Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds*, Center on Budget and Policy Priorities (Nov. 6, 2019), <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>8</sup> Center on Budget and Policy Priorities, *Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion* (Nov. 6, 2019), <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>9</sup> Center on Budget and Policy Priorities, *States That Have Expanded Medicaid are Better Positioned to Handle Covid-19 and Recession* (July 14, 2020), <https://www.cbpp.org/research/health/states-that-have-expanded-medicaid-are-better-positioned-to-address-covid-19-and>.

insured residents. Furthermore, those states who have already gone forward with the expansion, have seen themselves better positioned to handle the Covid-19 pandemic and recession.

## **V. Conclusion**

This proposed waiver endangers the health of Georgians who rely on the help provided by HealthCare.gov. Georgia's obligation to comply with the ACA does not include abandoning this centralized source of information without any comparable solution. We strongly oppose any government action which makes access to healthcare more difficult for the country's most vulnerable populations, especially in the midst of a global pandemic. It is imperative that Georgia continue providing access to HealthCare.gov. Rather than dismantling healthcare protections for its residents, Georgia ought to expand Medicaid access to its poorest residents to decrease the number of uninsured.

September 21, 2020

Submitted via email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

**Re: Georgia Section 1332 Waiver Comments**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

The Disability Rights Education and Defense Fund (“DREDF”) appreciates the opportunity to provide comment on the state of Georgia’s Section 1332 waiver proposal. DREDF is a national cross-disability law and policy center that protects and advances the civil and human rights of people with disabilities through legal advocacy, training, education, and development of legislation and public policy. We are committed to increasing accessible and equally effective healthcare for people with disabilities and eliminating persistent health disparities that affect the length and quality of their lives. DREDF has significant experience in both Medicaid and private insurance barriers given that disabled individuals disproportionately earn lower incomes and live in poverty. Individuals with disabilities and preexisting conditions and their families have always struggled with health underinsurance,<sup>1</sup> fearful of any health changes or additional life stresses that could trigger a cycle of high out-of-pocket costs, reduced health and ability to work, and lost revenue that usually led to further negative health changes and consequences. The passage of the Affordable Care Act (ACA) has brought considerable relief to people with disabilities, but barriers to health care access and quality insurance have not fully gone away.

Our comment on Georgia’s proposal to exit the federal marketplace while waiving the applicability of key federal rules enacted under the Affordable Care Act arises out of concern for Georgians with disabilities as well as people with disabilities throughout the country since Georgia’s application may prompt similar proposals from other states. Approximately 500,000 Georgians are currently enrolled in private plans or Medicaid through the critical gateway of HealthCare.gov, yet Georgia’s application “dumps” the marketplace without proposing a

---

<sup>1</sup> Jae Kennedy, Elizabeth Geneva Wood, & Lex Frieden, *Disparities in Insurance Coverage, Health Services Use, and Access Following Implementation of the Affordable Care Act: A Comparison of Disabled and Nondisabled Working-Age Adults*, 54 INQUIRY (2017), at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798675/>.



substitute. Despite the state's attempt to frame the waiver as leading to increasing choice, its impact will be exactly the opposite.

If the waiver is approved by the Centers for Medicare and Medicaid Services (CMS) and the Department of the Treasury, Georgia will be reinstating a fragmented health coverage system, the proliferation of insurance products that are difficult to comprehend and compare, and reverse incentives for insurance brokers and companies to steer individuals toward products that offer higher commissions rather than the coverage needed by individual consumers. This is the kind of system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people, including some low-income persons with disabilities and pre-existing conditions, would likely end up in skimpy plans that impose high costs if they get sick.<sup>2</sup> Georgia's stated intention with this 1332 waiver application is to reduce the number of uninsured individuals in the state, but there is little evidence to suggest that Georgians are going without health insurance because they only want to purchase non-comprehensive coverage with high deductibles outside of the marketplace. In any event, there is nothing to stop such individuals from doing so even if the marketplace option is *not* eliminated.

Georgia's desire to reduce the number of uninsured Georgians should instead focus on the option to expand Medicaid to low-income adults under the ACA, a proposal which would sharply reduce the state's uninsured rate, bolster coverage of COVID-19 testing and treatment in the ongoing pandemic, and bring billions in additional federal funding into the state. If Georgia were to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults it would directly benefit low-income disabled persons in the state who fall just above the state's Medicaid income eligibility level, and will also benefit those individuals with significant disabilities who rely on home and community-based services and supports, including care from paid and/or unpaid personal care assistants. In general, even for those who are paid, the diverse direct care workforce is not a lucrative occupation and available positions often lack benefits. A growing percentage of caregivers in 2020 reported being in fair or poor health (21%) and one in four reported difficulty taking care of their own health.<sup>3</sup> People

---

<sup>2</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020.  
<https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>3</sup> AARP, "Caregiving in the U.S.," Executive Summary (May 2020) ES-3, at <https://www.caregiving.org/wp-content/uploads/2020/05/Executive-Summary-Caregiving-in-the-United-States-2020.pdf>.

with disabilities need access to reliable and healthy caregivers and have a vested interest in ensuring that longtime personal care assistants with whom they have established a rapport, as well as family members and friends who provide care more informally, have access to comprehensive health benefits that include coverage of mental health care, prescription drugs, and rehabilitative and habilitative care. Medicaid expansion, in conjunction with a stable marketplace and a streamlined application process that will direct applicants to affordable health coverage that best serves the needs of low-income individuals, is the best option for working Georgians with disabilities and preexisting conditions and their families.

### **The Proposed Waiver Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgians have come to rely on the convenience of HealthCare.gov's "one-stop shop" to find, learn about, and compare plans, as well as apply for financial assistance and ultimately enroll in a chosen plan. Taking away HealthCare.gov as an option for these functions and forcing individuals to use only private insurance companies and brokers will increase confusion about where and how to access good-quality health coverage, hinder enrollment, and prompt individuals and families who don't have time to engage in hours of research to give up and either choose an option that is not in their best interest or to forego insurance altogether.

Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them. Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>4</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

---

<sup>4</sup> Tara Straw, "Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>5</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>6</sup>

While some individuals only have a single pre-existing condition or disability, co-occurring disabilities or physical and mental health conditions are hardly uncommon, particularly as individuals age, and especially in the aftermath of the pandemic and increased social isolation. People with disabilities also have all the same, if not higher, preventive care needs and screenings as everyone else,<sup>7</sup> and in addition require regular care for their primary disability or disabilities. They should not be forced to choose between these needs, or be subject to exorbitantly high deductibles as they gamble on their health needs staying minor or stable for a given period of time.

---

<sup>5</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>6</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>7</sup> People with disabilities are more likely to smoke, have three times the likelihood of having heart disease, and more than double the likelihood of diabetes, as people without disabilities. Centers for Disease Control, "Disability Impacts Us All," September 16, 2020, at <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>.

## **The Waiver Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as the ACA would cover without the waiver. However, under Georgia’s proposed waiver, many Georgians would have less comprehensive coverage, would find themselves paying more for less affordable coverage, and footing higher out-of-pocket costs than would be the case without the waiver. As a result, Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and cannot be approved.

In addition to our concerns about the impact of the waiver on Georgians, DREDF is deeply concerned about establishing a precedent for approving a waiver that will foreseeably result in greater numbers of people uninsured and/or enrolled in plans that do not provide comprehensive coverage than would be the case without the waiver, in direct violation of the ACA’s statutory requirements.

## **Georgia Should Explore Other Options to Address the Waiver’s Purported Goals**

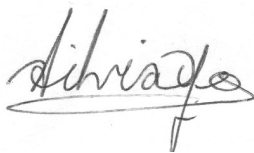
Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this positive proposal while dropping the unproven and harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to extend coverage to hundreds of thousands of people, including low-income persons with pre-existing conditions and disabilities that could stay healthier and remain functional with potential access to a comprehensive slate of urgent care and home and community-based services. The result would bring significant benefits to the state’s residents, including fewer premature deaths and

improved access to care and financial security for people gaining coverage.<sup>8,9</sup> For people with disabilities in particular, Medicaid expansion in other states has led to greater employment opportunity and sustainable health.<sup>10</sup> DREDF urges CMS to not approve Georgia's 1332 waiver application which will upend the state's insurance market and subject its residents with disabilities and their families to great anxiety and confusion about how to find their best options for affordable and comprehensive insurance. DREDF strongly recommends that CMS not approve Georgia's 1332 application which will limit choices for Georgians with disabilities and preexisting conditions and place their health coverage and their health at risk.

Thank you again for the opportunity to submit comments. We would welcome the opportunity to answer any questions you may have on the above or discuss any of the issues raised.

Sincerely,

A handwritten signature in black ink, appearing to read "Silvia Yee", with a horizontal line underneath the signature.

Silvia Yee  
Senior Staff Attorney

---

<sup>8</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>.

<sup>9</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>.

<sup>10</sup> Jean P. Hall, Adele Shartzter, Noelle K. Kurth, and Kathleen C. Thomas, "Medicaid Expansion as an Employment Incentive Program for People with Disabilities," 108 American Journal of Public Health, 1235-1237, at <https://doi.org/10.2105/AJPH.2018.304536>.

September 22, 2020

Centers for Medicare and Medicaid Services  
stateinnovationwaivers@cms.hhs.gov

RE: Public Comment on Georgia's Section 1332 Waiver Application.

Dear CMS:

Thank you for the opportunity to comment on Georgia's Proposed Section 1332 Waiver. Georgia Legal Services Program is a non-profit law firm that represents low-income Georgians in 154 of Georgia's 159 counties. Through our representation of clients, we become aware of the challenges that face Georgia's low-income citizens. These comments are based on the real-life knowledge we have gained through representation of low-income Georgians in health related and other cases.

The Georgia Access Model proposes to: (1) Get rid of a centralized website, HealthCare.gov; (2) Replace the centralized website with multiple websites operated by for profit entities; and (3) Allow non-Qualified Health Plans (QHPs) to be sold alongside QHPs.[1] These comments will focus on how the proposed waiver may affect the low-income Georgians we serve whose uninsured rate is 24.5% for those with income between 100 and 138% of the federal poverty level (FPL) and 15.6% for those with income between 139 and 399% of the FPL[2]

Despite Georgia's claims to the contrary, the waiver proposal will likely cause tens of thousands of Georgia residents to lose their health insurance coverage, especially in the first year; therefore, it fails to satisfy the statutory requirement that a 1332 waiver may not decrease the number of people with health insurance coverage. As explained below, even if the waiver results in 30,000 more Georgians obtaining insurance, as Georgia estimates, it will also result in at least 52,000 Georgians losing insurance.

Getting rid of HealthCare.gov and replacing it with multiple web sites designed, maintained, and monitored by for profit insurance brokers and providers will cause confusion and lead many low-income Georgians to unknowingly lose coverage or select non-QHPs.

Georgia suggests that HealthCare.gov is not working by citing a 22% decrease in enrollment through the website since 2016. However, the website did not cause the decline; it is more directly attributable to the tremendous reduction of federal funds for outreach and enrollment assistance since 2016[3]. Unlike some states, Georgia did not expend any state funds to replace the over \$3.1 million reduction in federal funds for outreach and enrollment assistance and instead passed a law prohibiting the use of any state funds for outreach or the creation of a State Exchange[4].

Also important and not made clear by Georgia's Access Model, these private vendors already sell plans in Georgia as a complement to HealthCare.gov. Private brokers currently enroll 21% of Georgia's health insurance consumers and this has worked well alongside HealthCare.gov. In recent years the percentage of Georgians enrolling through private brokers has increased 4% per year and there is no reason to believe that increase will not occur again without this waiver[5]. This waiver proposal does not create any new options for Georgia consumers to enroll in health insurance; it simply takes away the HealthCare.gov option. Georgia proposes to regulate vendors in a manner "similar" to existing federal regulation, with the notable exception of allowing these vendors to market plans that do not comply with ACA requirements alongside Marketplace plans.

The proposed Model envisions that for-profit entities will expend funds for outreach and enrollment activities, thereby saving the State money. I agree that the current waiver creates a financial incentive for insurance brokers and companies to advertise their plans and sign up as many Georgians as possible. However, they do not have any incentive to assist consumers in choosing the best plan for their situation and many will push those plans that pay the highest commission or create the highest profit. Finding a plan that covers particular prescriptions or types of coverage needed by individuals is critical to ensuring that consumers will be able to afford their care and maintain their health. For-profit companies have a natural incentive to sell policies that do not cover treatments that consumers are likely to need for chronic conditions, or that charge more for those treatments as those plans provide a greater profit. The very fact that consumers will be presented with a greater diversity of plans enhances the possibility that, without a disinterested source of information, they may choose a plan that does not cover their health needs. Furthermore, private brokers have no incentive to advise consumers who are eligible for Medicaid to apply for Medicaid instead of one of the plans it sells and earns a commission on.

HealthCare.gov allows consumers to compare all available plans, knowing that all the plans provide the same coverage. This allows consumers to make an informed choice based on provider network and cost. Under the proposed Model, consumers will have to go to multiple websites and may not realize the site is offering QHPs and non-QHPs. There is no simple way for the consumer to find that another provider/broker offers a plan that would be better for them at a similar or lower cost. Furthermore, brokers and providers do not reveal their commission or profit on each plan. Many consumers, especially lower income Georgians, will rely on the advice of the "expert" assisting them and will be easily steered toward plans that provide less coverage, but increase the commission or profit of the seller. These activities would not be "outreach" and "enrollment", but they will simply be "marketing."

Georgia should not completely abandon the idea behind HealthCare.gov by going back to how health insurance was marketed and sold before the Affordable Care Act. If Georgia believes that HealthCare.gov is not working for Georgia, we urge it to replace it with a site run by the State (or a contracted non-profit) that will allow consumers to compare all health plans available, including QHPs and non-QHPs, if desired. Additionally, the website must clearly identify non-

QHPs and clearly state what essential health benefits are not covered. By offering this unbiased information on one site, consumers can continue to make informed decisions about their health insurance.

As mentioned above, the proposed Model has a clearly fatal flaw as reported by the Brookings Institute in that transitioning away from HealthCare.gov would require all existing Georgia consumers to identify a private vendor platform, create an account, and complete a new enrollment; automatic re-enrollment would not be possible. But for 2020, more than 80,000 Georgia enrollees (25% of returning consumers) did not respond to HealthCare.gov's repeated encouragement to make an active plan selection and instead were automatically re-enrolled in their coverage. If automatic re-enrollment is not possible, some fraction of this group might be motivated to seek out an active enrollment pathway, but assuming without evidence that 90% will do so is unreasonable. Moreover, even consumers who might normally make an active plan selection would need to find a new enrollment channel and navigate a new enrollment process – barriers that would likely cause some to drop out of the process. Indeed, even if 95% of previous active re-enrollees and 50% of previous auto-enrollees successfully navigate the new process, 52,000 people would still lose coverage.[6] Georgia estimates that the Access Model will result in 30,000 more Georgian obtaining health insurance, but if 52,000 lose insurance in the process that is a net loss of coverage for 22,000 Georgians. This overall reduction of insured Georgians prohibits the approval of Georgia's Access Model.

We submit these comments based upon our experience in representing low-income clients outside of the metro Atlanta area with the hope that this waiver can help the neediest Georgians. We appreciate your consideration of our comments and would be happy to provide any further information that may be useful to you as you finalize the waiver.

Respectfully,

Cynthia L. Gibson  
Cynthia L. Gibson  
Managing Attorney/Health Law Specialist  
Dalton Regional Office

Vicky O. Kimbrell  
Vicky O. Kimbrell  
Director of Family Violence Project  
Central Office

Robert Bush  
Robert Bush  
Elder Law Specialist  
Savannah Regional Office



1 [https://protect2.fireeye.com/url?k=59c127e9-05953e95-59c116d6-0cc47adc5fa2-a5b5c380764689c0&u=https://gbpi.org/2019/leverage-1332-waivers-to-make-health-insurance-more-affordable-and-accessible/#\\_edn1](https://protect2.fireeye.com/url?k=59c127e9-05953e95-59c116d6-0cc47adc5fa2-a5b5c380764689c0&u=https://gbpi.org/2019/leverage-1332-waivers-to-make-health-insurance-more-affordable-and-accessible/#_edn1)

2 Id.

3 Pollitz, K., Tolbert, J. & Diaz, M. (2018). Data Note: Further Reductions in Navigator Funding for Federal Marketplace States. Retrieved from <https://kff.org/a1bf174>

4 O.C.G.A. § 33-1-23 (2015)

5 <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

6 <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>



Kathleen C. McGarvey, Esq.  
Executive Director

Columbus Office  
1108 City Park Avenue  
Columbus, Ohio 43206  
(614) 224-8374 phone  
(614) 224-4514 fax  
www.columbuslegalaid.org

Marion Office  
150 Oak Street  
Marion, Ohio 43302  
(740) 383-2161 phone  
(740) 387-1022 fax  
**Board of Trustees**

Janica A. Pierce Tucker, Esq.  
Taft, Stettinius & Hollister LLP  
President

Molly S. Crabtree, Esq.  
Porter, Wright, Morris & Arthur LLP  
Immediate Past President

David W. Alexander, Esq.  
Squire Patton Boggs

Thomas J. Bonasera, Esq.  
Dinsmore & Shohl LLP

John Boyer, Esq.  
Nationwide Insurance

Brenda Drake, Esq.

Nicol Ghazi  
Muslim Family Services of Ohio

John P. Gilligan, Esq.  
Ice Miller, LLP

John C. Hartranft, Sr., Esq.  
Porter, Wright, Morris & Arthur LLP

Michelle Heritage  
Community Shelter Board

J. Todd Kennard, Esq.  
Jones Day

Tanya L. Long  
Community Representative

Jane Higgins Marx, Esq.  
Carlie, Patchen & Murphy LLP

Philip R. Moots, Esq.  
Newhouse, Prophater, Letcher & Moots, LLC

Shawn J. Organ, Esq.  
Organ Law LLP

The Honorable Jaiza N. Page  
Franklin County Common Pleas Court

Deborah D. Pryce, Esq.  
Ice Miller, LLP

Frank A. Ray, Esq.  
Frank A. Ray Co., LPA

Lisa Pierce Reisz, Esq.  
Vorys, Sater, Seymour & Pease LLP

Jesse Rowe  
Plante & Moran, PLLC

Leah Sellers, Esq.  
Sellers Law, LLC

Anne Marie Sferra, Esq.  
Bricker & Eckler LLP

Marion Smithberger  
Columbus Bar Foundation

Debra Willet, Esq.  
Cardinal Health

Sue Wolfe  
United Methodist Church and Community  
for All People

September 22, 2020

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services

The Honorable Steven Mnuchin, Secretary, Department of the Treasury

The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Re: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). The Legal Aid Society of Columbus provides civil legal assistance to low income individuals across central Ohio. We represent clients in need of medical assistance and access to all types of public benefits. As an organization, Legal Aid has helped thousands of families navigate public benefits programs, including insurance coverage through the federal marketplace. We have seen firsthand the difference that access to medical coverage can have for our clients and their ability to meet their basic health needs.

We are writing to express our deep concern about Georgia's 1332 waiver application. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov.

Georgia's application frames the waiver as a solution for the state's high-uninsured rate. However, the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. We are concerned that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in sparse plans that





impose high costs if they get sick.<sup>1</sup> We strongly urge you not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which, as we have seen in Ohio, would sharply reduce the state's uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

### **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

---

<sup>1</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>2</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>3</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD->



## **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

## **Georgia Has Better Options to Address Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>5,6</sup> It should do so, rather than upending the state’s insurance market at great risk to consumers.

A report issued after Ohio expanded Medicaid coverage to low income adults concluded, “Medicaid expansion has been beneficial to Ohio [expansion] enrollees by: 1) facilitating continued employment, new employment, and job-seeking; 2) increasing primary care and reducing emergency department use; 3) lessening medical debt and financial hardship;

---

[Impact-Report-Final-Public.pdf](#); Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>5</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>6</sup> Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>



4) improving mental health; 5) assisting in addressing unhealthy behaviors such as tobacco use; and 6) enabling enrollees to act as caregivers for family members.”<sup>7</sup>

For these reasons, we urge you to not to approve Georgia’s 1332 waiver and to instead encourage Georgia to pursue Medicaid expansion.

Sincerely,

Ashley B. Socha  
Managing Attorney of the Public Benefits Team  
Legal Aid Society of Columbus

---

<sup>7</sup> Ohio Department of Medicaid, “2018 Ohio Medicaid Group VIII Assessment,” August 2018, <https://medicaid.ohio.gov/Portals/0/Resources/Reports/Annual/Group-VIII-Assessment.pdf>.

September 22, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of the Interfaith Children's Movement to express our organization's concern about Georgia's ACA Section 1332 waiver.

This proposed waiver will directly impact the health and well-being of children and families of Georgia.

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put children and families at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, and Georgians with low health literacy skills would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform.

## **Fragmenting the insurance market would confuse and discourage consumers from enrollment.**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking. Eight out of 10 OR 79 percent of Georgia's marketplace enrollees use HealthCare.gov to complete the enrollment process OR shop for and select their health plan.<sup>1</sup> Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could paralyze them, keeping them from making a decision altogether.

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.<sup>2,3</sup> Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and, at the worst, not make a choice at all.

## **Georgians eligible for Medicaid are unlikely to receive assistance from insurers, agents or brokers.**

HealthCare.gov facilitates Medicaid enrollment with a "no-wrong-door" application that routes Georgians to the program for which they're eligible based on their family size, income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>4</sup>

Brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they are unlikely to provide these Georgians with any help. For example, a search on HealthCare.gov shows more than 1100 agents and brokers that enroll people in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.<sup>5</sup> This is worrisome particularly for individuals and families for whom navigating the system is both cumbersome and isolating.

---

<sup>1</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-\(hereafter,Waiver\)](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-(hereafter,Waiver)).

<sup>2</sup> Consumers Union, "The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making," November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>3</sup> J. Michael McWilliams *et al.*, "Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making," *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

<sup>4</sup> CMS, *op. cit.*

<sup>5</sup> Center on Budget and Policy Priorities analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 zip code.

## **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrolment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one system to another. However other states' experiences show this figure is unrealistic.<sup>6</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>7</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>8</sup> Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment.<sup>9</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

## **The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for those who need it.**

The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for those who need it, reducing their enrollment as well.

Brokers have an incentive to steer consumers toward substandard plans (e.g. short-term and single-disease plans), which normally cannot be sold alongside ACA plans, because they tend to pay higher commissions. Short-term plans in particular pay up to

---

<sup>6</sup> Waiver, *op. cit.*, p. 71.

<sup>7</sup> Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>8</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, [https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>9</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).



ten times as much as ACA-compliant plans.<sup>10</sup> Insurers also profit on short-term plans, which aren't required to meet the medical loss ratio standards for ACA-compliant plans.<sup>11</sup>

Healthier and younger Georgia would be more likely to choose short-term plans, since less healthy people are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, its risk pool would become less healthy, causing premiums to rise. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.<sup>12</sup>) The waiver does not take into account these likely outcomes.

### **The enrollment of children and families in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs exposed to catastrophic costs.<sup>13</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover all essential health benefits, leaving children and families potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover most do prescription drug benefits for example.<sup>14</sup> On top of that, substandard plans are allowed to exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing and leaving the vulnerable to catastrophic costs, limited access to care, and other negative consequences.

---

<sup>10</sup> House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans' risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, "Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks," Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>11</sup> House report, *op. cit.*, p. 48.

<sup>12</sup> Hansen and Dieguez, *op. cit.*, p. 3.

<sup>13</sup> Tara Straw, "Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>14</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

Because it would harm consumers, Georgia's proposal is not approvable under federal law. Georgia's waiver fails the ACA's tests of coverage, comprehensiveness, and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, The Interfaith Children's Movement is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,



Tara Hall  
Executive Director  
Interfaith Children's Movement, Inc.

September 23, 2020

The Honorable Alex Azar, Secretary, Department of Health & Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

From: Anne Swerlick  
Florida Policy Institute  
[swerlick@floridapolicy.org](mailto:swerlick@floridapolicy.org)

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA).

Florida Policy Institute (FPI) is an independent, nonpartisan, nonprofit organization dedicated to advancing policies and budgets that improve the economic mobility and quality of life for all Floridians. We are committed to public policies which ensure that all people can obtain quality, affordable health care.

Georgia proposes to exit the HealthCare.gov federal marketplace without creating a state-based marketplace to replace it. Instead, consumers sole option would be to navigate a highly fragmented insurance system of brokers and insurers to shop for their health coverage.

We are deeply concerned that if this waiver is approved, it will set a dangerous precedent for other states, like Florida, to exit the federal marketplace with no substitute state exchange. Likely consequences from such a change would be widespread consumer confusion, [coverage losses](#), increased uninsured rates and more enrollment in "skimpy" health plans exposing Floridians to catastrophic health care costs.<sup>1</sup> Georgia's proposal is in direct conflict with the statutory requirements of a 1332(b)(1) waiver under the Affordable Care Act (ACA)—which is that the waiver must cover as many people with coverage that is affordable and comprehensive as without the waiver.

Operation of the federal marketplace in Florida since its initial implementation in 2014 has been a key tool for driving the dramatic reduction in the state's uninsured rate. Year after year, Floridians have "voted with their feet" and chosen to get coverage through the federal marketplace. Florida has the highest marketplace enrollment of any state in the country. During the 2020 open enrollment [nearly 2 million Florida consumers signed up](#)—more than a 7 percent increase over the previous year.<sup>2</sup>

Notably, like Georgia, Floridians have already had the option to enroll through insurance agents/brokers-but tens of thousands choose not to do so and instead go to the marketplace. This is not surprising. Shopping for health insurance is complicated, expensive and a very consequential endeavor for consumers. Without the federal marketplace, Florida consumers would be forced to shop among a legion of sellers with no guarantee of a single platform on which to see and compare all plans. In contrast, the federal marketplace offers one-stop shopping providing a central reliable source of unbiased information on all ACA compliant plans providing affordable, comprehensive coverage.

Additionally, the marketplace consumer outreach and marketing activities performed through the Navigator program are unmatched in the private for-profit insurance sector. For example, Florida, like other non-expansion states has an extraordinarily complex set of Medicaid eligibility criteria.<sup>3</sup> Typically, private insurance sellers have little or no knowledge about public insurance programs like Medicaid. There is no financial incentive for them to do so since they cannot earn commissions from these enrollments. [Research](#) shows that private brokers and insurers have a track record of failing to alert consumers of their potential Medicaid eligibility and instead just marketing the plans they offer based on the size of plan commissions.<sup>4</sup>

On the other hand, Florida navigators do not work on commission. Their only incentives are to thoroughly educate families on plan options and help connect them to the most affordable, comprehensive coverage available, including public insurance coverage. Navigators also receive special training about these programs which helps ensure that the families least able to afford private insurance can be linked to coverage like Medicaid.

Compounding consumer confusion is the broader availability of "skimpy" health insurance plans exposing people to catastrophic costs if they get sick. There is already [a troubling history in Florida](#) of companies deceptively marketing these plans as providing comprehensive coverage.<sup>5</sup> Unfortunately, these practices endure as documented in a recent [GAO study](#).<sup>6</sup> It found that more than 25 percent of sales representatives (who were contacted by GAO undercover agents) engaged in potentially deceptive practices, such as claiming pre-existing conditions were covered when plan documents showed otherwise. Solely relying on insurance agents and brokers to market plans during [this unprecedented time of COVID-19](#)<sup>7</sup> is especially risky for financially insecure families already struggling to meet the costs of their basic needs.

The far superior way for states like Georgia and Florida to increase coverage for the uninsured is through Medicaid expansion. Research shows this would result in significant benefits to the state's residents, including [fewer premature deaths](#)<sup>8</sup> and [improved access to care and financial security](#) for people gaining coverage.<sup>9</sup>

Indeed, in this state alone, post-pandemic, it is projected that [1.5 million uninsured Floridians](#) could gain coverage through expansion.<sup>10</sup> [Hundreds of studies](#) show that expansion is a "tried and tested" way of covering the uninsured.<sup>11</sup> It is a far superior path to getting more people covered, rather than adoption of the Georgia proposal, which if followed in Florida, would put coverage for nearly 2 million consumers at grave risk.

In sum, Georgia's proposal, if adopted, would set a dangerous precedent expected to result in thousands losing coverage and more people enrolled in plans that do not provide comprehensive benefits, directly violating ACA statutory waiver requirements. Thus, we urge denial of Georgia's waiver proposal.

Thank you for your consideration of these comments and please contact me if you have questions or need additional information.

Sincerely,

/s/ Anne Swerlick

Anne Swerlick  
Senior Health Policy Analyst & Attorney  
Florida Policy Institute  
407-440-1421 x 703  
swerlick@floridapolicy.org

---

<sup>1</sup> Straw, T., "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020, <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>2</sup> News, USF Health, College of Public Health, "ACA enrollment goes up in Florida despite funding being way down," <https://hscweb3.hsc.usf.edu/health/publichealth/news/enrollment-in-the-aca-goes-up-in-florida-while-funding-goes-way-down/>

<sup>3</sup> Florida Policy Institute, "Florida Medicaid Chartbook," May 2020, <https://www.floridapolicy.org/posts/florida-medicaid-chartbook-2019-edition>

<sup>4</sup> Straw, T. "“Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>5</sup> News Release, Florida Trend, "FTC Halts Purveyors of Sham Health Insurance Plans," Nov. 5, 2018, <https://www.floridatrend.com/article/25784/ftc-halts-purveyors-of-sham-health-insurance-plans>

<sup>6</sup> U.S. GAO, "Private Health Coverage: Results of Covert Testing for Selected Offerings," GAO-20-634R, Sept. 16, 2020, <https://www.gao.gov/products/GAO-20-634R>

<sup>7</sup> Young, C., et al., "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>8</sup> Broaddus, M., et al., "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019. <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>9</sup> Swerlick, A. , "Uninsured During theCovid-19 Pandemic: The Urgent need to Build on Florida's Medicaid Program," Florida Policy Institute, April, 2020 , <https://www.floridapolicy.org/posts/uninsured-during-the-covid-19-pandemic-the-urgent-need-to-build-on-floridas-medicaid-program>; Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>10</sup>Garfield, R., et al., "How Many Uninsured Adults Could Be Reached If All States Expanded Medicaid," Kaiser Family Foundation, June 25, 2020, [https://www.kff.org/uninsured/issue-brief/how-many-uninsured-adults-could-be-reached-if-all-states-expanded-medicaid/?utm\\_campaign=KFF-2020-Uninsured&utm\\_medium=email&\\_hsmi=2&\\_hsenc=p2ANqtz-8dCRwqjRGERn3k-wtYwZdoGq8iNzPFkbG2S6kG8o4O\\_IYoZwg5-JrSGQ7yPTSmfpQIOIAs3Mt6eXbNVJ0nSw3DZCEBA&utm\\_content=2&utm\\_source=hs\\_email](https://www.kff.org/uninsured/issue-brief/how-many-uninsured-adults-could-be-reached-if-all-states-expanded-medicaid/?utm_campaign=KFF-2020-Uninsured&utm_medium=email&_hsmi=2&_hsenc=p2ANqtz-8dCRwqjRGERn3k-wtYwZdoGq8iNzPFkbG2S6kG8o4O_IYoZwg5-JrSGQ7yPTSmfpQIOIAs3Mt6eXbNVJ0nSw3DZCEBA&utm_content=2&utm_source=hs_email)

<sup>11</sup> Guth, M. et al., "The Effect of Medicaid Expansion Under the ACA: Updated Findings from A Literature Review, Kaiser Family Foundation, March 17, 2020, <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>



September 23, 2020

Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Honorable Steve Mnuchin  
Secretary  
Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

Re: Georgia 1332 Waiver Application

Dear Secretary Azar and Secretary Mnuchin:

NAMI, the National Alliance on Mental Illness, appreciates the opportunity to submit comments on Georgia's Section 1332 State Empowerment and Relief Waiver Application. NAMI is the nation's largest grassroots mental health organization and is dedicated to building better lives for people affected by mental illness.

Access to coverage and care is essential for people with mental illness to successfully manage their condition and get on a path of recovery. While NAMI supports reinsurance programs (Part I) as a tool to stabilize premiums in the individual marketplace, we are concerned that the Georgia Access Model (Part II) will jeopardize access to quality and affordable health care coverage for people with mental illness. For these reasons, we urge the Departments to approve the reinsurance portion of Georgia's 1332 waiver application and reject the Georgia Access Model.

#### **Reinsurance Program**

Reinsurance is a useful tool that can help stabilize health insurance markets. By helping insurance companies cover the claims of very high-cost beneficiaries, premiums are kept more affordable for other individuals buying insurance on the individual market. A recent analysis of seven states that have already created their own reinsurance programs through Section 1332 waivers found that individual market premiums were reduced by nearly 20 percent in their first year.<sup>1</sup>

Georgia's proposal would create a reinsurance program starting for the 2022 plan year and would last for five years. This program is projected to reduce premiums by an estimated 10.2 percent and increase the number of individuals obtaining health insurance through the individual market. This would help thousands of Georgians with mental health conditions obtain affordable, comprehensive coverage.

NAMI believe this portion of the state's 1332 waiver will help stabilize the individual market in Georgia and urges its approval by CMS.

### **Georgia Access Model**

The Georgia Access Model proposes to end the state's use of the federal Healthcare.gov platform, instead requiring that people enroll directly through insurers or brokers. Such a shift would deprive Georgians of their most common pathway to individual market coverage and require an option already available to residents now. It would also increase the risk of consumer confusion and make it harder for people to enroll in comprehensive, affordable health care coverage.

Web brokers can and do market coverage and enroll Georgians in individual market coverage today. In fact, in 2020 about 20 percent of marketplace consumers enrolled with the help of a broker or insurer. That means the vast majority of purchasers enrolled using Healthcare.gov. By eliminating the use of Healthcare.gov, the Georgia Access Model would remove the most common enrollment channel used by consumers in the state's individual market.

NAMI is concerned that this shift would increase the risk of consumer confusion, creating a high likelihood that people will fall through the cracks and lose coverage. For example, when Nevada transitioned from the federal marketplace to its own enrollment platform, a transition years in the making, the state saw an enrollment decline of 7 percent.<sup>2</sup> These losses in Georgia could extend to the state's Medicaid program. Currently, when Healthcare.gov screens individuals for eligibility for premium tax credits, it lets consumers know if they are eligible for Medicaid coverage and refers them to the state's Medicaid agency. Under the Georgia Access Model, brokers and other private entities would have less incentive to provide this kind of assistance. Additionally, Healthcare.gov can automatically re-enroll individuals who signed up for coverage last year but do not select a new plan into coverage for the following year. However, under the Georgia Access Model, individuals would lose access to the auto-enrollment function of Healthcare.gov, which automatically re-enrolled 80,000 Georgians in health care coverage for 2020.<sup>3</sup> Moving to a more decentralized system as proposed by the Georgia Access Model could mean larger losses for the state.

A departure from the Healthcare.gov platform would also reduce opportunities for people to compare forms of coverage in a neutral setting. Today, individuals with mental health conditions who shop on Healthcare.gov can trust that they are purchasing health insurance plans that cover mental health and substance use services. However, under the Georgia Access Model, issuers and brokers could sell ACA-compliant plans alongside other types of plans that discriminate against people with mental illness and will not cover beneficiaries' medical expenses if they get sick. This could create confusion for consumers and lead them to purchase coverage that does not meet their needs.

A 2019 review of short-term limited-duration (STLD) health plans in Atlanta found that over half did not cover mental health benefits. The review further found that a mental health or substance use disorder hospitalization could cost an individual as much as six times more in out-of-pocket costs with an STLD plan than an ACA-compliant plan.<sup>4</sup>

Unfortunately, these STLD plans are often selected unknowingly. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections.<sup>5</sup> A 2019 study found that consumers shopping online for health insurance are often directed to websites and brokers selling non-compliant ACA plans like STLDs. Moreover, few states have the capacity to actively monitor these kinds of marketing tactics unless they

receive complaints.<sup>6</sup> This will almost certainly create confusion for people and lead them to purchase coverage that does not include the treatments and services needed to maintain their mental health. This problem would likely worsen in Georgia under this proposal.

Lastly, NAMI is also concerned about how the Georgia Access Model may increase – rather than decrease – premiums for people with mental health conditions. Health plans that are not ACA-compliant will attract healthier consumers, shifting them out of the market for comprehensive coverage. In turn, those that remain are likely to have greater health care needs like mental illness, causing premiums to be higher than they would be in the absence of the waiver. This would be especially true for individuals who do not qualify for subsidies.

### **Conclusion**

NAMI commends Georgia for moving forward with a reinsurance program, which will increase premium affordability and help broaden access to affordable, comprehensive coverage. At the same time, we are concerned that the Georgia Access Model will undermine the success of a reinsurance program by making comprehensive coverage less accessible and affordable for people with mental illness. We therefore strongly urge the Departments to approve of Part I, reinsurance, of Georgia's 1332 application while rejecting Part II, the Georgia Access Model. Thank you for the opportunity to provide comments. If you have any questions, please contact Jodi Kwarciany, Manager of Mental Health Policy at [jkwarciany@nami.org](mailto:jkwarciany@nami.org).

Sincerely,

/s/

Jennifer Snow  
Director of Public Policy  
National Alliance on Mental Illness

CC: The Honorable Seema Verma, Administrator,  
The Centers for Medicare and Medicaid Services

---

<sup>1</sup> Chris Sloan, Neil Rosacker and Elizabeth Carpenter, "State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average," Avalere, March 2019, from <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>.

<sup>2</sup> Louise Norris, "Nevada health insurance marketplace: history and news of the state's exchange," HealthInsurance.org, August 2020, from <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>.

<sup>3</sup> Cristen Linke Young and Jason Levis, "Georgia's latest 1332 proposal continues to violate the ACA," September 1, 2020, The Brookings Institution, from <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

<sup>4</sup> Gabriela Dieguez and Dane Hansen, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, from <https://www.my-milliman.com/en/insight/the-impact-of-short-term-limited-duration-policy-expansion-on-patients-and-the-aca-individual-market>.



---

<sup>5</sup> Dania Palanker, JoAnn Volk, and Maanasa Kona , “Seeing Fraud and Misleading Marketing, States warn Consumers About Alternative Health Insurance Products,” The Commonwealth Fund, October 2019, from <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>, and Sabrina Corlette et al., “The Marketing of Short-Term Health Plans,” Robert Wood Johnson Foundation, January 2019, from <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>.

<sup>6</sup> Sabrina Corlette et al., “The Marketing of Short-Term Health Plans,” Robert Wood Johnson Foundation, January 2019, from <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>.

---

Planned Parenthood Southeast, Inc.

September 16, 2020

**VIA ELECTRONIC TRANSMISSION**

Alex M. Azar, Secretary, Department of Health and Human Services  
Seema Verma, Administrator, Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, Room 509F  
Hubert H. Humphrey Building  
Washington, DC 20201

Steven Mnuchin, Secretary, Department of the Treasury  
U.S. Treasury Department  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Planned Parenthood Southeast, Inc. (“Planned Parenthood”) submits these comments in response to Georgia’s proposal to waive federal rules under the Affordable Care Act (ACA). As a trusted health care provider and advocate, Planned Parenthood affiliates take every opportunity to weigh in on policy proposals that impact the health of people across the country.

Planned Parenthood Southeast, Inc. serves as a needed and critical safety net health care provider in Alabama, Georgia, and Mississippi, operating seven health centers, four of which are in Georgia. Planned Parenthood health centers in Georgia served nearly 9,000 patients in 2018. Planned Parenthood is a trusted, nonprofit source of primary and preventive care for communities across the state. Our health centers range in size and locations from small rural clinic practices to larger metropolitan clinics. Every year, our health centers provide affordable birth control, lifesaving cancer screenings, testing and treatment for STDs, and other essential care to thousands of patients. The vast majority of Planned Parenthood patients have low incomes and lack health insurance.

Planned Parenthood Federation of America (“PPFA”) and its affiliates, including Planned Parenthood Southeast, Inc., played an instrumental role in the passage of the Affordable Care Act (ACA) just over a decade ago, and we are well-situated to speak on both its incredible gains and its shortcomings in expanding eligibility for and access to health coverage. As a result of the ACA, the uninsured rate has reached an all time low.<sup>1</sup> Moreover, thanks to

gains made under the ACA, this country has made a great deal of progress in affordability, access, and coverage over the last ten years. Health coverage for women of reproductive age is at an all time high, and access to services guaranteed without cost-sharing due to the women's preventive benefit has accounted for massive gains<sup>2</sup> in access to lifesaving care and cost savings, particularly for women of color.<sup>3</sup> Since the ACA was passed, the proportion of Black and Hispanic women of reproductive age without health insurance fell by 36 percent and 31 percent, respectively.<sup>4</sup> And though health care remains a significant expense, infrastructure set up by the Affordable Care Act, including limits on out-of-pocket maximums, cost-sharing reductions, and prohibition of lifetime caps, has put health coverage within reach for many. Before the ACA, medical debt was the largest contributor to personal bankruptcy because of lack of comprehensive coverage. Between 2010 and 2016, personal bankruptcy filings have fallen 50 percent.<sup>5</sup>

At the same time, it is abundantly clear that there is progress yet to be made, as many people still struggle with health care coverage, access, and affordability. These persistent and deep inequities are exactly what the federal government needs to be thinking about as it pushes for solutions that protect the health and well-being of all people. Therefore, Planned Parenthood encourages the Department of Health and Human Services and the Treasury Department (the Departments) to make every effort to ensure that 1332 State Innovation Waivers surrounding the ACA center the needs of patients and enrollees, particularly those who are marginalized by the health system, such as people of color, people with low incomes, LGBTQ people, immigrants, and young people.

That is why Planned Parenthood is writing to express our deep concerns around Georgia's 1332 waiver proposal. Under the proposal, Georgia would exit the federal health insurance exchange, also known as HealthCare.gov, with no meaningful alternatives or substitutes for the half a million Georgians who rely on the federal exchange to enroll in Marketplace and Medicaid plans. Planned Parenthood understands and respects the concerns raised in the waiver around high uninsurance rates in the state of Georgia and is committed to advocating for broad and comprehensive solutions to insure people, including by advocating for the adoption of Medicaid expansion. However, the approval of this waiver would fragment the health system in Georgia and leave people in the state with fewer options, not more. We are also concerned that this

---

<sup>1</sup> D. Mangan, The Rate of Uninsured Americans hits a record low as Obamacare's future remains a question mark (Feb 14, 2017), <https://www.cnbc.com/2017/02/14/the-rate-of-uninsured-americans-hits-a-record-low-as-obamacares-future-remains-a-question-mark.html>.

<sup>2</sup> Kaiser Family Foundation, Overview: 2017 Kaiser Women's Health Survey (March 2018) <https://www.kff.org/report-section/executive-summary-2017-kaiser-womens-health-survey/>

<sup>3</sup> M. Howell and A. Starrs, The Hill, "For women of color, access to vital health services is threatened" (July 2017), <https://thehill.com/blogs/pundits-blog/healthcare/343996-for-women-of-color-access-to-vital-health-services-is>

<sup>4</sup> Id.

<sup>5</sup> A. St. John, How the Affordable Care Act Drove Down Personal Bankruptcy, Consumer Reports (May 2017), <https://www.consumerreports.org/personal-bankruptcy/how-the-aca-drove-down-personal-bankruptcy/>.

waiver will cause tens of thousands of Georgians to either lose coverage altogether or otherwise fall through the cracks, including by unknowingly enrolling in high-cost, low-benefit plans that will not meet their needs if they get sick or otherwise need medical care.<sup>6</sup>

### **I. In the Midst of a Pandemic and Deep Economic Devastation, Georgians Deserve Better Options to Meet The Waiver Proposal’s Stated Goals.**

This waiver proposal purports to address high uninsurance rates in Georgia, but as noted above, many of its components would have the opposite effect. Planned Parenthood strongly urges the Departments not to approve the troubling components of this waiver. Instead, we encourage the Centers for Medicare and Medicaid Services (CMS) to adopt initiatives that will incentivize the state of Georgia to join the 38 other states and the District of Columbia by expanding Medicaid eligibility in Georgia to adults with low incomes, without onerous work or cost-sharing requirements or eliminating essential benefits like non-emergency transportation (NEMT). This is a needed and long-overdue step to ensure coverage is comprehensive, accessible, and affordable for people who need it in the midst of an unprecedented global pandemic. Indeed, the COVID-19 pandemic has resulted in record-high unemployment rates,<sup>7</sup> and the Medicaid program has become an even more critical lifeline to ensure that those who need care are able to access it.<sup>8</sup>

It is clear that Georgia has other means at its disposal to address its stated goals. The adoption of Medicaid expansion is an untapped opportunity for Georgia to expand coverage to hundreds of thousands of people. Medicaid is a lifesaving program, and expanding it to adults with low incomes in Georgia would result in significant benefits to the state’s residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>9</sup> Rather than upending the state’s insurance market and forcing enrollees to bear the brunt of the instability, the adoption of Medicaid expansion would truly address uninsurance in Georgia. The persistence of inequitable and avoidable health disparities in Georgia is well-documented, whether it is in the spaces of chronic stress and mental illness, maternal health, access for rural communities, or a myriad of other situations.<sup>10</sup> Though coverage is just

<sup>6</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>7</sup> Economy at a Glance: Georgia, U.S. Bureau of Labor Statistics, available at <https://www.bls.gov/eag/eag.ga.htm>. (finding that Georgia’s unemployment rate reached 12.6% in April 2020 and still is nearly twice what it was pre-COVID-19 with a 7.6% rate as of July 2020.)

<sup>8</sup> Matt Broaddus, “Medicaid Enrollment Continues to Rise,” Center on Budget and Policy Priorities, September 9, 2020. <https://www.cbpp.org/blog/medicaid-enrollment-continues-to-rise> (finding that Medicaid enrollment has risen by 8.4% from February 2020 to July 2020).

<sup>9</sup> Matt Broaddus and Aviva Aron-Dine, “Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds,” Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

Center on Budget and Policy Priorities, “Chart Book: The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

one step toward access, in order to begin the process of closing these gaps and overcoming centuries of inequity and harm to communities that are systemically denied access and coverage, Medicaid expansion is a necessary first step. There are still nearly 3 million adults in the United States who did not have access to health coverage even before the COVID-19 pandemic, and of them, 12% or over 330,000 live in Georgia.<sup>11</sup>

## **II. Access To Information About and Enrollment in Comprehensive Plans Is More Important Than Ever During a Global Health Crisis, But This Waiver Stands To Do the Opposite, By Encouraging Enrollment in Subpar Plans.**

In the midst of a global pandemic, Georgia should not be moving away from plans that offer a full range of covered services and protections under the ACA-- but this waiver proposes to do just that, by removing HealthCare.gov as an option. In a period of unprecedented job loss, more and more people are turning to comprehensive resources like HealthCare.gov to assess and enroll in their coverage options, and for good reason -- by purchasing plans that are ACA-compliant, enrollees can have the peace of mind that they need as they navigate the health system in these uncertain times. The ACA protects people who have contracted the virus that causes COVID-19 from losing health coverage, facing higher premiums, or paying higher out-of-pocket costs.<sup>12</sup> Because of the ACA's essential health benefits, laboratory testing and medically necessary hospitalizations, including COVID-19-related testing and hospitalizations, must be covered by qualified health plans. Additionally, COVID-19 is devastating for those who have chronic conditions such as heart and lung disease and diabetes -- people with these conditions deserve comprehensive coverage options that will cover what they need and expect without being subject to lifetime caps or coverage denials. Lastly, the ACA prohibits discrimination in health care, including gender rating—as well as other consumer protections, including protections for individuals with preexisting conditions—which is critical as women and communities of color bear the brunt of COVID-19 economic and health consequences-- including deaths,<sup>13</sup> complications due to chronic conditions,<sup>14</sup> and exposure.<sup>15</sup>

---

<sup>10</sup> Georgians for a Healthy Future, "Health Equity",

<https://healthyfuturega.org/our-priorities/building-a-healthier-georgia/health-equity/>

<sup>11</sup> Kaiser Family Foundation, "How Many Uninsured Adults Could Be Reached If All States Expanded Medicaid?"

<https://www.kff.org/uninsured/issue-brief/how-many-uninsured-adults-could-be-reached-if-all-states-expanded-medicaid/>

<sup>12</sup> Ricardo Alonso-Zaldivar, "In a time of COVID-19, 'Obamacare' still part of the action," CBS News (May 2020) <https://abcnews.go.com/Health/wireStory/time-covid-19-obamacare-part-action-70477867>

<sup>13</sup> J. Edward Moreno, Black, Latino communities suffering disproportionately from coronavirus, statistics show, The Hill (April 2020)

<https://thehill.com/homenews/state-watch/491518-black-latino-communities-suffering-disproportionately-from-coronavirus>

<sup>14</sup> Centers for Disease Control and Prevention, Health Equity Considerations and Racial and Ethnic Minority Groups,

[https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fracial-et-hnic-minorities.html](https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fracial-et-hnic-minorities.html)

<sup>15</sup> Campbell Robertson and Robert Gebeloff, "How Millions of Women Became the Most Essential Workers in America," New York Times (April 2020),

Georgia’s waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, for-profit brokers sometimes steer people into such plans, as they often offer these same brokers higher commissions. This is a tactic that has continued during the pandemic.<sup>16</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that potentially expose them to high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>17</sup>

As a provider of care to many women, transgender, and nonbinary people, Planned Parenthood is concerned about the waiver proposal’s emphasis on these short-term plans. For people who can get coverage through a short-term plan, they will likely find that it does not meet their health care needs, even if we were not in the middle of a global health crisis. These plans do not have to meet most ACA requirements because, as the Department of Health and Human Services itself has said, these plans are “designed to fill temporary gaps in coverage.”<sup>18</sup> These plans also frequently have blanket exclusions for basic health care services that women, transgender, and nonbinary people in particular rely on, such as birth control, maternity services, and gender transition-related services.<sup>19</sup> Specifically, these plans do not have to cover the ACA preventive services requirement. Under the ACA, more than 62 million women gained access to preventive care -- including birth control, cancer screenings, and well-woman exams -- without out-of-pocket expenses.<sup>20</sup> As a result, 75 percent of the women of reproductive age that are privately insured and use contraception now report that their contraceptives are fully covered by their insurer.<sup>21</sup>

---

<https://www.nytimes.com/2020/04/18/us/coronavirus-women-essential-workers.html?referringSource=articleShare>

<sup>16</sup> Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020,

<https://www.brookings.edu/blog/uscbrookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>17</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020,

<https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, “Do Short-Term Limited Duration Plans Deserve Industry Skepticism?,” HealthPayerIntelligence, March 4, 2020,

<https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>18</sup> 83 Fed. Reg. 7438.

<sup>19</sup> J. George, How Short-term Limited Duration Insurance Plans Being Pushed by the Trump Administration Shortchange Women, Nat’l Women’s Law Ctr. (March 2018),

<https://nwlc.org/blog/how-short-term-limited-duration-insurance-plans-being-pushed-by-the-trump-administration-shortchange-women/>.

<sup>20</sup> Nat’l Women’s Law Ctr., New Data Estimate 62.4 Million Women Have Coverage of Birth Control without Out of Pocket Costs (Sept. 2017),

<https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/New-Preventive-Services-Estimates-3.pdf>.

Similarly, short-term plans do not have to cover the ACA's essential health benefits (EHB) requirements, including maternity care. Women of reproductive age would be among the most harmed if coverage of EHBs is undermined and plans solely offer pre-ACA practices. For example, before the ACA, only 12 percent of plans in the individual market covered maternity coverage.<sup>22</sup> Expanding the availability of plans that do not provide the coverage that the ACA requires threatens to reverse the ACA's progress. Therefore, people, particularly those who need the aforementioned services, enrolled in short-term plans will be at risk of experiencing even greater additional costs while still not receiving adequate coverage. Without coverage for important services that enrollees need, they may find themselves paying a monthly insurance premium and still having to pay out-of-pocket for needed services such as maternity care, which can cost \$30,000 on average for a birth, or for their preferred birth control method, which can cost up to \$1,300.<sup>23</sup> Further, these plans are permitted to impose annual or lifetime limits on coverage. This will impact people with chronic illnesses, such as HIV, who are more likely to have higher cost health needs and quickly run up against those limits. Therefore, women and people with chronic illnesses will be paying more, but receiving less coverage for necessary benefits and less protection against financial hardship if they experience an unexpected health crisis, or get sick, as is so acutely possible in the midst of a global pandemic that is not slowing down. The Departments should not approve these changes to enrollment options in Georgia when its residents and the health system are already facing so much upheaval.

### **III. The Georgia 1332 Waiver Proposal Will Insure Fewer People and Increase Confusion.**

Georgia's 1332 waiver would fundamentally change where and how enrollees can assess their options and purchase health coverage. Georgia's waiver, if implemented, would eliminate the one-stop option of HealthCare.gov, requiring people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website.

This shift away from HealthCare.gov would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would take away enrollees' only option for a guaranteed, central source of unbiased information on the comprehensive coverage options available to them.

---

<sup>21</sup> Kaiser Fam. Found., Women's Sexual and Reproductive Health Services: Key Findings from the 2017 Women's Health Survey (March 2018), <https://www.kff.org/womens-health-policy/issue-brief/womens-sexual-and-reproductive-health-services-key-findings-from-the-2017-kaiser-womens-health-survey/>.

<sup>22</sup> Nat'l Women's Law Center, Women and the Health Care Law in the United States, <https://nwlc.org/resources/women-and-health-care-law-united-states/>.

<sup>23</sup> Truven Health Analytics, The Cost of Having a Baby in the United States (Jan. 2013), <http://transform.childbirthconnection.org/wp-content/uploads/2013/01/Cost-of-Having-a-Baby1.pdf>  
Planned Parenthood, "How can I get an IUD?" <https://www.plannedparenthood.org/learn/birth-control/iud/how-can-i-get-an-iud>

Private brokers are for-profit entities, which means that they have a stake in enrolling people in plans that offer them commissions.<sup>24</sup> This means that the information they provide may be fundamentally biased, and often fails to account for Medicaid eligibility and other options that are outside of the plans that they offer. Based on the waiver Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment in the free and low-cost coverage they are entitled to because for-profit agents and brokers have no incentive to fill the gap left for this population that would result from eliminating the option of HealthCare.gov. Health insurance and coverage information and options should be holistic and meet a full range of needs for enrollees who need information and access, rather than defaulting to the highest bidders who might not be the best option for everyone.

#### **IV. The Georgia 1332 Waiver Proposal Violates Statutory Requirements**

As stated above, Georgia's 1332 waiver proposal will have a marked impact on Georgians and lead to fewer people insured and lower-quality plans. The waiver also fails to meet the statutory "guardrails" that were established to ensure that people who live in states that implement an ACA waiver are not left in a position that is worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. The 1332 waiver proposal does no such thing. Rather, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and should not be approved.

In addition to our concerns about the impact of the waiver on Georgians, Planned Parenthood is deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements. We are also concerned about this practice being replicated in other states and sabotaging the health insurance enrollment infrastructure at a time when it is so critically needed.

#### **V. The Departments Should Approve the Waiver Proposal's Reinsurance Program**

We appreciate that the waiver proposal includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized enrollees. Georgia should move forward with this proposal while dropping the harmful components of the waiver.

\*\*\*\*\*

---

<sup>24</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>



Planned Parenthood thanks you for the opportunity to comment on this proposal, and we urge the Departments to put the health and lives of all people in this country and in the state of Georgia first and foremost. Rather than approving the troubling parts of this waiver, Planned Parenthood encourages the Departments work toward fulfilling the promise of the Affordable Care Act and takes on the responsibility to ensure that people can access high-quality care at affordable prices.

Respectfully Submitted,

A handwritten signature in dark ink that reads "Alicia Stallworth". The signature is written in a cursive style with a loop at the end of the last name.

Alicia Stallworth  
Georgia State Director  
Planned Parenthood Southeast  
241 Peachtree St NE, Suite 400  
Atlanta, GA 30303

# USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

Economic Studies  
The Brookings Institution  
1775 Massachusetts Ave NW  
Washington, DC 20036

September 23, 2020

The Honorable Steven Mnuchin  
Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

The Honorable Alex M. Azar  
Secretary  
U.S. Department of Health & Human Services  
200 Independence Ave, SW  
Washington, DC 20201

Dear Secretary Azar and Secretary Mnuchin:

Thank you for the opportunity to comment on Georgia’s proposal for a waiver under section 1332 of the Affordable Care Act. We believe the proposal is deeply problematic and cannot be lawfully approved. Available evidence indicates that implementation of the Georgia Access Model would cause tens of thousands of consumers to lose coverage, a clear and obvious violation of the statutory requirement that waivers “provide coverage to at least a comparable number” of people as absent the waiver. The proposal is likely to increase premiums in the state for a variety of reasons that are not addressed in the state’s application but that affect the assessment of affordability and budget neutrality, and it violates statutory requirements related to comprehensiveness of coverage as well. Further, the application reflects other deficiencies that render it unapprovable under the statute and implementing regulations, and the agencies erred in declaring the waiver complete. The agencies should not – and legally cannot – approve the submission.

We briefly summarize and discuss some of our most important concerns below. In addition, the two attached analyses, which we submit for your consideration, address other reasons for denying the application, and provide additional evidence underlying these issues.

## **The proposal would cause tens of thousands of Georgians to lose coverage, especially in the first year, and violates the coverage guardrail under section 1332.**

Georgia’s application asserts without evidence that 33,000 new consumers will enroll because of the Georgia Access Model and 8,000 consumers will lose coverage because of the transition away from HealthCare.gov. Both of those numbers are entirely without basis and are inconsistent with what the waiver would do.

The mechanism by which the proposal is supposed to reach new consumers is the purported introduction of web-brokers and other private vendors into the enrollment experience. The application explains “[a]llowing multiple, private web-brokers to participate will *create* competition and provide market incentives” and “[t]he Georgia Access Model *expands* consumer access by allowing individuals to shop for and compare available plans through

# USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

Economic Studies  
The Brookings Institution  
1775 Massachusetts Ave NW  
Washington, DC 20036

multiple channels.”<sup>1</sup> These statements are false. Georgia’s proposal does not “create” or “expand” direct enrollment, enhanced direct enrollment, or the web-broker model, and there are no new options created by the proposal. Indeed, as the state notes elsewhere in their application, 21% of 2020 enrollments were supported by enhanced direct enrollment;<sup>2</sup> this is not a new pathway, and there’s no reason to think it would generate enrollment beyond what would happen under the without-waiver baseline. This confusion is reinforced by the state’s explanation for the derivation of the 33,000 figure, which is based on the continuation of the current-law trend as opposed to any forecast of what would happen under the waiver – a clear error under section 1332 rules. The explanation also conflates the amount of enrollment through private avenues with the share of total enrollment through such avenues – two measures with no obvious relationship. Nor is there any evidence that eliminating HealthCare.gov would lead to improvements in web-broker processes. In short, there is no basis for the state’s claims that 33,000 additional consumers will enroll, or, indeed, that *any* additional consumers will enroll because of the waiver.

The state’s claim that only 8,000 consumers will lose coverage in the transition away from HealthCare.gov is similarly unjustifiable. For 2020, more than 80,000 Georgia enrollees (25% of returning consumers) did not respond to HealthCare.gov’s repeated encouragement to make an active plan selection for 2020 and instead were automatically re-enrolled in their coverage. The state assumes that, despite this group’s failure to actively enroll under the existing system, 90% of them will be sufficiently motivated to actively enroll under the waiver, without automatic re-enrollment as a backstop. This is unreasonably optimistic to say the least.<sup>3</sup> Moreover, other groups of enrollees would surely see attrition under the waiver. First, the waiver would require the 240,000 consumers who might normally make an active plan selection to find a new enrollment channel and navigate a new enrollment process – barriers that would likely cause some to drop out of the process, an issue Georgia never addresses.<sup>4</sup> Similarly, about 40,000

<sup>1</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 9, 23, <https://medicaid.georgia.gov/patientsfirst>. Georgia has made similar false statements to the press, saying, “Today, there is one place Georgians can go to select a plan and receive a federal subsidy. Under the ‘Georgia Access’ model, there will be multiple avenues for consumers to select a plan and maintain eligibility for federal subsidies.” Again, that is incorrect; today, Georgia consumers have access to the same “multiple avenues” that would exist under the waiver. Sara Hansard, “Georgia’s Obamacare Exchange Exit Could Leave Thousands Uninsured,” *Bloomberg Law*, September 3, 2020, <https://news.bloomberglaw.com/health-law-and-business/georgias-obamacare-exchange-exit-could-leave-thousands-uninsured>.

<sup>2</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 75, <https://medicaid.georgia.gov/patientsfirst>.

<sup>3</sup> Recent academic publications examine available evidence about how consumers react in the absence of auto-enrollment options and find very large coverage losses across a variety of scenarios. These findings underscore that Georgia’s assumptions are unsupported and unsupportable. See Coleman Drake, David M. Anderson, “Association Between Having an Automatic Reenrollment Option and Reenrollment in the Health Insurance Marketplaces,” *Journal of the American Medical Association*, September 23, 2019, <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2751516>; Daniel Crespín and Thomas DeLeire, “As Insurers Exit Affordable Care Act Marketplaces, So Do Consumers,” 38 *HEALTH AFFAIRS* 1893 (November 2019), <https://doi.org/10.1377/hlthaff.2018.05475>.

<sup>4</sup> For a discussion of some of the evidence of how administrative barriers affect enrollment, see, e.g., Christen Linke Young, James C. Capretta, Stan Dorn, David Kendall, Joseph R. Antos, “How To Boost Health Insurance Enrollment: Three Practical Steps That Merit Bipartisan Support,” *Health Affairs*, August 17, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200814.107187/full/>; Samantha Artiga, Olivia Pham, “Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage,” *Kaiser Family Foundation*, September 24, 2019, <https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/>; Barry Bozeman, Mary K. Feeney, *Rules and Red Tape: A Prism for Public Administration Theory and Research* (New York: M.E. Sharpe, Inc., 2011); Benjamin D. Sommers and Sara Rosenbaum, “Issues In Health Reform: How Changes In Eligibility May Move Millions Back And Forth Between Medicaid And Insurance Exchanges,” 30 *HEALTH AFFAIRS* 228 (February 2011), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2010.1000>; Jennifer Stuber and Elizabeth Bradley,

# USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

Georgia consumers were assessed as eligible for Medicaid after visiting HealthCare.gov during open enrollment, and thousands more likely received a similar assessment outside of open enrollment. These consumers would similarly lose their familiar enrollment pathway. And what’s worse, the proposed Georgia Access Model offers no inducement for brokers to support those enrollments. And yet again the state does not consider attrition among this group.

A more complete and realistic assessment makes clear that the waiver would lead to large coverage losses. As shown in Figure 1, we estimate that between 35,000 and 99,000 people will lose coverage under a variety of assumption as shown, though actual losses could be greater if the promised new technology is delayed or flawed, or consumers find the new system particularly burdensome. Moreover, these transition disruptions will be concentrated in the first year of the waiver, making it especially implausible to claim that the waiver will not cause a net coverage loss in the first year.

**Figure 1: Coverage losses from Georgia waiver under various assumptions**

Scenario	Active Re-Enrollee Loss	Automatic Re-enrollee Loss	Medicaid Enrollee Loss	Total Coverage Loss
Minimal coverage losses: retain 97% active re-enrollees, 70% automatic re-enrollees, 90% Medicaid enrollees	7,243	24,029	3,807	35,078
Moderate coverage losses: retain 95% active re-enrollees, 50% automatic re-enrollees, 75% Medicaid enrollees	12,072	40,048	9,517	61,636
Large coverage losses: retain 90% active re-enrollees, 30% automatic re-enrollees, 50% Medicaid enrollees	24,144	56,067	19,034	99,244

Source: Authors’ calculations based on CMS 2020 Marketplace Open Enrollment Period Public Use Files

Put most simply, Georgia’s proposed waiver takes away the HealthCare.gov enrollment platform, used today by hundreds of thousands of enrollees, and does not replace it with anything or create any new options. This must cause some people (likely numbering in the tens of thousands) to lose coverage, and it cannot cause anyone to gain coverage because it is not offering anything new compared to the without waiver baseline.

**The proposal will increase premiums in ways not reflected in the state’s analysis, affecting assessment of the affordability and budget neutrality guardrails.**

Transitioning all enrollment to private vendors (most of whom are commission-supported) is likely to meaningfully increase the total volume of broker commissions paid in Georgia, which

“Barriers to Medicaid Enrollment: Who Is at Risk?,” 95 AMERICAN JOURNAL OF PUBLIC HEALTH 292 (February 1, 2005), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449169/>; Ryan Crowley, Hilary Daniel, Thomas G. Cooney, Lee S. Engel, “Envisioning a Better U.S. Health Care System for All: Coverage and Cost of Care,” 172 ANNALS OF INTERNAL MEDICINE S7 (January 21, 2020), <https://www.acpjournals.org/doi/full/10.7326/M19-2415>.

USC-BROOKINGS SCHAEFFER  
INITIATIVE FOR HEALTH POLICY

will in turn increase premiums. (As of 2018, 42% of HealthCare.gov enrollments were supported through a broker.<sup>5</sup>) Yet despite touting the importance of commissions in enrollment throughout the waiver application, the state never considers this obvious premium impact. Indeed, the state notes that broker-supported enrollment is “without cost to the state”<sup>6</sup> – but neglects to consider who those costs are passed on to. The state also neglects to account for premium increases associated with an increase in enrollment in non-compliant plans. The state claims that web-brokers will promote non-compliant plan options “without eroding the QHP market.” That is implausible: if healthy enrollees have expanded access to lower premiums from underwritten plans, that will, axiomatically, worsen the ACA risk pool and increase premiums. This is the trade-off associated with the promotion of non-compliant products. Indeed, recent evidence reflects that entities marketing non-compliant plans often use aggressive and even fraudulent sales tactics, which will further pull enrollment out of compliant plans and drive up their premiums.<sup>7</sup> But the state does not address the premium impacts. Moreover, increased premiums will meaningfully affect the calculation of deficit neutrality under the waiver and must be accurately modeled in order to be offset against other deficit impacts associated with Georgia’s proposal. It also could affect the calculation of affordability under the waiver and may feed into further losses in coverage. Finally, even ignoring the impact of increased commissions and non-compliant plans, the state makes – without offering any justification – extremely rosy assumptions about the risk characteristics of new enrollees. Specifically, it assumes that 88% of enrollees would have the risk profile of current bronze enrollees – by far the lowest-risk group – even though that group accounts for only 21% of 2020 enrollment.

**By its own admission, the proposal violates the comprehensiveness guardrail under the statute.**

Georgia’s application explains that it intends to allow vendors selling coverage under the waiver to promote the “full range of coverage options” available in the state, including plans that do not comply with the consumer protection standards of the ACA.<sup>8</sup> Using a waiver to promote the sale of non-compliant plans that are far less comprehensive than coverage these consumers would otherwise purchase violates section 1332’s comprehensiveness guardrail, which requires waivers to “provide coverage that is at least as comprehensive as the coverage” under the ACA. The state may claim that comprehensive coverage was “made available” to consumers, as described in guidance purporting to address the standards for waiver approval.<sup>9</sup> However, if the waiver proposal is measured against the statute – as it must be – then the fact that the waiver will

---

<sup>5</sup> “The Exchanges Trends Report,” *Centers for Medicare and Medicaid Services*, July 2, 2018, <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2018-07-02-Trends-Report-3.pdf>.

<sup>6</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 23, <https://medicaid.georgia.gov/patientsfirst>.

<sup>7</sup> See, e.g., “Results of Covert Testing for Selected Offerings,” *U.S. Government Accountability Office*, August 24, 2020, <https://www.gao.gov/products/gao-20-634r>; “Shortchanged: How the Trump Administration’s Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk,” *U.S. House of Representatives*, June 2020, [https://drive.google.com/file/d/1uiL3Bi9XVomYnxpvaIMeg\\_Q-BJaURXX3/view](https://drive.google.com/file/d/1uiL3Bi9XVomYnxpvaIMeg_Q-BJaURXX3/view).

<sup>8</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 23, <https://medicaid.georgia.gov/patientsfirst>.

<sup>9</sup> “State Relief and Empowerment Waivers,” 83 Fed. Reg. 53575 (October 24, 2018), <https://www.govinfo.gov/content/pkg/FR-2018-10-24/pdf/2018-23182.pdf>. Note also that the aggressive marketing techniques described above can undermine a claim that compliant plans were even “made available” in any meaningful sense to all shoppers.

USC-BROOKINGS SCHAEFFER  
INITIATIVE FOR HEALTH POLICY

intentionally facilitate the sale of limited coverage to people who would otherwise obtain comprehensive coverage generates a facial violation of the comprehensiveness guardrail.

**The waiver violates Medicaid rules and other ACA requirements that may not be altered by a section 1332 waiver.**

Section 1332 is clear that a state innovation waiver may alter only the provisions enumerated in section 1332(a)(2). This list does not include Medicaid rules, as emphasized in the Administration's 2018 guidance ("a section 1332 waiver alone may not change the terms of a state's Medicaid coverage or change existing Medicaid demonstration authority"<sup>10</sup>). Yet the terms of the waiver would violate existing Medicaid rules and other unwaivable ACA requirements, and the state provides no legal basis for these departures. For example, ACA section 1413 (42 U.S.C. 18083) – which is not waivable under section 1332 – requires that consumers can apply for Medicaid coverage using a "single, streamlined form that...may be filed with an Exchange....," which appears impossible under the waiver. Similarly, ACA section 2201 – which is not waivable under section 1332 – added section 1943 of the Social Security Act (42 USC 1396w-3), which requires states, as a condition of participation in the Medicaid program, to provide so-called "no wrong door" enrollment into Medicaid – which again is seemingly inconsistent with the waiver. Section 1321, directing HHS to establish an Exchange if the state does not, is similarly unwaivable. The state's application does not discuss these changes or offer any legal justification or analysis of their impact on consumers.

**The state lacks legal authority to implement the waiver, as required under ACA § 1332(b)(2) and 45 C.F.R. § 155.1308(f)(3)(ii), and so the application cannot be approved and should not have been declared complete.**

Section 1332 requires that a state seeking a waiver enact (and include in the application) a state law "that provides for State actions under a waiver under this section, including the implementation of the State plan." Georgia has passed no such law. It has passed a general statute – the Patients First Act – that authorizes the governor to apply for a waiver and to implement waivers "in a manner consistent with state and federal law."<sup>11</sup> The problem is that without further legislation, implementing the waiver is not consistent with state law. The state does not currently have legal authority to deprive consumers of the opportunity to enroll via HealthCare.gov. Further, the state's application *admits* it lacks authority for critical financing elements of its proposal; the timeline for waiver implementation notes that in April of 2021, the "Governor [will] seek[] *legislative authority* to implement a state user fee."<sup>12</sup> Without legal authority in place to implement the waiver, approving the waiver violates the ACA and applicable regulations, and, indeed, in declaring the waiver complete without this required element, the agencies violated the ACA and applicable regulations.

This failure has important consequences for Georgia residents. Section 1332 waivers can deprive state residents of rights and benefits they are otherwise entitled to under federal law (in this case, the ability to enroll in coverage through a government-operated website that displays plan

---

<sup>10</sup> "State Relief and Empowerment Waivers," 83 Fed. Reg. 53575 (October 24, 2018) at 53579, <https://www.govinfo.gov/content/pkg/FR-2018-10-24/pdf/2018-23182.pdf>.

<sup>11</sup> Georgia General Assembly, 2019-2020 Regular Session – SB 106 "Patients First Act," *available at* <http://www.legis.ga.gov/legislation/en-US/Display/20192020/SB/106>.

<sup>12</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 23, <https://medicaid.georgia.gov/patientsfirst>.

## USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

Economic Studies  
The Brookings Institution  
1775 Massachusetts Ave NW  
Washington, DC 20036

options on a level playing field and without bias and offers enrollment support to the public). Federal law requires that states pursuing a waiver enact legislation directing the state's actions, ensuring that the deprivation of federal protections has been authorized through a democratic and accountable process. Georgia has unlawfully attempted to skip this step in the process.

### **The state's application lacks a description of the provisions of law it seeks to waive, as required under ACA § 1332(a)(4)(B)(ii) and 45 C.F.R. § 155.1308(f)(3)(iii), and so it cannot be approved and should not have been declared complete.**

Federal law directs that in order for a waiver to be complete (or approved), the application must include a "list of the provisions of law that the State seeks to waive including a description of the reason for the specific requests."<sup>13</sup> Georgia's application does not include these elements. It simply states that "Section 1311 [of the ACA] would be waived only to the extent that it is inconsistent with the operation" of the proposal.<sup>14</sup> Section 1311 is a massive and multifaceted provision with over 100 subsections, paragraphs, and clauses. It includes not only extensive standards for Marketplaces but also rules on CMS responsibilities, plan certification, navigators, quality improvement, and mental health parity. Thus, Georgia does not make "specific requests" for provisions it seeks to waive as required by the regulations, nor does it include "a description of the reasons for the specific requests." This basic omission renders the waiver incomplete and unapprovable, and it also makes it impossible for Georgia consumers and stakeholders (and the federal government) to have had an opportunity to accurately evaluate the impact of the proposed waiver, since the scope of affected provisions is largely unspecified.

### **The application is missing other components necessary for a complete submission.**

Other components necessary for a complete application are missing from Georgia's submission:

- Georgia's application does not acknowledge many important comments the state received during its brief state comment period. For example, state-level commenters raised questions about how broker compensation would affect consumer's shopping experience, how premiums in the state would be affected by the promotion of non-compliant insurance plans, the challenges faced by Medicaid consumers, and the major implementation challenges facing the state. But the brief summary of comments included in the application does not mention any of these issues, despite the requirement that a waiver application include "a description of the key issues raised" in state comments.<sup>15</sup> Indeed, despite the more than 600 comments submitted at the state level, our review identified only 4 commenters in favor of the Georgia Access Model.
- The waiver proposal does not include adequate actuarial and economic analyses. Federal regulations require analyses that "support the State's estimates" of coverage, affordability, comprehensiveness, and deficit neutrality under the waiver.<sup>16</sup> The

---

<sup>13</sup> 45 C.F.R. § 155.1308(f)(3)(iii); see also ACA § 1332(a)(4)(B)(ii) (explaining that the waiver process must "ensure[] the disclosure of the provisions of law that the State involved seeks to waive").

<sup>14</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 17, <https://medicaid.georgia.gov/patientsfirst>.

<sup>15</sup> 45 C.F.R. § 155.1308(f)(2).

<sup>16</sup> 45 C.F.R. § 155.1308(f)(4).

# USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

Economic Studies  
The Brookings Institution  
1775 Massachusetts Ave NW  
Washington, DC 20036

documents provided by the state fail to do so for all of the reasons described above and in the attached documents.

- The application fails to include a “comprehensive description of the... program to implement a plan.”<sup>17</sup> Georgia has certainly articulated a vision – removing the state from HealthCare.gov and shifting operations to private vendors. But it says very little about how this program would operate. Similarly, the state offers that it will have a “detailed transition strategy”<sup>18</sup> but does not tell stakeholders or the federal government what it will be. As just a few examples, Georgia does not explain how it will build the necessary technical infrastructure for state-required functions, how it will oversee web-brokers or even what standards will apply, how customer service will be provided for eligibility or tax-related issues, how consumers can appeal negative decisions, how it will contact enrollees to support a transition, or how it will maintain and reconcile accurate data. These are not mere details; they are critical to the successful operation of the plan as Georgia envisions it, and without further explanation the application cannot satisfy the standard for a “comprehensive description.”

**The application did not undergo a comment period “sufficient to ensure a meaningful level of public input,” as required under ACA § 1332(a)(4)(B)(i) and 45 C.F.R. §§ 155.1312 and 155.1316.**

Georgia’s waiver proposal has been subject to extremely limited comment, falling short of the statutory and regulatory requirement for “meaningful” opportunity to comment. At the state level, Georgia offered only 15 days of comment on the waiver proposal. As shown in Figure 2, the other 22 states to submit waivers to date have offered comment periods ranging from 29 to 61 days. Fifteen days is too short a timeframe to meaningfully respond to Georgia’s complex waiver, and this very brief comment window does not satisfy the statute or federal regulations.

---

<sup>17</sup> ACA § 1332(a)(1)(B)(i).

<sup>18</sup> Georgia Section 1332 State Relief and Empowerment Waiver Application, July 31, 2020, at 19, <https://medicaid.georgia.gov/patientsfirst>.



# USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

**Figure 2: Duration of State Comment Periods for All Other 1332 Waivers**

State	Duration (Days)
Alaska	30
California	30
Colorado	30
Delaware	30
Hawaii	61
Idaho	30
Iowa	34
Maine	30
Maryland	30
Massachusetts	32
Minnesota	32
Montana	33
New Hampshire	30
New Jersey	31
North Dakota	31
Ohio	30
Oklahoma	30
Oregon	32
Pennsylvania	29
Rhode Island	29
Vermont	32
Wisconsin	31

Source: Compiled from [https://www.cms.gov/ccio/programs-and-initiatives/state-innovation-waivers/section\\_1332\\_state\\_innovation\\_waivers](https://www.cms.gov/ccio/programs-and-initiatives/state-innovation-waivers/section_1332_state_innovation_waivers)

USCSchaeffer

BROOKINGS

Further, while the federal comment period is similar in length to that provided in other states, this length of time is not sufficient for comments on a waiver that is far more complex than other proposals. Of the 13 waivers that have been approved to date, 12 simply establish reinsurance programs that mechanically lower premiums, and the last one (Hawaii) applies narrowly to its small group market and makes consumer-friendly changes to make ACA regulations work with long-standing state law. In contrast, Georgia is seeking major – and potentially harmful – changes to the way nearly half a million people shop for and obtain coverage, a more complex undertaking that requires more time for comment, as the agencies’ own regulations explain.<sup>19</sup> Even more concerning, for a portion of the (already brief) federal comment period hyperlinks associated with comment submission on the federal government website were inaccurate, causing submitted comments to be rejected.<sup>20</sup> Press reports indicate that at least some Georgia residents attempting to submit comments were affected, and these technical issues underscore that the federal comment period was insufficient.

Finally, we note that the same factors that render the application incomplete under federal regulations also mean that the comment period that occurred did not offer a “meaningful”

<sup>19</sup> “Application, Review, and Reporting Process for Waivers for State Innovation,” 77 Fed. Reg. 11700 (April 27, 2012), <https://www.govinfo.gov/content/pkg/FR-2012-02-27/pdf/2012-4395.pdf> (“To the extent that a proposal is particularly wide-ranging, the proposed regulations will support a longer State public notice and comment period, and if the proposal is minor, it can support a shorter period.”)

<sup>20</sup> See Ariel Hart, “Public Comment Function Broken on Kemp Proposal to Block ACA Website,” *The Atlanta Journal-Constitution*, September 8, 2020, <https://www.ajc.com/news/public-comment-function-broken-on-kemp-proposal-to-block-aca-website/ZJZARXW4KNESLIHFQMHKV6ARAI/>.

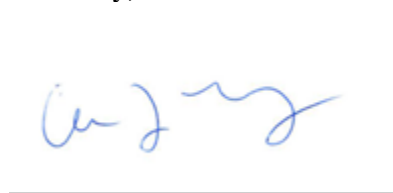
# USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY

Economic Studies  
The Brookings Institution  
1775 Massachusetts Ave NW  
Washington, DC 20036

opportunity for commenters. Among other things, stakeholders lack programmatic information about which provisions of current law will be waived, how the transition from HealthCare.gov will be accomplished, and how the technical infrastructure will be built; and they lack coherent analysis of the waiver’s impact on coverage and premiums and how the coverage, affordability, and budget neutrality guardrails will be satisfied. Without that information, stakeholders have limited ability to understand the proposal and no meaningful opportunity to respond to it.

Thank you for the opportunity to comment. Please feel free to contact us if we can provide additional information.

Sincerely,



Christen Linke Young  
Fellow  
USC-Brookings Schaeffer Initiative for Health  
Policy



Jason A. Levitis  
Nonresident Fellow  
USC-Brookings Schaeffer Initiative for Health  
Policy

Attachments:

Christen Linke Young and Jason Levitis, “Georgia’s Latest 1332 Proposal Continues to Violate the ACA,” *Brookings Institution*, September 1, 2020,  
<https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

Christen Linke Young and Jason Levitis, “Georgia’s 1332 Waiver Violates the ACA and Cannot Lawfully Be Approved,” *Brookings Institution*, January 23, 2020,  
<https://www.brookings.edu/research/georgias-1332-waiver-violates-the-aca-and-cannot-be-lawfully-approved/>.

[Guidance for the Brookings community and the public on our response to the coronavirus \(COVID-19\) »](#)

[Learn more from Brookings scholars about the global response to coronavirus \(COVID-19\) »](#)

# BROOKINGS

AI POLICY 2020 CITIES & REGIONS GLOBAL DEV INTL AFFAIRS U.S. ECONOMY U.S. POLITICS & GOVT MORE



REPORT

## Georgia's latest 1332 proposal continues to violate the ACA

Christen Linke Young and Jason Levitis · Tuesday, September 1, 2020



For media inquiries,  
contact:

Shannon Meraw  
SMeraw@brookings.edu  
202.797.6414

*Editor's Note: This analysis is part of the [USC-Brookings Schaeffer Initiative for Health Policy](#), which is a partnership between Economic Studies at Brookings and the University of Southern California Schaeffer Center for Health Policy & Economics. The Initiative aims to inform the national health care debate with rigorous, evidence-based analysis leading to practical recommendations using the collaborative strengths of USC and Brookings.*

**F**or more than a year, Georgia policymakers have been pursuing a 1332 waiver that would make major changes to the way Georgians access affordable health insurance. [Two prior](#) waiver proposals from the state suffered from major deficiencies that made clear the federal government could not lawfully approve the state’s plan. Georgia is now on its [third attempt](#), but has still failed to offer a vision that is permissible under the statute. While the most recent iteration avoids some of the more serious pitfalls of prior versions, it still does not comply with the statutory “guardrails” for 1332 waivers. Specifically, despite the state’s claims to the contrary, the waiver proposal would likely cause tens of thousands of Georgia residents to lose their health insurance coverage, especially in the first year, and therefore fails to satisfy the statutory requirement that a 1332 waiver may not decrease the number of people with health insurance coverage. The proposal’s analysis also entirely omits the consideration of factors that will increase premiums in the state. Further, the waiver proposal continues to suffer from procedural deficiencies that would make it unlawful for the federal government to approve the state’s application. On August 17, 2020, the Trump Administration deemed the application [complete](#) and opened a 30-day period for public comment, running through September 16. The waiver may not lawfully be approved, and the application in fact fails to satisfy the completeness requirements.


## GEORGIA’S PRIOR PROPOSALS AND THE CURRENT SUBMISSION

Georgia has been pursuing sweeping changes to its individual health insurance market since early 2019, and is now on its third 1332 waiver proposal. The [first iteration](#), released in November 2019, proposed allowing the sale of individual market health plans that did not offer all of the ACA’s mandated Essential Health Benefits. It also would have converted the ACA’s open-ended premium tax credit into a capped, state-administered financial assistance program that would place consumers on a waitlist when funding ran out. Using modest assumptions, experts estimated that this proposal would cause [110,000 Georgians](#) to lose financial assistance (and therefore, in all likelihood, their health coverage). Such a waiver clearly violates the statute and cannot be approved by the federal government. In December 2019, the state proposed a [new](#)



**Christen Linke Young**

Fellow - USC-Brookings Schaeffer Initiative for Health Policy

 [clinkeyoung](#)



**Jason Levitis**

Nonresident Fellow - Economic Studies, USC-Brookings Schaeffer Initiative for Health Policy

 [jasonlevitis](#)

plan: benefit requirements would remain unchanged, but plans would be permitted to impose deductibles and other cost-sharing more than \$5,000 greater than otherwise allowed under the ACA. This second iteration also proposed limiting financial assistance and using a waitlist when funding ran out; it was also expected to cause coverage losses and reduce the affordability of coverage, and it violated a number of other legal requirements for ACA waivers.

Both prior waiver proposals would have ended the state's use of the HealthCare.gov enrollment platform. But they did **not** set-up a State-Based Marketplace (SBM) in its place. Instead, Georgia said it would operate a state-run eligibility engine but would outsource all consumer-facing activities to private web-brokers and insurance companies. That is, consumers who wanted to enroll would be required to use the website of one of several competing private companies to complete an application and select a plan; the state's role would be limited to "back-end" functions like verifying eligibility and maintaining official records of enrollment.

The state's latest waiver proposal, released in July 2020, does not propose making changes to benefits, cost-sharing, or financial assistance, so traditional ACA-regulated plans will continue to be sold to Georgia consumers with the standard financial assistance under the law. However, the new version continues to propose eliminating HealthCare.gov as an option for Georgia consumers but not replacing it with an SBM. Indeed, this change in enrollment platform is now the entirety of the proposal's Georgia Access Model.<sup>[1]</sup> As in prior iterations, Georgia consumers will be required to shop on the websites of private vendors if they want to enroll in ACA coverage. Notably, these private vendors already sell plans in Georgia (and other states) as a complement to HealthCare.gov through a process called Direct Enrollment. Therefore, the waiver proposal does not create any new options for Georgia consumers to enroll; it simply takes away the HealthCare.gov option. The state proposes to regulate vendors in a manner "similar" to existing federal regulation, with the notable exception of allowing these vendors to market plans that do not comply with ACA requirements alongside Marketplace plans.

Georgia's most recent waiver proposal certainly avoids some of the shortcomings of prior versions. However, it is still proposing a major change to the way Georgia consumers shop for and obtain health insurance. A state cannot obtain a waiver under section 1332 unless it provides coverage to "at least a comparable number of its residents" as existing law, and as described in the following section, Georgia's proposal cannot satisfy that condition.

## **THE TRANSITION AWAY FROM HEALTHCARE.GOV WILL LIKELY REDUCE THE NUMBER OF GEORGIANS WITH COVERAGE**

Georgia's waiver proposal contains an economic and actuarial analysis that purports to show that 25,000 state residents will gain coverage under the waiver. Specifically, the state asserts 33,000 new individuals

will enroll and 8,000 existing consumers will lose coverage. Both of these figures are based on entirely unsupported assumptions, and more realistic analysis reflects that the waiver should be expected to reduce – not increase – the number of people with coverage.

Let's begin with the state's assertion that by disallowing enrollment on HealthCare.gov and moving entirely to private vendors, the waiver will draw 33,000 new consumers. The purported mechanism for this new enrollment is as follows:

Allowing multiple, private web-brokers to participate will create competition and provide market incentives to offer improved plan/product selection and enrollment assistance, as well as local, customized customer service to attract uninsured individuals into the market. Web-brokers are typically paid on commission for enrollment, creating strong market incentives to provide education and outreach to drive enrollment and reduce the number of uninsured without cost to the state.

But that explanation fundamentally misstates what the waiver proposal does as compared to current law. As other parts of the application discuss, web-brokers are **already** allowed to sell Marketplace plans, and already receive commissions for doing so. Indeed, they are a growing feature of Georgia's enrollment landscape, encompassing 21% of the state's enrollment for plan year 2020. The state does not contemplate providing any additional inducement or advantages for web-brokers or other private entities; to the contrary, it repeatedly emphasizes that it will build on existing functionality and establish operating standards "similar" to current policy. That is, to the extent private entities face "market incentives" to drum up new enrollment, those incentives **already exist**, and nothing in the application creates new incentives that could plausibly bring in new business.

Other parts of the application seem to acknowledge this fact. The state explains that it calculated the supposed 33,000 gain by trending forward past growth in enrollment through private vendors. Specifically, between 2018 and 2020, the share of enrollments through private online vendors increased from 13% to 21% – an increase of 4 percentage points per year. If that growth was repeated between 2020 and 2022, the state, claims that would mean about 33,000 additional private-vendor enrollments in 2022 as compared to 2020. Therefore, the state says, the waiver will bring in 33,000 new consumers.<sup>[2]</sup>

But this reasoning is nonsensical for several reasons. First, it conflates two different and uncorrelated measures: the **share** of enrollment that occurs privately (which has increased), and the **total amount** of enrollment (which they assert will increase in the future). There is no reason to assume such a relationship. Indeed, if HealthCare.gov were eliminated, private enrollment would account for 100% of enrollment – an increase of 79 percentage points over the 2020 share – even if total enrollment dropped precipitously. Second, the state provides no explanation for why this increase would occur under the

waiver but not absent the waiver. This is a basic error in applying 1332 rules, which gives credit only for changes that are contingent on the waiver. If the trend from 2018 to 2020 is expected to continue absent the waiver, then the waiver does not get credit for it. Finally, the state does not explain why the trend between 2018 and 2020 is likely to continue in the first place.

Georgia's assumption that only 8,000 people would lose coverage without HealthCare.gov is equally implausible. As discussed, Georgia is not asking for a waiver to **create** a web-broker enrollment pathway; it is asking for permission to **disallow** consumers from using HealthCare.gov or any other Marketplace website. The abolition of HealthCare.gov is likely to lead to a loss of coverage much greater than 8,000. Transitioning away from HealthCare.gov would require all existing consumers to identify a private vendor platform, create an account, and complete a new enrollment; automatic re-enrollment would not be possible. But for 2020, more than 80,000 Georgia enrollees (25% of returning consumers) did not respond to HealthCare.gov's repeated encouragement to make an active plan selection and instead were automatically re-enrolled in their coverage. If automatic re-enrollment were not possible, some fraction of this group might be motivated to seek out an active enrollment pathway, but assuming without evidence that 90% will do so is unreasonably optimistic. Moreover, even consumers who might normally make an active plan selection would need to find a new enrollment channel and navigate a new enrollment process – barriers that would likely cause some to drop out of the process. Indeed, even if 95% of previous active re-enrollees and 50% of previous auto-enrollees successfully navigate the new process, 52,000 people would still lose coverage. And the actual impact could be larger, as shown in Figure 1. Georgia's engagement with these issues is limited to observing that “moving from the FFE to the Georgia Access Model will require a detailed transition strategy” – the state provides no information on what that detailed strategy might be.

The waiver proposal also does not address how the state would compensate for the Medicaid enrollment support provided by HealthCare.gov today. In recent years, during each annual open enrollment period about 40,000 Georgia consumers have visited HealthCare.gov and been assessed as eligible for Medicaid under existing eligibility rules. Thousands more likely receive a similar assessment outside of open enrollment, though data are not publicly available. When consumers are assessed as Medicaid-eligible, HealthCare.gov “transfers” those applications to the state Medicaid agency, which works with the consumer to complete enrollment. Private web-brokers, however, have no incentive to support this process. As Georgia repeatedly emphasizes, web-brokers are incentivized by commissions paid for private enrollments, but Medicaid does not pay commissions. Indeed, one investigation found that some web-brokers do very little to support Medicaid enrollment and may provide misleading information to Medicaid eligible individuals that deters them from enrolling. Eliminating HealthCare.gov in favor of web-brokers could therefore substantially reduce Medicaid coverage. As shown in Figure 1, even a 25% reduction in effective Medicaid enrollment during open enrollment could cause an additional 10,000 person reduction in the number of people with coverage under the waiver in each year.

**Figure 1: Coverage losses from Georgia waiver under various assumptions**

Scenario	Active Re-Enrollee Loss	Automatic Re-enrollee Loss	Medicaid Enrollee Loss	Total Coverage Loss
Minimal coverage losses: retain 97% active re-enrollees, 70% automatic re-enrollees, 90% Medicaid enrollees	7,243	24,029	3,807	35,078
Moderate coverage losses: retain 95% active re-enrollees, 50% automatic re-enrollees, 75% Medicaid enrollees	12,072	40,048	9,517	61,636
Large coverage losses: retain 90% active re-enrollees, 30% automatic re-enrollees, 50% Medicaid enrollees	24,144	56,067	19,034	99,244

Source: Authors' calculations based on CMS 2020 Marketplace Open Enrollment Period Public Use Files

**USC Schaeffer**

**BROOKINGS**

Georgia could also face reduced enrollment on an ongoing basis as consumers struggle to complete administrative tasks necessary to retain their coverage. Consumers receiving ACA financial assistance must navigate a variety of complex enrollment tasks, including providing income documentation, and, in some cases, providing proof of tax filing. HealthCare.gov and SBMs today engage in extensive outreach to support consumers through these processes, but Georgia will not be assuming any of these outreach functions. Some of today's web-brokers support consumers in these processes, but others do not. As a result, the transition off of HealthCare.gov could result in meaningfully less post-application support to help consumers maintain enrollment, further eroding coverage.

Finally, the foregoing assumes that Georgia successfully builds a new and unprecedented administrative apparatus in approximately one year on a budget of \$6 million – far less time and far less money than the federal government and states had to stand up Marketplaces after the ACA's passage. Given the technical complexity involved and past challenges, there is reason to be concerned about a smooth and timely launch.

But even taking the state's numbers at face value, Georgia's application also makes major errors in the timing of its enrollment effects. In particular, the waiver proposal models all effects as if they occur in the very first year of the waiver – the state's assumed 33,000 person gain (associated with "market incentives") and 8,000 person loss (associated with the "transition") all occur in 2022. But while losses associated with the transition would in fact occur in the first year, gains would be expected to phase in over time, since the alleged gains presumably arise from web-brokers enrolling a slightly larger fraction of the reachable market at any given time. If one assumes the 33,000 gain phases in linearly over the 5 years of the waiver, then even on Georgia's own terms coverage losses exceed gains in the first year of the waiver.<sup>[3]</sup>



To summarize, it is clear that Georgia’s waiver proposal cannot satisfy the requirements for approval of a waiver under Section 1332 of the ACA. The statute directs that to be approved a waiver must “provide coverage to at least a comparable number of its residents as” current law. The Trump Administration’s [2018 guidance](#) on waivers further explains a waiver can be approved only if “**for each year the waiver is in effect**, the state can demonstrate that a comparable number of state residents eligible for coverage under title I of PPACA will have health care coverage under the section 1332 state plan as would have had coverage absent the waiver” (emphasis added).<sup>[4]</sup> Georgia suggests that 25,000 people will gain coverage under the waiver, but that claim is unwarranted for three distinct reasons:

- The state offers no plausible support for the assumption that 33,000 additional consumers will enroll, or, indeed, that **any** additional consumers will enroll because of the waiver.
- The state’s assertion that only 8,000 people will lose coverage is inconsistent with available evidence. Simple modeling based on the most recent enrollment period (with assumptions very favorable to the state) suggest more than 50,000 Marketplace and 10,000 Medicaid consumers could be lost.
- Even taking the state’s figures at face value, coverage losses would still be expected to exceed coverage gains in the first year of the waiver.

## THE WAIVER APPLICATION MAKES OTHER MAJOR ANALYTIC ERRORS

Beyond the state’s problematic assumptions about the coverage impacts of the waiver, the actuarial and economic analyses included with Georgia’s waiver submission make several other major analytic errors. These errors are so severe that they render the analyses incapable of meeting a variety of requirements in the statute and applicable regulations and underscore that the submission cannot provide a basis for approval.

**Fails to consider premium impacts of increased broker commissions.** Transitioning all enrollment to private vendors (most of whom are commission-supported) is likely to meaningfully increase the total volume of broker commissions paid in Georgia, which will in turn increase premiums. As of 2018, [42% of HealthCare.gov enrollments](#) were supported through a broker (either a web-broker or otherwise), which means that insurers were required to pay commissions on less than half of their enrollees. While that figure may have risen somewhat in the intervening years, there is likely still a significant fraction of enrollment that occurs without a commission. But under Georgia’s proposal, insurers would pay a commission for the much larger volume of consumers enrolling via web-brokers. Further, consumers who do not enroll through brokers must enroll through an insurer’s website, which the insurer also must support financially. The cost of broker commissions and the insurer’s own enrollment infrastructure is

baked into premiums, so an increase in these costs would directly increase premiums in the state. Yet despite touting the importance of commissions in enrollment throughout the waiver application, the state never considers this obvious premium impact. Indeed, the state repeatedly notes that broker-supported enrollment is “without cost to the state” – but neglects to consider who those costs are passed on to.<sup>[5]</sup>

Increased premiums will meaningfully affect the calculation of deficit neutrality under the waiver and must be accurately modeled in order to be offset against other deficit impacts associated with Georgia’s proposal. It also could affect the calculation of affordability under the waiver and may feed into further losses in coverage.

**Fails to consider premium impacts associated with increased marketing of non-compliant plans.**

The waiver is likely to lead to an increase in enrollment in non-compliant plans, which will also increase premiums for compliant plans. Specifically, while Georgia’s waiver application generally anticipates that private vendors selling Marketplace coverage will be required to comply with standards that are “similar” to those partnering with HealthCare.gov, there is one notable exception: Georgia will allow private vendors to display plans that do not comply with ACA consumer protection requirements alongside regulated plans. (Under current law, the same vendors can sell both types of plans, but must display them separately.) The state explains its rationale as follows:

By enabling diverse plan types to be offered side-by-side with QHPs and Catastrophic Plans, consumers will be able to view the full range of options available to them within the State and select a plan that best suits their needs and price point. The goal is to increase healthcare coverage options across the State without eroding the QHP market to provide consumers with expanded options.

This statement (and the rest of the waiver proposal) fails to acknowledge the trade-offs that are inherent in this approach. It is not possible to promote underwritten and non-compliant plans that the state believes some consumers will prefer without “eroding” the regulated market – if healthy enrollees can receive lower premiums from underwritten plans, that will, axiomatically, worsen the ACA risk pool and increase premiums. This is the trade-off associated with the promotion of non-compliant products, and, indeed evidence on web-broker operations to date suggests that some web-broker entities are likely to aggressively promote unregulated plans given their larger commissions. The state entirely ignores these premium impacts in their consideration of the waiver. As above, this failure means that the state’s deficit neutrality, affordability, and coverage analysis are also inadequate.<sup>[6]</sup>

**Makes unsupported risk profile assumptions.** The waiver analysis also makes unsupported assumptions about the relative health risk of individuals leaving the market due to transition

difficulties. In two other contexts, the federal government has examined the age profile of those losing coverage due to administrative obstacles, and found that young people are about 25% less likely than older people to respond to requests for documentation. This suggests that people losing coverage during the transition to web-broker driven enrollment (likely to number in the tens of thousands, as described above) will be younger and healthier than those who remain. Yet the state does not mention this impact in discussing the group that would lose coverage. In addition, the state assumes that 88% of new enrollment would be into bronze plans, and that the risk profiles of those enrolling into bronze plans would match those of current bronze enrollees – with by far the best profiles of any metal level.<sup>[7]</sup> By contrast, only 21% of 2020 enrollees selected bronze plans. No explanation is given for this assumption.

**Miscalculates user fee impacts.** As in prior versions of the waiver, the state asserts that the state’s migration away from HealthCare.gov will not affect federal administrative costs. As we have argued elsewhere, this is incorrect. Some HealthCare.gov functions entail fixed costs, and so the absence of HealthCare.gov user fees from Georgia will not be fully offset by reduced operating costs. The federal government is clear that such costs must be accounted for in deficit neutrality calculations, and the state fails to do so.

**Conflates with- and without-waiver impacts.** As noted above, in modeling the waiver coverage gains, the analysis trends forward data on the current performance of web-brokers. These are effects under current law and would be expected to occur in the absence of the waiver. But the analysis treats that as a “with waiver” impact despite the fact that it should be reflected in the “without waiver” baseline.

**Lacks a plausible sensitivity analysis of coverage impacts.** The application also foregoes any plausible sensitivity analysis of the coverage impacts of the waiver. It asserts without evidence a net gain of enrollment of 25,000 people as described above, and then models alternative scenarios where either 15,000 or 35,000 additional people enroll – and uses those alternative scenarios to claim that the analysis is robust to potential losses of coverage. But simply assuming a coverage gain does not, in fact, actually demonstrate that the waiver will result in increased coverage.

## **THE WAIVER APPLICATION SUFFERS FROM PROCEDURAL DEFICIENCIES THAT RENDER IT UNAPPROVABLE**

The analytic deficiencies described above create significant procedural issues that make it unlawful for the federal government to approve Georgia’s waiver (or even deem it complete) and are compounded by other procedural problems with the waiver.

First, the submission Georgia has provided does not meet federal criteria for a complete waiver

application. Therefore, it was not lawful for the federal government to have declared it complete and proceed to the next phase of waiver consideration, and it cannot serve as the basis for approval.

Specifically:

- The waiver proposal does not include adequate actuarial and economic analyses. [Federal regulations](#) require analyses that “support the State’s estimates” of coverage, affordability, comprehensiveness, and deficit neutrality under the waiver. The documents provided by the state fail to do so. As described in detail above, the state makes entirely unsupported (and unsupportable) claims about coverage gains and losses, neglects to consider important and obvious factors that will raise premiums in the state and makes other related errors. The analyses provided by the state fail to meet the standards for actuarial and economic analyses under the regulation.
- The waiver proposal fails to specify the provisions of federal law it seeks to waive. The regulations require that an application must include “a list of the provisions of law that the State seeks to waive including a description of the reason for the specific requests.” Georgia does not do so. It simply states that “Section 1311 would be waived only to the extent that it is inconsistent with the operation” of the proposal. Elsewhere, the state offers, “Georgia is requesting waiver of Section 1311 in part, to provide the State flexibility to determine the operations to best support its innovative consumer-centric model.... Georgia will remain in full compliance sections of PPACA that are not waived.” But section 1311 is a massive and multifaceted provision with over 100 subsections, paragraphs, and clauses. It includes not only extensive standards for Marketplaces but also rules on CMS responsibilities, plan certification, navigators, quality improvement, and mental health parity. Thus, Georgia does not make “specific requests” for provisions it seeks to waive as required by the regulations, nor does it include “a description of the reasons for the specific requests.” This basic omission renders the waiver incomplete and unapprovable. It also makes it impossible for the federal government or stakeholders to judge whether the state will, in fact, be in “full compliance” with portions of the law not waived – since it is not clear what provisions are encompassed.
- In important respects, the application also fails to include an adequate description of the state’s waiver plan. A complete proposal must include “comprehensive description of the... program to implement a plan” under Section 1332. Georgia has certainly articulated a vision – removing the state from HealthCare.gov and shifting operations to private vendors. But it says very little about how this program would operate. The application briefly notes that the state will take on a variety of complex functions around maintaining enrollment records and reconciling data with plans and with the IRS – but it does not describe how it will conduct or fund those initiatives. Indeed, it is unclear the extent to which the state is even aware of the complexity of the operational processes it proposes to undertake. Similarly, as noted above, the state offers that it will **have** a “detailed transition strategy” but does not tell stakeholders or the federal government what it will be. These are not mere details; they are critical to the successful operation of the plan as Georgia envisions it, and without further explanation the application cannot satisfy the standard for a “comprehensive description.”

Second, the state has not conducted an adequate public comment period. Regulations require that, prior to submitting the application, the state provide “a public notice and comment period sufficient to ensure a meaningful level of public input.” (This is in addition to the requirement for the federal government to provide a comment period following the application’s submission.) But Georgia offered only 15 days for public comment on its proposal. While the federal government has not specified a minimum time period, it has noted that complex waivers will require longer comment periods in order to be “meaningful.” Given that Georgia proposes to disrupt existing arrangements for hundreds of thousands of people who currently shop through HealthCare.gov, additional time is required for comment to be considered meaningful, and, indeed, many commenters made that very clear in their own submissions to the state. Nor can the state rely on the public comment period it conducted in 2019 on a prior waiver proposal. Public comment was provided on an entirely different proposal that affected EHB and financial assistance, and would not be reflective of stakeholder concerns or feedback on the current set of ideas.

Finally, we have argued elsewhere that Georgia lacks the necessary legal authority to implement the waiver it proposes because the state has not enacted authorizing legislation. Georgia has enacted legislation allowing the state to **apply** for a waiver, but state statute does not authorize the state to implement this specific set of waiver proposals. Under the statute and regulations, the federal government cannot approve a waiver unless the state has adequate authority, and Georgia also fails that test.

## **BETTER SOLUTIONS ARE AVAILABLE**

Ultimately, it is unclear what problem Georgia’s waiver is intended to solve. The proposal’s narrative highlights the 1.5 million Georgians who remain uninsured, “one of the highest” uninsured rates in the country, and bemoans the drop in enrollment in the Marketplace in the early years of the Trump Administration. The state insists that coverage “will continue to decline” across the state absent the waiver. But, in fact, between 2019 and 2020, premiums fell in the individual market and enrollment in the Marketplace increased. Preliminary rate information suggests premiums in the individual market will continue to drop in 2021.

Georgia has proposed a waiver that by their own analysis will capture less than 2% of the uninsured in the state, and, in fact, should be expected to cause large losses in coverage – exacerbating the problem they claim to address. If Georgia wants to make meaningful progress in reducing its uninsured rate, it should expand Medicaid so that 518,000 uninsured Georgians below 138% of the federal poverty level can access affordable coverage.

---

## RELATED CONTENT



HEALTH CARE POLICY

### Making ACA enrollment more automatic for the newly unemployed

Christen Linke Young and Sobin Lee · Thursday, May 28, 2020



HEALTH CARE POLICY

### How to boost health insurance enrollment: Three practical steps that merit bipartisan support

Christen Linke Young, James Capretta, Stan Dorn, David Kendall, and Joseph Antos · Monday, August 17, 2020



HEALTH CARE POLICY

### Georgia's 1332 waiver violates the ACA and cannot lawfully be approved

Christen Linke Young and Jason Levitis · Thursday, January 23, 2020

---

Report Produced by **USC-Brookings Schaeffer Initiative for Health Policy**

## FOOTNOTES

- 1 All three iterations of the waiver have proposed a reinsurance program, similar to that operated in other states; the reinsurance provisions are generally not a focus of this analysis.
- 2 As the state explains, “While the FFE has experienced declining enrollment, DE/EDE vendors have experienced increasing enrollment over the last couple of years, both nationally and within Georgia. Infrastructure has continued to improve and DE/EDE has been promoted by HHS guidance as an enrollment pathway. Proxy DE began in 2018 and accounted for 13% of enrollments within Georgia’s marketplace; EDE began in 2019 and the combined DE/EDE partners represented 15% of total enrollment in 2019 and 21% in 2020 accounting for 88,351 consumers enrollments. This is an average of 4 percentage points growth over the past two years. Assuming this trend continues, this percent will grow to 29% by PY22 or increase by 33,658 ( $122,009 = 88,351 / 21\% * 29\%$ ).”

- 3 Nor does the reinsurance program compensate for these effects. Georgia’s reinsurance program is estimated to increase enrollment by less than half a percent, or 1,500 people in the waiver’s first year.
- 4 We and others have argued elsewhere that the 2018 guidance is itself unlawful for procedural and substantive reasons.
- 5 Nor can Georgia point to the absence of Marketplace user fees as an offsetting effect; Georgia will continue to collect a user fee and use it to fund the reinsurance program in the state.
- 6 Waiving the ACA’s standards to promote the sale of non-compliant plans also likely violates section 1332’s comprehensiveness guardrail, which requires waivers to “provide coverage that is at least as comprehensive as the coverage” under the ACA. Guidance promulgated by the Administration in 2018 purports to judge compliance with the comprehensiveness guardrail by assessing the coverage made “available” to consumers, rather than the coverage consumers actually obtain. This interpretation is inconsistent with the statute. If the waiver proposal is measured against the statute – as it must be – then the fact that the waiver will intentionally facilitate the purchase of unregulated and limited coverage among people who would otherwise obtain comprehensive coverage generates a facial violation of the comprehensiveness guardrail.
- 7 Specifically, Georgia assumes metal-level-specific risk scores of 0.902, 1.764, and 2.160 for Bronze, Silver, and Gold respectively.

## RELATED TOPICS

[Access to Health Care](#)[Health Care Policy](#)[Health Care Reform](#)

The Brookings  
Institution

[Facebook](#)  
[Twitter](#)  
[YouTube](#)  
[Podcasts](#)  
[Browse](#)  
[Newsletters](#)  
[RSS](#)

LANGUAGES [Español](#) [中文](#) [عربي](#)

[About Us](#) [Research Programs](#) [Find an Expert](#) [Careers](#) [Contact](#)

[Terms and Conditions](#) [Brookings Privacy Policy](#) [Copyright 2020 The Brookings Institution](#)

January 2020

# Georgia's 1332 Waiver Violates the ACA and Cannot Lawfully Be Approved

---

Christen Linke Young  
Jason Levitis

USC-Brookings Schaeffer Initiative for Health Policy

This report is available online at: <https://www.brookings.edu/research/georgias-1332-waiver-violates-the-aca-and-cannot-be-lawfully-approved/>

**USC Schaeffer**  
Leonard D. Schaeffer Center  
for Health Policy & Economics

**B** | Economic Studies  
at BROOKINGS



## **EDITOR'S NOTE**

This white paper is part of the USC-Brookings Schaeffer Initiative for Health Policy, which is a partnership between the Economic Studies Program at Brookings and the USC Schaeffer Center for Health Policy & Economics. The Initiative aims to inform the national health care debate with rigorous, evidence-based analysis leading to practical recommendations using the collaborative strengths of USC and Brookings.

## Contents

Introduction.....	1
What Georgia’s waiver does.....	1
The legal vulnerabilities of the waiver.....	2
Georgia’s waiver violates the statutory affordability guardrail .....	3
Georgia’s waiver would also fail the affordability guardrail when considering the coverage “made available” .....	4
Gold plans are unlikely to remain available .....	4
The existence of a cap means affordable coverage is not available to all eligible residents .....	5
The actuarial analysis includes clear objective errors that hide a deficit of around \$200 million per year .....	6
The state fails to account for about \$150 million per year in federal employer mandate penalty lost due to waiving the premium tax credit.....	6
The state wrongly assumes that HealthCare.gov can fully defray \$100 million per year in lost user fee revenue .....	6
The state ignores the costs of eliminating subsidy reconciliation, which are likely tens of millions of dollars per year.....	7
Correcting these modeling errors would reveal a \$200 million annual shortfall .....	7
Georgia’s waiver analysis makes unexplained and implausible assumptions .....	7
Georgia’s coverage assumptions are not supported.....	7
Georgia’s assumptions about unsubsidized enrollment are also unfounded.....	8
Georgia’s claims about premiums changes are problematic .....	9
More accurate assumptions about pass-through, enrollment, and premiums could result in the waiver failing under the coverage guardrail .....	9
Clear guardrail violations .....	10
Procedural failures.....	10
Shortcoming of the economic and actuarial analysis.....	10
No meaningful state or federal comment period .....	11
Waiver is not complete.....	12
No authorizing state legislation .....	12
Copper plans may require waiver of provisions that 1332 cannot reach .....	13
An approval of the waiver is not likely to hold up in federal court .....	14

## Introduction

In late December, Georgia submitted a proposal to the federal government to reform the state's health insurance market under a Section 1332 waiver.<sup>1</sup> The waiver proposes, among other things, replacing the premium tax credit under the ACA with a new state-operated financial assistance program that can be used to purchase coverage with far higher cost-sharing than would otherwise be allowed under the ACA. Further, the state would cap the total amount of financial assistance it provides and would put potential consumers on a "waitlist" once the cap is reached.

A waiver structured in this way does not meet the requirements laid out in Section 1332 that waivers must provide coverage that is just as affordable and comprehensive to just as many people as would have it absent the waiver, all without increasing the federal deficit. And the analysis accompanying Georgia's waiver includes errors both obvious and subtle that mean that the waiver's actual effects are different than the state claims. This makes it impossible for the numbers to add up or for the analysis to satisfy the requirements of Section 1332. The waiver also fails other procedural tests. HHS and Treasury (the Departments) cannot legally approve this waiver, and if they attempted to do so, a plaintiff suing to overturn it would be expected to prevail. Other states considering following Georgia's lead should be aware of these flaws before starting down this legally fraught path.

## What Georgia's waiver does

Georgia's 1332 proposal contains two "phases." The first phase, taking effect for plan year 2021, would implement a reinsurance program. The second phase would begin in 2022 and would overhaul the state's individual health insurance market, including the Health Insurance Marketplace, as well as the financial assistance available to consumers buying individual market coverage. This analysis focuses primarily on the second phase of the waiver; the reinsurance program of the first phase is similar to other states' 1332 waivers and poses no serious concerns, while the second phase proposes a novel set of policies that is not only unlawful, but also would undermine the ACA.<sup>2</sup>

In the problematic second phase of the waiver, Georgia would implement four related policies:

- First, the waiver would eliminate the Health Insurance Marketplace and instead require consumers to enroll in coverage through private websites or call centers, operated by insurance companies or private vendors called web-brokers. The state would offer an eligibility tool that these private entities would use to verify consumer eligibility, but no public-facing, government-operated enrollment mechanism would be available. Vendors would be permitted to promote non-standard health products (like short-term plans and fixed indemnity coverage) alongside traditional health plans.
- Second, the state would allow the sale of two new types of plan that do not comply with all ACA requirements, which the state refers to as "non-QHPs" (or non-Qualified Health Plans). It would allow consumers to purchase "copper plans" with an actuarial value of 50%, which would have higher cost-sharing than would otherwise be allowed under the ACA. A simple plan

---

<sup>1</sup> Georgia Medicaid, Patients First Act, <https://medicaid.georgia.gov/patientsfirst>.

<sup>2</sup> The reinsurance phase of the waiver is expected to decrease premiums and slightly increase enrollment, consistent with other states' experiences. The Departments generally evaluate waivers as a package, and one could imagine an analysis under which a reinsurance policy would generate "gains" against the 1332 guardrails that the state could "spend" in pursuing policies that would otherwise cause "losses" under the guardrails. However, in this case the reinsurance program is not expected to meaningfully ameliorate the legal obstacles to approval described below. Georgia projects that the reinsurance waiver will increase enrollment by about 1,500 people – not enough to overcome the potential coverage losses from the second phase. And the waiver's affordability problems focus on cost-sharing, while the reinsurance program changes only premiums. One could also argue that, since the state proposes that its reinsurance program be both approved and implemented separately from the individual market changes, the two policies should be evaluated separately, but such a claim is not necessary to show that the waiver cannot be approved.

design at this actuarial value would require a deductible and out-of-pocket limit equal to \$13,500 per person – more than 60% greater than the ACA allows. At the same time, the waiver would eliminate the requirement that QHP issuers offer silver and gold plans.

The state also contemplates allowing “disease management plans” that would be designed to meet the needs of people with chronic conditions. Of course, carriers can offer such plans under current law. The state indicates that under the waiver, disease management plans will have “flexibility” in meeting the essential health benefits requirements of the ACA. The state provides little detail on what this flexibility might entail, other than noting that the plans will still be required to cover all ten essential health benefits. The state suggests it might seek approval to offer other types of non-QHP plans in the future.

- Third, the waiver would eliminate the ACA’s premium tax credit (PTC) and cost-sharing reductions (CSR) for people who buy coverage in the individual market and replace them with a state-operated financial assistance program. The state would receive the federal money that would have been spent on these programs (net of any federal cost of the waiver) as a “pass-through” payment and supplement it with a small amount of additional state funding. A consumer eligible for assistance could use their state premium subsidy to buy either a traditional bronze, silver, gold, or platinum plan, or a non-QHP copper plan or disease management plan.

The state financial assistance would be calculated the same way that financial assistance is calculated under current law. That is, PTC would be based on the second-lowest cost silver plan available to the consumer, and the consumer’s contribution would be set on a sliding scale based on income. The waiver proposal indicates that the state might change its methodology for calculating financial assistance in the future but would seek additional federal approval to do so.

- Finally, the state proposes a cap on the financial assistance provided. The state would make only a limited and specified amount of financial assistance available; once it is on track to spend that full amount, consumers would be placed on a waitlist. Consumers on the waitlist would not be able to enroll in coverage with financial assistance and would be forced to either pay the full premium or remain uninsured. (For context, in Georgia in 2019, 88% of Marketplace enrollees received financial assistance, and advance PTC payments covered an average of 88% of the premium among those receiving them, so the overwhelming majority of affected consumers would be expected to remain uninsured.<sup>3</sup>)

## The legal vulnerabilities of the waiver

Georgia’s proposed 1332 waiver is plagued by legal problems large and small. Even before considering the particularities of Georgia’s submission, a waiver structured in the way the state proposes will fail to satisfy the statutory requirement that it must provide coverage that is as affordable as coverage under the ACA. Further, the specific proposal submitted by the state is likely to violate the requirement that a waiver provide coverage to as many people as would have it absent the waiver, and suffers from additional weakness.

Specifically:

- By facilitating the purchase of copper plans with much higher cost-sharing than ACA-compliant plans, the waiver violates the statutory instruction to “provide coverage and cost

---

<sup>3</sup> Centers for Medicare & Medicaid Services, 2019 Marketplace Open Enrollment Period Public Use Files, [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment).

sharing protections against excessive out-of-pocket spending that are at least as affordable” as the ACA.

- The waiver also fails under the (unlawful) interpretation of 1332 advanced by the Departments that a waiver should be judged based on the coverage that is “made available” to people. This is because, among other things, the waiver’s budget cap means that affordable coverage would in fact *not* be made available to otherwise-eligible consumers.
- Georgia’s analysis of its own policy proposal includes several objective errors that make its funding insufficient – even under its own modeling assumptions – by about \$200 million per year.
- The analysis also makes a variety of unrealistic assumptions about consumer behavior, failing to consider a wide variety of reasons that premiums would rise or coverage drop under the waiver. More realistic assumptions suggest that the waiver would fail to satisfy the coverage guardrail or the state’s budget cap would be hit, or both.
- The submission fails to meet basic procedural requirements for 1332 waivers, including the requirement to provide an adequate actuarial and economic analysis and a meaningful state comment period pre-submission.
- The conceptual core of the waiver – allowing plans to impose much higher cost-sharing than otherwise permitted under the ACA – arguably requires waiving provisions of law that the Departments are not authorized to waive under Section 1332.

Each of these issues is considered in turn in the analysis that follows.

## Georgia’s waiver violates the statutory affordability guardrail

Under Georgia’s waiver, consumers would newly be permitted to use financial assistance to buy copper plans with much higher cost-sharing than is allowed under the ACA. These copper plans would have an actuarial value of 50% (as opposed to the 60% AV required under the ACA), and out-of-pocket maximums of \$13,500 per person or more<sup>4</sup> (as opposed to the \$8,150 cap under the ACA). This change will clearly cause the waiver to run afoul of Section 1332’s affordability guardrail.

We can begin with the statutory language:

The Secretary [of HHS or Treasury] may grant a request for a waiver... only if the Secretary determines that the State plan will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of [Title I of the ACA] would provide.

The waiver fails this test. A central feature of the waiver would provide coverage with cost-sharing that is *less* affordable than the plans allowed under the ACA. Enrollment in less affordable plans is not a second- or third-order impact of the state’s waiver plan that requires sophisticated analysis and modeling to understand; it is the intent of Georgia’s plan. The Departments cannot lawfully conclude a waiver intended to provide coverage less affordable than the ACA will provide coverage “at least as affordable” as the ACA.

---

<sup>4</sup> Using CMS’s current actuarial value calculator, modified to allow inputs that are otherwise prohibited because they violate the ACA provisions the state seeks to waive, a plan with a deductible and out-of-pocket limit of \$13,500 has an AV of 50%. Plans with lower deductibles can also achieve a 50% AV, but only by increasing the out-of-pocket limit; an \$11,000 deductible coupled with 20% coinsurance requires a \$16,000 out-of-pocket limit to achieve a 50% AV. That is, roughly \$13,500 is the smallest possible out-of-pocket maximum that can achieve an AV of about 50%.

The state may assert that because these low AV copper plans have premiums that are lower than premiums for other plans they still should be considered affordable under the statute, but the language of Section 1332 clearly forecloses this claim. The statute defines affordability not simply as a general balancing of the costs of coverage, but to require a determination of whether the waiver’s coverage will provide “protections against excessive out-of-pocket spending” that are equivalent to the ACA. But it is *exactly* that protection that the state’s waiver seeks to erode by allowing consumers to enroll in plans that expose them to out-of-pocket costs at least \$5,000 greater than otherwise permitted.

The Departments have previously considered whether a state could use a 1332 waiver to offer copper plans, and concluded that the plain language of the statute precludes that policy, when they issued (now-revoked) 2015 guidance on the 1332 guardrails.<sup>5</sup> As the Departments said then, in a straightforward interpretation of the statute, “Waivers that reduce the number of people with insurance coverage that provides both an actuarial value equal to or greater than 60 percent and an out-of-pocket maximum that complies with Section 1302(c)(1) of the ACA, would fail” the affordability requirement. A waiver that makes copper plans available with financial assistance must, under any plausible set of assumptions, decrease the number of people with coverage that meets this standard. Some people who would otherwise buy higher AV plans will elect to buy copper plans, and there is no plausible pathway by which the waiver would induce an equal or greater number of people who would otherwise be uninsured to buy ACA-compliant plans. Indeed, the state’s own analysis indicates that 33% of existing subsidized consumers in bronze plans would switch to copper plans.

## Georgia’s waiver would also fail the affordability guardrail when considering the coverage “made available”

The state may hope to satisfy the affordability guardrail by relying on unlawful 1332 guidance released in 2018.<sup>6</sup> In that guidance, the Departments purport to interpret the affordability guardrail to require that the affordability analysis will “focus on the nature of coverage that is made available to state residents (access to coverage), rather than on the coverage that residents actually purchase.” That is, the state may claim that because the waiver would allow consumers to buy bronze or other higher AV coverage if they choose, it satisfies this “made available” test because consumers have “access” to more affordable plans. The 2018 guidance is unlawful on both procedural and substantive grounds,<sup>7</sup> but even under this weaker standard the state’s waiver would necessarily fail the affordability guardrail, for two distinct reasons.

### Gold plans are unlikely to remain available

First, Georgia’s proposal waives the requirement for insurers to offer plans in the gold and silver tiers. The state’s analysis seems to assume that issuers would continue to offer higher AV plans roughly as they do today despite this change. But the evidence suggests they would not. Under the ACA, issuers in the Marketplace are *permitted* to offer bronze, silver, gold, and platinum plans, and they are

---

<sup>5</sup> Centers for Medicare & Medicaid Services, HHS; Department of the Treasury, Waivers for State Innovation 80 Fed. Reg. 78131 (December 16, 2015), <https://www.federalregister.gov/documents/2015/12/16/2015-31563/waivers-for-state-innovation>.

<sup>6</sup> Centers for Medicare & Medicaid Services, HHS; Department of the Treasury, State Relief and Empowerment Waivers, 80 Fed. Reg. 53575 (October 24, 2018), <https://www.federalregister.gov/documents/2018/10/24/2018-23182/state-relief-and-empowerment-waivers>.

<sup>7</sup> For a discussion of the myriad ways in which the 2018 guidance violates the statute, see Joel McElvain, *The Administration’s Recent Guidance on State Innovation Waivers under the Affordable Care Act Likely Violates the Act’s Statutory Guardrails*, YALE J. REG., December 11, 2018, <https://www.yalejreg.com/nc/the-administrations-recent-guidance-on-state-innovation-waivers-under-the-affordable-care-act-likely-violates-the-acts-statutory-guardrails-by-joel-mcelvain>. For a discussion of why the guidance is procedurally invalid; see Christen Linke Young, *The Trump Administration Side-Stepped Rulemaking Processes on the ACA’s State Innovation Waivers*, THE BROOKINGS INSTITUTION, November 28, 2018, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2018/11/28/the-trump-administration-side-stepped-rulemaking-processes-on-the-acas-state-innovation-waivers-and-it-could-make-their-new-section-1332-guidance-invalid>.

required to offer silver and gold plans.<sup>8</sup> Notably, today platinum plans have disappeared for many consumers – in 2020 80% of Georgia counties (and 95% of all counties served by HealthCare.gov) have no platinum plans available to consumers.<sup>9</sup> Further, issuers have periodically sought relief from the requirement to offer gold plans, making clear that many issuers do not want to offer high AV plans and will only do so if required.<sup>10</sup> Georgia’s proposal would waive the requirement that issuers offer silver and gold plans, and nothing else in the waiver offers any inducement for issuers to offer gold plans. Under these circumstances, gold plans would be expected to largely disappear from the market, just as platinum plans have under current law, so consumers would no longer have the higher cost-sharing protection of gold plans “made available” to them.<sup>11</sup> Indeed, the only possible reason to approve a waiver of the requirement to offer silver and gold plans is to make them less available, so this cannot satisfy the guardrail.

### *The existence of a cap means affordable coverage is not available to all eligible residents*

The second problem is more fundamental to the structure of the waiver. Recall that Georgia’s waiver converts the ACA’s entitlement to financial assistance for all eligible consumers into a capped state-run program under which the state will only provide financial assistance up to a budgetary cap. According to the state, the cap (which includes all federal pass-through funds and a small amount of additional state funding) is sufficient to provide financial assistance to about 359,000 consumers – 25,570 more than the 333,500 who are projected to receive it under current law – assuming benchmark premiums decrease by 1.9%.<sup>12</sup> After hitting the cap, the state will place consumers on a waitlist – with no additional financial assistance provided. The state says it does not expect to hit this cap, because it expects fewer additional subsidized people to enroll than could fit below the cap.

But the very existence of this cap violates the (unlawful) “made available” test articulated by the federal government in its 2018 guidance. Under current law, affordable coverage is “made available” to all eligible consumers, including the roughly 330,000 people actually enrolled in coverage with financial assistance and the over 700,000 residents who the application says are eligible for financial assistance but have not enrolled.<sup>13</sup> But under a capped plan, affordable coverage is only “made available” to the number who can fit below the cap, which is roughly equivalent to the much smaller number of people who are actually enrolled today. That is, under the state’s analysis, current-law financial assistance makes affordable coverage available to over 1 million people, while Georgia’s waiver makes affordable coverage available to only 359,000.<sup>14</sup>

---

<sup>8</sup> See ACA § 1301(a)(1)(C)(ii).

<sup>9</sup> The Center for Consumer Information & Insurance Oversight, Qualified Health Plan Choice and Premiums in HealthCare.gov States, <https://www.cms.gov/CCIIO/Resources/Data-Resources/OHP-Choice-Premiums>.

<sup>10</sup> See, e.g., Blue Cross Blue Shield Association, HHS Notice of Benefit and Payment Parameters for 2018 – Proposed Rule as Issued in the Federal Register on September 6, 2016, <https://www.regulations.gov/document?D=CMS-2016-0148-0575>; Molina Healthcare, Inc., Comment on CMS 9934-P, Proposed Rule: Patient Protection and Affordable Care Act: Benefit and Payment Parameters for 2018, <https://www.regulations.gov/document?D=CMS-2016-0148-0643>.

<sup>11</sup> The absence of gold plans may also create an affordability problem under the statutory language, without considering the unlawful “made available” language. Some consumers may also see reduced choice among silver or even bronze plans, but because the state-law equivalent of CSRs are available only in silver plans, it seems likely that issuers would continue to offer some silver plans.

<sup>12</sup> See Actuarial Analysis Table 2.7.

<sup>13</sup> Specifically, the application twice notes that Georgia has 1.4 million uninsured residents, of whom more than 50% are eligible for financial assistance. See pages 1 and 18.

<sup>14</sup> Kaiser Family Foundation figures based on the 2017 American Community Survey put the current number of uninsured Georgia residents who are eligible for Marketplace financial assistance lower, at 435,000 (instead of over 700,000). Even using the lower figure, less than half of those eligible for financial assistance under current policy could receive it under the waiver. See Kaiser Family Foundation, *Distribution of Eligibility for ACA Health Coverage Among those Remaining Uninsured as of 2017*, <https://www.kff.org/health-reform/state-indicator/distribution-of-eligibility-for-aca-coverage-among-the-remaining-uninsured/>.

And, indeed, the 2018 guidance is explicit that the guardrail analysis under these tests should compare the “number” of people to whom affordable coverage is made available under the waiver and under current law:

The Departments will consider the affordability requirement to be met in a state plan that will provide consumers access to coverage options that are at least as affordable and comprehensive as the coverage options provided without the waiver, to at least a comparable number of people as would have had access to such coverage absent the waiver.

A capped waiver, then, cannot be said to provide access to affordable coverage to the same number of people who have access under current law – even if the state claims not to expect the cap to be triggered. That said, the following sections demonstrate that there is a substantial likelihood that the state will, in fact, hit the cap, meaning that there will be hundreds of thousands of people for whom affordable coverage is not made available.

## The actuarial analysis includes clear objective errors that hide a deficit of around \$200 million per year

The waiver as currently designed does not include sufficient funds to be implemented as claimed or to satisfy the guardrails. The state simply has less money committed than it projects relative to its costs, which makes it impossible to satisfy the coverage guardrail under the cap. Specifically, there are three reasons that federal pass-through funding would be lower and state costs higher than the state projects.

### *The state fails to account for about \$150 million per year in federal employer mandate penalty lost due to waiving the premium tax credit.*

The state entirely neglects the impact to the federal government of forgone employer mandate payments; those forgone amounts affect deficit neutrality and therefore would be subtracted from the pass-through amounts. Under the employer mandate rules, employers may owe a penalty only when their employees receive the premium tax credit (PTC). Because Georgia consumers will receive state assistance in place of the federal PTC, employers will generally not owe penalties with respect to employees who are Georgia residents. This will reduce federal revenue by about \$150 million in the first year of the waiver alone<sup>15</sup> – about as much as Georgia’s entire proposed contribution to the new subsidies.<sup>16</sup>

### *The state wrongly assumes that HealthCare.gov can fully defray \$100 million per year in lost user fee revenue*

In its calculations of deficit neutrality and pass-through funding, the state assumes the federal government will achieve program savings equal to 100% of the user fee revenue that it will no longer receive once Georgia withdraws from HealthCare.gov: over \$100 million per year. Substantial program

---

<sup>15</sup> This figure is derived by allocating the U.S. Treasury Department’s projection of employer mandate payments for fiscal year 2023 by each state’s share of 2019 APTC recipients. See Office of Management and Budget, Supplemental Materials: Receipts XLS, <https://www.whitehouse.gov/omb/supplemental-materials/>; and Centers for Medicare & Medicaid Services, 2019 Marketplace Open Enrollment Period Public Use Files, [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019\\_Open\\_Enrollment](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment).

<sup>16</sup> The Trump Administration has confirmed that states seeking to waive the PTC through a Section 1332 waiver must account for lost employer mandate revenue. See [CMS Letter to Iowa Commissioner Doug Ommen, Oct. 19, 2017.] (“[B]ecause individuals in Iowa will not receive premium tax credits, employers of Iowa residents will not be liable for employer shared responsibility payments with respect to their Iowa employees under IRC section 4980H...To prevent the waiver from increasing the Federal deficit, the Departments would provide passthrough funding equal to the estimated amount of premium tax credits that would have been paid on behalf of Iowa residents had the State not received such a waiver, less the estimated reduction in...employer shared responsibility payments [and other adjustments].”)



savings are likely given reduced marginal costs for customer service and processing of enrollment-related documents. But operating HealthCare.gov also comes with substantial fixed costs to maintain the website, support extensive IT systems, and develop necessary new functionality. The relative shares of fixed versus marginal costs are not known, but even a relatively small fixed share could reduce pass-through funding by additional tens of millions of dollars per year.

### *The state ignores the costs of eliminating subsidy reconciliation, which are likely tens of millions of dollars per year*

The structure of the state subsidy would likely increase the cost of covering each enrollee and therefore make it harder to stay under the cap. The application does not address whether state financial assistance will be “reconciled” at the end of the year, as the federal PTC is, but the complexity of standing up a reconciled credit and the lack of funding designated to do so suggest that Georgia’s subsidy probably would not be reconciled. If instead Georgia’s subsidies are based solely on income projected with the help of available data, the state is likely to spend more per enrollee than the federal government would have spent on PTC due to the failure to recoup excess advance payments. For example, IRS data show that for tax year 2017, Georgia taxpayers received about \$58 million in additional PTC through reconciliation, while those who received excess APTC paid back about \$109 million – a net recovery through reconciliation of about \$50 million.<sup>17</sup>

The application suggests Georgia will attempt to use more up-to-date information to improve the accuracy of upfront eligibility determinations. But even with substantial improvement, eliminating reconciliation could still cost in the tens of millions of dollars per year.

### *Correcting these modeling errors would reveal a \$200 million annual shortfall*

Taken together, these errors indicate a shortfall of about \$200 million in plan year 2022 alone. Given the deficit neutrality constraint, that means a \$200 million reduction in subsidies in that year – a cut of more than 8% compared to what Georgia promises. By comparison, Georgia estimates that its waiver has a \$39 million funding buffer beyond its cap.<sup>18</sup> In other words, not only will Georgia hit the cap, it will fall \$160 million short of the amount needed to meet its own coverage projections.

## **Georgia’s waiver analysis makes unexplained and implausible assumptions**

The objective flaws described above could potentially be addressed through an infusion of additional state dollars (though adding \$200 million per year would nearly double Georgia’s total contribution to the waiver – something there’s no indication Georgia will do). But the analysis also includes a number of implausible or baseless assumptions that undermine the analysis even if this shortfall were addressed.

Georgia asserts that its plan will increase coverage in 2022 by 35,000 people – with 23,000 receiving subsidies and 12,000 unsubsidized – and also reduce premiums by 1.9%. The precision of these figures is crucial to satisfying the coverage guardrail and avoiding the budget cap, given the tension inherent in the waiver. But a closer look at the application indicates these figures rely on a number of unsupported and sometimes implausible assumptions.

### *Georgia’s coverage assumptions are not supported*

Georgia claims that 25,000 of its 35,000 additional enrollees will be currently uninsured people who enroll due to “increased accessed [sic] and web-broker marketing.” The other 10,000 would enroll due

---

<sup>17</sup> IRS Statistics of Income Tax Stats -- Historic Table 2, Tax Year 2017, <https://www.irs.gov/statistics/soi-tax-stats-historic-table-2>.

<sup>18</sup> See Actuarial Analysis Table 5.26.

to the “availability of lower premium Copper Plans.” The application concedes that these figures are not the product of any modeling – they are assumptions made by the state. For example, the “support” given for the 35,000 figure is that “Roughly 35,000 people left the individual market between 2017 – 2019. Modeled the impact of 35,000 re-joining.”<sup>19</sup>

Especially unsupported is the assumption of enrollment growth of 25,000 resulting from increased access and web-broker marketing. Web-brokers and direct enrollment are already major channels for enrollment in ACA plans; they are not a creation of this waiver. Indeed, the Georgia plan does not provide for any new enrollment avenues that are not allowed under current law; it merely eliminates the most established and popular one – HealthCare.gov. There is no reason to believe that eliminating an existing channel without creating anything new will lead to increased enrollment. Similarly, there is no reason to believe that increased marketing would occur or that it would lead to enrollment gains of this magnitude, because under current law, brokers have an incentive to attract business.

On the contrary, there are reasons to fear lower levels of enrollment when private entities assume full responsibility.<sup>20</sup> Removing the option to enroll via HealthCare.gov and requiring consumers to find a new enrollment channel, along with potential administrative difficulties in enrolling in coverage in entirely new system, would likely depress enrollment. Some states that have shifted from a state Marketplace to a federal one or vice versa have seen lower levels of enrollment in the year of the transition<sup>21</sup> – and the enrollment channel disruption Georgia contemplates here is far greater than the disruption experienced in those cases. Consumers shifting to non-single risk pool coverage (e.g. short-term plans sold by web-brokers) or consumers dropping coverage entirely if gold plans are not available could exacerbate these impacts.

There’s also reason to fear a less-than-smooth transition to the state’s back-end enrollment tool. The state provides essentially no information on how the administrative transition would work in practice.<sup>22</sup> The state allocates a small amount of funding for their own administrative functions, but offers no budgeting to suggest that these resources will be sufficient to manage the transformation. And indeed, while some states have been able to stand up State-based Marketplaces (SBMs) fairly quickly, that work is based on off-the-shelf technology developed over many years, while this waiver would require an entirely new system for calculating eligibility and presenting different types of plans.

Given that the reinsurance program is estimated to increase enrollment by only about 1,500 people, these challenges could easily lead to a net reduction in coverage under the waiver. Indeed, a reduction in coverage seems more plausible than the state’s claim that 25,000 additional people will enroll via systems that are available under current law.

### *Georgia’s assumptions about unsubsidized enrollment are also unfounded*

Georgia’s claim that the waiver can increase coverage within its spending cap is predicated on a large increase in consumers enrolling without subsidies. Specifically, of the 10,000 people projected to newly enroll due to the availability of lower-cost copper plans, Georgia assumes 92% would be unsubsidized and only 8% would receive subsidies. This is an extraordinary claim given that 88% of current Marketplace enrollees receive subsidies and over half of Georgia’s uninsured are subsidy

---

<sup>19</sup> See Actuarial Analysis Table 5.11.

<sup>20</sup> Aviva Aron-Dine, Tara Straw, and Sarah Lueck, *Georgia’s 1332 Waiver Proposal Puts Coverage at Risk for Tens of Thousands*, CENTER ON BUDGET AND POLICY PRIORITIES, January 23, 2020, <https://www.cbpp.org/research/health/georgias-1332-waiver-proposal-puts-coverage-at-risk-for-tens-of-thousands>.

<sup>21</sup> Megan Messerly, *Health Insurance Exchange Extends Open Enrollment for In-Progress Applications; Signups Still Likely to Lag Last Year’s*, THE NEVADA INDEPENDENT, December 23, 2019, <https://thenevadaindependent.com/article/health-insurance-exchange-extends-open-enrollment-for-in-progress-applications-signups-still-likely-to-lag-last-years>.

<sup>22</sup> Indeed, the only information that the state provides is that would use the Georgia Gateway system, a piece of technology that has caused errors and backlogs in Medicaid processing. See Andy Miller, *Enrollment Drops, Eligibility Snags, Cyber-Errors in GA. Benefit Programs Spark Concern*, WABE, <https://www.wabe.org/enrollment-drops-eligibility-snags-cyber-errors-in-ga-benefit-programs-spark-concern/>.

eligible. But the application provides no reasonable explanation for this claim. It notes that “[b]ecause this population [of 10,000 new enrollees] is likely more price sensitive, the analysis assumed the increased enrollment reflects the makeup of the population who left between 2017 – 2019, of which 92% were unsubsidized.” But there is no reason to think the two groups will actually be similar.

### *Georgia’s claims about premiums changes are problematic*

Georgia projects that the individual market changes in the waiver will reduce premiums by 1.9%. While the state concedes that copper plans will create adverse selection that will increase benchmark premiums by a small amount, it projects that other factors will eclipse this small increase and lower premiums overall. There are several omissions in their consideration of these issues.

First, the premium calculation is closely tied to the assumed enrollment figures. Georgia notes that the premium change “is primarily driven by an improvement in the overall market risk score due to new members entering the market whose health status (risk scores) are better than the current.”<sup>23</sup> Given that the figures for new members entering the market are implausible for the reasons discussed above, there is reason to doubt these premium impacts will occur.

Second, there is reason to believe that the enrollment system will contribute to adverse selection in ways Georgia does not seem to contemplate. To the extent the waiver anticipates allowing web-brokers to do *anything* differently than they do today, it is to allow web-brokers to sell plans that are not a part of the single risk pool (like short-term limited duration and fixed indemnity plans) alongside other plans.<sup>24</sup> But this would be expected to cause adverse selection against the single risk pool – an impact that the state does not consider but that would be expected to increase benchmark plan premiums. In addition, if more consumers shift from higher AV plans down to copper plans than the state projects, benchmark plan premiums will also increase.

Finally, if, as discussed above, administrative challenges make enrollment more difficult, it is healthy people who are most likely to give up in frustration. Similarly, eliminating the government-operated Health Insurance Marketplace, and relying on private vendors and insurance companies to operate the enrollment functions could also cause adverse selection and higher premiums as healthier individuals do not bother to seek out a new channel.

### **More accurate assumptions about pass-through, enrollment, and premiums could result in the waiver failing under the coverage guardrail**

As the discussion above shows, there are a number of different ways the state’s waiver could fail under the coverage guardrail once the analytic deficits noted above are corrected. That is, it is likely the state will fail to satisfy the statutory requirement that it “provide coverage to at least a comparable number of its residents” as the ACA.

First, the analysis above notes that pass-through must be reduced by about \$200 million (roughly 8%) compared to the state’s current assumptions. If that funding is not replaced with state dollars, then the state will have far less funding under its budget cap – indeed, their own analysis shows that a \$200 million reduction would leave them with less funding than they need to provide financial assistance to everyone who receives it under current law. If the state were to hit its budget cap when providing financial assistance to fewer people than current law, then those denied assistance would almost certainly remain uninsured – meaning the state’s waiver would cover fewer people. (The waiver would also fail the affordability guardrail, as discussed above).

Second, higher premiums can generate a coverage guardrail violation, even if the \$200 million in missing pass-through funding was replaced. Higher premiums would mean higher subsidies per

---

<sup>23</sup> See Actuarial Analysis at 30.

<sup>24</sup> See Waiver at page 18-19.

covered person, which could result in the state hitting its budget cap while enrolling fewer people than projected. Under their projections, the state's budget cap allows them to provide financial assistance to 25,570 more people than current law. But if benchmark premiums were 6% higher than they would be without the waiver, that would likely cause the state to hit the cap while enrolling fewer people than would be enrolled under current law.<sup>25</sup> Accounting for the analytic gaps noted above could suggest premium changes of that magnitude – similarly violating the coverage (and affordability) guardrails.

Finally, correcting for the implausible assumptions about enrollment and giving proper consideration to the factors that could depress enrollment, it could also be the case that the state simply enrolls fewer people than current law – even without hitting its budget cap – since fewer consumers successfully navigate the enrollment process.

## Clear guardrail violations

To summarize, a fair reading of either the text of the statute, or even of the administration's 2018 guidance that unlawfully attempts to loosen the statutory guardrails, makes clear that Georgia's waiver is unapprovable. Without needing to consider any detailed analysis of the state plan, the waiver violates the affordability guardrail by driving consumers toward less affordable copper plans, by repealing the requirement that issuers offer gold plans, and by using a budget cap that prevents the state from claiming that affordable plans are available to all eligible residents. Further, the waiver analysis includes clear objective errors – like ignoring lost employer mandate revenue and overstating HealthCare.gov savings – that make it impossible for the numbers to add up as claimed. Finally, even a cursory examination of the factors likely to influence consumer behavior and premiums make clear that the assumptions employed in the analysis are too optimistic, potentially resulting in lower enrollment and higher premiums than projected, triggering the cap and violating the affordability, and potentially the coverage, guardrail.

In the next section we turn to procedural problems that underscore that approval of this waiver would be unlawful.

## Procedural failures

### *Shortcoming of the economic and actuarial analysis*

As discussed above, the Georgia application's economic and actuarial analysis is characterized by numerous serious analytic gaps that render it insufficient to satisfy the regulatory requirements for a complete application. To briefly restate the shortcomings:

- The analysis fails to consider the impact of repealing the requirement that issuers offer silver and gold plans, which would be expected to lead to erosion in the availability of gold plans – an obvious impact that the state ignores.
- The waiver modeling asserts with no evidence that 25,000 additional consumers will enroll because of increased access to coverage and marketing by web-brokers. Indeed, this naked assumption is the core of all claims that the state makes about its waiver. As noted above, this assumption seems implausible. The waiver creates no new methods for accessing coverage. Web-brokers already exist, and Georgia's waiver gives them no new tools to seek out consumers nor additional incentive to conduct outreach beyond what they do today. To the contrary, it is far more likely that the state will lose some existing consumers by eliminating

---

<sup>25</sup> Aviva Aron-Dine, Tara Straw, and Sarah Lueck, *Georgia's 1332 Waiver Proposal Puts Coverage at Risk for Tens of Thousands*, CENTER ON BUDGET AND POLICY PRIORITIES, January 23, 2020, <https://www.cbpp.org/research/health/georgias-1332-waiver-proposal-puts-coverage-at-risk-for-tens-of-thousands>.

HealthCare.gov as an option and by undertaking an enrollment platform transition – which has been the experience of states that have transitioned enrollment technology in recent years.

- The waiver makes similar unsupported and implausible assumptions about the share of new enrollees who would be unsubsidized. Taken together, these shortcomings eliminate any credibility in the application’s projections of premiums changes, which are driven by enrollment changes.
- The waiver’s analysis entirely ignores the fact that consumers may elect plans outside of the single risk pool (like short-term limited duration plans), despite the fact that the only new opportunity the waiver provides to web-brokers is the ability to market those plans alongside other plans.
- The state’s funding assumptions neglect the impact of reduced federal employer mandate revenue – a factor that, when properly included, would reduce the state’s pass-through funding by approximately \$150 million in plan year 2022 alone.
- The actuarial analysis assumes that HealthCare.gov can entirely defray about \$100 million per year in lost user fee revenue through program savings. This is almost surely wrong, as HealthCare.gov has substantial fixed costs. As a result, the state is likely to receive tens of millions of dollars less per year in pass-through funding than it projects.
- It does not appear that state financial assistance will undergo “reconciliation,” but the analysis does not consider how much this will increase the cost of state financial assistance. Available figures suggest it could be tens of millions of dollars per year.

For all of these reasons, the state’s analysis does not provide a reasonably accurate picture of the impact of the waiver and therefore fails to satisfy the requirements for actuarial and economic analysis supporting the waiver application.

### *No meaningful state or federal comment period*

The statute and its implementing regulations require “a process for public notice and comment at the State level, including public hearings” and “a process for providing public notice and comment after the application is received by the Secretary,” both of which must be “sufficient to ensure a meaningful level of public input.” A meaningful state comment period has not occurred, and the document submitted to the federal government does not allow for a meaningful federal comment period, either.

The state’s process to date does not constitute a proper state comment period. The state conducted public comment on an entirely different waiver proposal. The initial draft proposed to offer Georgia consumers plans that did not cover all of the ACA’s essential health benefits (EHB) – but those plans would have had cost-sharing, actuarial values, and an out-of-pocket maximum unchanged from current law. Commenters objected to the exclusion of EHB from Georgia plans, and the state reacted by eliminating its proposal to allow plans to exclude EHB. But the state has never sought comment on a proposal to allow plans to increase their deductibles and out-of-pocket maximums by \$5,000. These are different proposals, and comments on the former cannot be considered meaningful with respect to the latter.

The document submitted to the federal government also contains major flaws that prevent it from serving as the basis for meaningful federal comments. Given the weaknesses of the analysis noted above, commenters lack accurate information about how this waiver would impact premiums, coverage, and affordability. In addition, fundamental information about how the waiver would actually operate is not available. The state fails to provide information about how it would operate its financial assistance program. It provides very little details – and no budget – for how it would manage an

enormous takeover of technical responsibilities related to enrollment, disenrollment, and financial assistance. The budget cap is a critical feature of the waiver and yet the state's discussion of the cap is limited to noting its existence and suggesting the state has a "plan" – without describing how that plan would actually work. For example, the proposal offers no information on how the state would determine when a cap is needed and how it would conduct the enrollment waitlist. This kind of information is necessary for a comment period to be considered "meaningful."<sup>26</sup>

The waiver also provides essentially no detail on the operation of "disease management plans." The state seeks a waiver of Section 1302(b) – the requirement to cover essential health benefits – for the disease management plans, but then notes that the plans will still be required to cover all ten EHB and will simply have "flexibility" in meeting the EHB requirements. How that flexibility differs from current policy is unspecified, other than an oblique reference in the actuarial analysis suggesting that there will be "services the insurer cuts back on" in disease management plans.<sup>27</sup> The state's initial 1332 proposal to waive EHB in its market has been abandoned (likely because it would have caused premiums to increase by more than 50%, resulting in 110,000 people losing coverage<sup>28</sup>). The state's discussion of disease management plans seems to imply that this waiver of EHB will be more modest than the original proposal – but the state has provided no information that would allow commenters to understand that assumption.

### *Waiver is not complete*

For the same reasons that the waiver document cannot serve as the basis for meaningful public comment, it also cannot be considered complete. The gaps in the analysis and the absence of discussion of major operational considerations mean the waiver cannot be declared complete by the federal government.

More specifically, the regulations require a specifically enumerated list of data elements that the state has not provided. The state is directed to provide "information on the age, income, health expenses and current health insurance status of the relevant State population; the number of employers by number of employees and whether the employer offers insurance; cross-tabulations of these variables; and an explanation of data sources and quality."<sup>29</sup> No information on age, income, or health expenses appears in the waiver, cross-tabulations are not available, and data sources and quality are discussed only in passing. Indeed, the state's failure to provide these somewhat ministerial elements is perhaps reflective of the fact that the state may not, in fact, have conducted the sort of analysis that the statute and regulations contemplate, relying instead on general assumptions rather than a more careful analysis of the waiver's impacts.

### *No authorizing state legislation*

Section 1332 requires that a state seeking a waiver enact (and include in the application) a state law "that provides for State actions under a waiver under this section, including the implementation of the State plan." Georgia has seemingly passed no such law. It has passed a general statute – the Patients First Act – that authorizes the governor to apply for a waiver and to implement waivers "in a manner consistent with state and federal law."<sup>30</sup> The problem is that without further legislation, implementing

---

<sup>26</sup> It is noteworthy that the proposal submitted to the federal government does not provide a *single* example of the deductibles and out-of-pocket maximums that the waiver would require – despite the fact that those dollar figures can be easily calculated – making it more difficult for consumers to understand what this waiver would do.

<sup>27</sup> See Actuarial Analysis at 32.

<sup>28</sup> Aviva Aron-Dine, Tara Straw, Sarah Lueck, *Georgia's Unprecedented 1332 Waiver Would Endanger Consumers and Violate Federal Law*, CENTER ON BUDGET AND POLICY PRIORITIES, December 17, 2019, <https://www.cbpp.org/research/health/georgias-unprecedented-1332-waiver-would-endanger-consumers-and-violate-federal-law>.

<sup>29</sup> 45 CFR 155.1308(f)(4)(iii)(A).

<sup>30</sup> Georgia General Assembly, 2019-2020 Regular Session – SB 106 "Patients First Act," <http://www.legis.ga.gov/legislation/en-US/Display/20192020/SB/106>.

the waiver is not consistent with state law. For example, the state has not enacted legislation to authorize creation of the state eligibility tool. Without such authorization, implementing the waiver is not seemingly “consistent with state...law.”

The state may argue that the Patients First Act provides blanket authority for the governor to implement anything in a waiver. This would be an extraordinary grant of authority, and it is difficult to imagine that the state legislature intended it. But this argument is also undermined by the rest of the authorizing statute. In particular, another section of the Patients First Act authorizes the state to seek a section 1115 waiver to increase Medicaid eligibility up to 100% of the federal poverty line. The legislation then makes abundantly clear that the governor has authority to implement that change without seeking additional authority: “[U]pon approval of the waiver, the [Georgia health department] shall be authorized to *take all necessary steps to implement the terms and conditions of the waiver without any further legislative action*” (emphasis added). In short, Georgia’s legislature knows how to be clear that a waiver may be implemented without additional legislation. The fact that the 1332 section of the bill does not include such clear language indicates a different legislative intent in this case. As a result, the state has not satisfied the requirement for legislation to implement the state plan.

And, indeed, in waivers like the one contemplated here – where implementation of the waiver would result in residents being denied benefits to which they are entitled under federal law – state legislation authorizing the deprivation of benefits plays an especially important role in ensuring accountability for the waiver policy.

## Copper plans may require waiver of provisions that 1332 cannot reach

Finally, under Section 1332, the Departments are provided authority to waive only certain enumerated provisions of the Affordable Care Act. Implementing Georgia’s proposal would arguably require the Departments to waive provisions of law that cannot be waived under Section 1332. This is because the ACA imposes its requirements related to health plan cost-sharing in two separate provisions of the ACA, one of which can be waived under 1332 and one of which cannot.

Requirements related to health plan cost-sharing appear in ACA Section 1302, which can be waived by a 1332 waiver, and Public Health Service Act Section 2707 (codifying ACA Section 1201), which cannot be waived. ACA Section 1302(a) is definitional – it defines a constellation of health plan protections as the “essential health benefits package.” One component of this package is the requirement that a plan “limits cost-sharing for such coverage in accordance with” limits on total out-of-pocket spending as described in 1302(c). Section 1302(c) caps total out-of-pocket spending at \$8,150 for plan year 2020. Public Health Service Act Section 2707(a) requires that all health plans in the individual and small group market “shall ensure that such coverage includes the essential health benefits package required under section 1302(a).” Taken together, this means that Section 1302(a) defines a package of reforms to include a cap on total cost-sharing, while Section 2707(a) actually imposes that requirement on health plans.

The copper plans in Georgia’s waiver would exceed the limits of section 1302 significantly – they will have an out-of-pocket maximum that exposes consumers to at least \$5,000 more in spending than otherwise permitted. That is why Georgia has asked that the Departments waive the cost-sharing cap of Section 1302(c). But Georgia *cannot* seek a waiver of Section 2707(a), which requires health plans to offer a “package” that complies with the Section 1302(c) limit.

Therefore, even if Georgia receives a waiver of Section 1302(c), the requirement of Section 2707(a) is arguably still binding on all individual market health plans, including the new copper plans. In that case, it would be unlawful for copper plans to be sold because they exceed the \$8,150 limit.

This same logic applies to the requirements of Section 1302(d), which requires plans to have an actuarial value of 60, 70, 80, or 90%. Section 1302(a) defines the “essential health benefits package” to also include complying with the actuarial value requirement of 1302(d), and that requirement is

therefore imposed on all plans via Section 2707(a).<sup>31</sup> But copper plans would have an actuarial value of 50%, and would therefore violate this requirement of Section 2707 as well.

The Departments may argue that their authority to waive Section 1302 effectively modifies how Section 2707 operates in the state. In assessing the plausibility of this claim, one should note that the statutory text expressly denies the Departments the authority to waive Section 2707, and there are generally reasons to be skeptical of the agency's attempt to expand the scope of their own waiver authority.

## An approval of the waiver is not likely to hold up in federal court

For all of the reasons enumerated above, the Departments lack authority to approve Georgia's waiver proposal. It violates the statutory guardrails, the requirement to provide an accurate and adequate actuarial analysis, several other procedural requirements, and even the Administration's own weakened interpretation of the guardrails. Approval would exceed the Departments' authority under Section 1332. If the Departments were to approve the waiver, a lawsuit against the federal government and Georgia would be expected to prevail.

Establishing standing to challenge the Georgia waiver is fairly straightforward. If approved, the waiver will result in some Georgia consumers enrolling in plans with higher deductibles than otherwise allowed under federal law. That is not a speculative claim; rather, it is a core function of the waiver. Georgia health care providers will therefore face higher uncompensated care burdens associated with uncollected revenue below the deductible. Some of today's uncompensated care is associated with consumers failing to pay amounts under current-law deductibles<sup>32</sup>; increasing those deductibles by another \$5,000 will drive uncompensated care burdens higher.

Consumers also face concrete and particularized injury associated with the budget cap. For example, any Georgia enrollee receiving financial assistance under current law has reason to fear she will lose financial assistance under a cap. Further, Georgia residents who frequently churn in and out of employer-based health coverage are likely to need to enroll in coverage with financial assistance mid-year, at a time when the state is most likely to have hit their budget cap, generating an especially significant source of concern. And Georgia consumers face similar harm from the potential for gold plans to become unavailable.

Having established standing, challengers to the waiver could demonstrate that Departmental approval of the waiver is *ultra vires* (that is, it exceeds the authority committed to the agency) and arbitrary and capricious:

- Section 1332 grants the Department authority to approve a waiver only if it provides “protections against excessive out-of-pocket spending that are at least as affordable” as the ACA. Georgia's waiver increases consumer exposure to out-of-pocket spending by \$5,000 and facially fails to satisfy this requirement.
- The Administration's unlawful attempt to interpret 1332 to require only an analysis of the number of consumers to whom affordable coverage is “made available” is no help to Georgia or the federal government. The waiver's budget cap means current law makes affordable

---

<sup>31</sup> One of us (Levitis) wrote previously that these Section 1302 requirements may “formally” be waived under a Section 1332 waiver but that the comprehensiveness and affordability guardrails significantly constrain flexibility to loosen these rules. This issue has not been addressed in regulations or by the Courts. See Jason Levitis, *Changes to State Innovation Waivers in the Senate Health Bill Undermine Coverage and Open the Door to Misuse of Federal Funds*, THE BROOKINGS INSTITUTION, June 23, 2017, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2017/06/23/changes-to-state-innovation-waivers-in-the-senate-health-bill-undermine-coverage-and-open-the-door-to-misuse-of-federal-funds/>.

<sup>32</sup> Jeff Lagasse, *Benefit Design, Higher Deductibles Will Increase Bad Debt for Hospitals*, Healthcare Finance, November 22, 2019, <https://www.healthcarefinancenews.com/news/benefit-design-higher-deductibles-will-increase-bad-debt-hospitals>.



coverage available to at least 400,000 more Georgians than the waiver, so the waiver cannot be approved on those grounds.

- A conclusion that Georgia’s waiver satisfies the coverage guardrail (i.e. the requirement that a waiver provide coverage to as many people as would have it absent the waiver) “entirely fail[s] to consider an important aspect of the problem” and is therefore arbitrary and capricious under the test articulated by the Supreme Court in *Motor Vehicle Manufacturers Association v. State Farm Mutual Automobile Insurance Company*. The analysis includes multiple unfounded and implausible assumptions about behavior in response to the waiver. The claims in the existing administrative record regarding the coverage guardrail rely on the unsupported assertion that eliminating the HealthCare.gov enrollment channel without creating any new options for consumers will somehow generate 25,000 new enrollees, a paradigmatic example of an assertion “so implausible that it could not be ascribed to a difference in view.”
- Georgia’s waiver has not received a meaningful state or federal comment period as required under the statute and its implementing regulations and does not comply with the Departments’ own requirements for waiver completeness.
- The Departments do not have authority to waive Section 2707 of the Public Health Service Act requiring that individual market health plans comply with the ACA’s out-of-pocket limit and actuarial value requirements, so the sale of copper plans may be unlawful even if the waiver is approved.

In sum, if the Departments were to approve this waiver, the federal government and Georgia should be bracing for a grueling and expensive legal battle that challengers would be expected to win.

**B** | Economic Studies  
at BROOKINGS

**USC** Schaeffer

Leonard D. Schaeffer Center  
for Health Policy & Economics

The USC-Brookings Schaeffer Initiative for Health Policy is a partnership between the Economic Studies Program at Brookings and the USC Schaeffer Center for Health Policy & Economics and aims to inform the national health care debate with rigorous, evidence-based analysis leading to practical recommendations using the collaborative strengths of USC and Brookings.

Questions about the research? Email [communications@brookings.edu](mailto:communications@brookings.edu).

Be sure to include the title of this paper in your inquiry.

© 2018 The Brookings Institution | 1775 Massachusetts Ave., NW, Washington, DC 20036 | 202.797.6000



1275 First Street NE, Suite 1200, Washington, DC 20002  
202-408-1080 Fax: 202-408-1056 center@cbpp.org www.cbpp.org

September 23, 2020

The Honorable Alex Azar  
Secretary  
Department of Health & Human Services  
200 Independence Avenue SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary  
Department of the Treasury  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Re: Georgia Section 1332 Waiver

Dear Secretary Azar and Secretary Mnuchin:

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under Section 1332 of the Affordable Care Act (ACA).<sup>1</sup> We write to express deep concerns with the Georgia Access Model portion of the proposal, which we believe violates the Section 1332 statutory guardrails and will substantially increase the number of uninsured Georgians. We urge the Departments to reject this portion of the waiver request.

The first section of Georgia's 1332 waiver seeks to implement a reinsurance program, as many other states have done. This program could benefit consumers.

The second section of the waiver, which the state calls the Georgia Access Model, would end use of HealthCare.gov without creating a comparable state substitute. Instead, Georgia would decentralize marketplace functions among brokers and health insurers. The proposal projects a modest increase in enrollment, and slightly lower premiums, due to the Georgia Access Model. We believe the proposal is instead likely to decrease enrollment, raise premiums, and lead more Georgians to enroll in substandard plans instead of comprehensive coverage.

Georgia claims its privatization plan would increase coverage by giving consumers more choices to enroll through health insurers or web-brokers. However, Georgians can already choose to enroll in coverage through insurers and web-brokers, and the proposal itself documents that these options

---

<sup>1</sup> See Georgia Section 1332 State Innovation Waiver (hereinafter, "Waiver") here: [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-).

are already widely available. What the waiver would do is eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This likely would sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

- Fragmenting the insurance market would confuse and discourage consumers, hindering enrollment.
- Insurers and brokers would likely provide less information and assistance to people eligible for Medicaid than HealthCare.gov does.
- Evidence from past, far simpler transitions between federal and state marketplaces suggests that tens of thousands of Georgians might lose coverage simply because of the disruption from the state's transition away from HealthCare.gov. That's especially likely given that Georgia has allocated minimal funding for the transition — about one-third of the already low amount the state itself previously estimated would be needed.
- The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for those who need it, reducing their enrollment as well.

Because it would harm consumers, Georgia's proposal is not approvable under federal law.<sup>2</sup> The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia's waiver fails those tests. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

We also believe CMS erred in deeming Georgia's application complete. There are critical gaps in the actuarial analysis. In addition, the state rushed the required state public comment period by giving consumers only 15 days to respond to the proposal, and consumers reported difficulties submitting comments through the CMS email address designated for this purpose.

### **Privatizing Marketplace Functions Would Reduce Enrollment, Not Increase It**

Georgia claims that privatizing marketplace functions would increase enrollment in the individual market by about 25,000 people by giving consumers new options to shop for and enroll in plans.<sup>3</sup> But the premise underlying the state's coverage projection is flawed: the waiver does not add meaningful new enrollment options.

---

<sup>2</sup> The two portions of the waiver are clearly separable, given that CMS previously determined that the reinsurance portion was complete and the state in the current version analyzed the reinsurance waiver both separately and together with the Georgia Access Model. Most of our comments deal with the Georgia Access Model. However, if the Departments instead consider the two pieces as a whole, they still clearly fail the guardrails, since the coverage gains from reinsurance are very small compared with the likely coverage losses from the Georgia Access Model and since the waiver reduces the comprehensiveness of coverage.

<sup>3</sup> Waiver, *op. cit.*, p. 53. In addition, Georgia projects that about 2,000 people would gain coverage due to the reinsurance program.

In defending the waiver against criticism, a Georgia state official claimed, “Today, there is one place Georgians can go to select a plan and receive a federal subsidy. Under the ‘Georgia Access’ model, there will be multiple avenues for consumers to select a plan and maintain eligibility for federal subsidies.”<sup>4</sup> That statement is false. Consumers *already* can enroll in subsidized marketplace coverage directly through insurers or brokers — including the web-brokers the proposal heavily relies on — under direct enrollment and enhanced direct enrollment, which CMS extensively promotes. In the 2020 plan year, at least 16 insurers and web-brokers offered these services in Georgia,<sup>5</sup> the waiver itself notes these options are widely available and have “been promoted by [federal] guidance as an enrollment pathway.”<sup>6</sup>

Meanwhile, the waiver analysis entirely ignores countervailing threats to enrollment posed by dismantling the enrollment and consumer support system that roughly 400,000 people use.<sup>7</sup> As the waiver notes, only 21 percent of marketplace enrollees opted for direct enrollment or enhanced direct enrollment in 2020.<sup>8</sup> Abandoning HealthCare.gov would leave the other 79 percent of enrollees without their platform of choice, almost certainly reducing enrollment significantly. First, fragmenting the health insurance market across brokers and insurers would make insurance-buying less accessible and more confusing for consumers. Second, people who are eligible for Medicaid could have less enrollment assistance. And lastly, the transition itself would inevitably cause consumers to fall through the cracks, as occurred in states moving between federal and state enrollment platforms, a transition much simpler for consumers than Georgia’s proposed transition from the federal platform to a wholly fragmented enrollment system.

#### *Fragmentation, Loss of HealthCare.gov Would Likely Cause Coverage Losses*

Under Georgia’s proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated, expensive, and consequential undertaking. Eliminating the enrollment platform for the 79 percent of enrollees who complete the process directly through HealthCare.gov could not only confuse many consumers, it could paralyze them.

---

<sup>4</sup> Sara Hansard, “Georgia’s Obamacare Exit Could Leave Thousands Uninsured,” Bloomberg Law, September 3, 2020, <https://news.bloomberglaw.com/health-law-and-business/georgias-obamacare-exchange-exit-could-leave-thousands-uninsured>.

<sup>5</sup> CBPP analysis of enrollment partners on HealthCare.gov in January 2020. Certified entities’ subsidiaries that do business under different names fall under the parent group’s certification, so there could be more than 16 pathways for direct enrollment or enhanced direct enrollment.

<sup>6</sup> Waiver, *op. cit.*, p. 70.

<sup>7</sup> In 2020, nearly 464,000 Georgians selected a plan in HealthCare.gov and another 38,000 enrolled in Medicaid via HealthCare.gov. CMS, 2020 Marketplace Open Enrollment Period Public Use Files, last modified April 2, 2020, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>. Of those enrolled, about 88,000 enrolled through HealthCare.gov with the help of a broker or insurer. Waiver, *op. cit.*, p. 70.

<sup>8</sup> Waiver, *op. cit.*, p. 70.

It's well documented that having too many choices can stymie consumers.<sup>9</sup> For example, one study of Medicare Part D plans found that having fewer than 15 options raised enrollment, whereas having 15 to 30 options did not, and having more than 30 options actually lowered enrollment.<sup>10</sup> And consumers who manage to enroll despite being overwhelmed by choice are more likely to delegate their choice to others, regret their selection, and be less confident in the choices they make.<sup>11</sup> Confusion could be even greater under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms.

HealthCare.gov was created to simplify this complex decision. It allows people to navigate one website to get an unbiased view of all plans eligible for financial assistance and provides tools to compare plans by premium, deductible, out-of-pocket cost, in-network status of preferred providers, and prescription drug coverage, among other features. All plans are guaranteed to meet the ACA's insurance market standards, like covering the law's ten essential health benefits and having no lifetime or annual limits on benefits.

Instead of the one-stop shopping experience of the marketplace, Georgia's waiver proposes a free-for-all run by brokers and insurers. The waiver says that Georgia will set standards for how brokers and insurers can display plans, using existing federal guidelines for enhanced direct enrollment for reference, but these rules leave critical gaps. For instance, insurers show only their own plans, and web-brokers can preference plans that pay commissions and display scant information about other plans, even omitting their premiums. Also, individual agents and brokers have no such rules and can market any plan, including those that don't meet ACA rules for individual market coverage, and web-brokers may newly be permitted to do the same. Indeed, displaying additional categories of options, including those that aren't comprehensive coverage, is a stated goal of the waiver.<sup>12</sup> Furthermore, HealthCare.gov facilitates eligibility and enrollment for all comers, unlike web-brokers, which have different certification levels and may serve a subset of consumers but turn away others; consumers would not know that entering the process. All of this makes shopping for health insurance much more complicated.

In addition, the proposal would give up the consumer outreach and marketing that HealthCare.gov provides. While spending for these services has been reduced in recent years, it's still crucial to generating enrollment. Instead, the proposal relies on the outreach and marketing efforts of web-brokers and insurers to maintain and generate new enrollment, but there's no guarantee those efforts, if any, would increase enrollment. Consumers would also lose access to navigators and possibly to other impartial assisters that help people apply for and enroll in coverage.

---

<sup>9</sup> Consumers Union, "The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making," November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>10</sup> J. Michael McWilliams *et al.*, "Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making," *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

<sup>11</sup> Consumers Union, *op. cit.*

<sup>12</sup> Waiver, *op. cit.*, p. 23.

### *Many Georgians Would Likely Lose Medicaid Coverage*

HealthCare.gov also facilitates Medicaid enrollment with a “no-wrong-door” application that routes a person to the program for which they’re eligible based on their family size, income, and other factors. In many cases, this prevents someone from needing to complete multiple applications to connect with the correct program. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>13</sup>

Since Medicaid (including Medicaid managed care organizations) generally doesn’t pay commissions, brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they might not provide these consumers with any help. For example, a search on HealthCare.gov displays more than 1,100 agents and brokers that enroll people in individual or family coverage in one Atlanta ZIP code but *zero* agents and brokers that say they’ll assist with Medicaid or CHIP enrollment.<sup>14</sup>

Brokers and insurers could also steer low-income consumers toward private coverage, including lower-premium, limited-benefit substandard plans, without explaining that they are eligible for comprehensive coverage through Medicaid. Brokers and insurers receive commissions or make a profit as long as a few of these consumers enroll, even if most are deterred by the premiums or out-of-pocket costs and remain uninsured. Consistent with these incentives, some web-brokers already neglect to identify certain children as Medicaid-eligible. Consider, for example, a parent and child with household income of \$15,000, which in Georgia would qualify the child (though not the parent) for Medicaid; the web-broker GoHealth fails to identify the child as likely Medicaid-eligible and instead displays a menu of full-price marketplace, short-term, and accident plans.<sup>15</sup> Eliminating HealthCare.gov as an unbiased eligibility and enrollment option could significantly decrease enrollment among some of the most vulnerable Georgians.

Georgia does not explain how these applicants will be routed to coverage. Enhanced direct enrollment entities often don’t do this via their “screener” tools, which consumers complete before starting the actual application. Instead, screeners may offer a website or phone number for Medicaid or sometimes no information at all.<sup>16</sup> This discourages people from completing the application process, leading to lower enrollment.

### *The Transition Itself Poses Additional Risks to Consumers*

To transition away from HealthCare.gov in 2022, Georgia is proposing significant technological changes on a tight timeline and with a constrained budget. Within about a year, the state must build a system to reliably query and receive information from the federal marketplace data services hub, a rules engine for calculating advance premium tax credits and transmitting this information to CMS

---

<sup>13</sup> CMS, *op. cit.*

<sup>14</sup> CBPP analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 ZIP code.

<sup>15</sup> CBPP analysis, as of August 25, 2020.

<sup>16</sup> Tara Straw, “‘Direct Enrollment’ in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

and the IRS, secure interfaces with brokers and insurers, and an appeals apparatus. Georgia must also expand and test the capacity of the existing state systems it would rely on to determine eligibility.<sup>17</sup>

For these tasks and ongoing oversight of the program, the waiver budgets only about \$6 million in upfront costs and \$1 million in ongoing annual administrative costs — far less than the already-low \$18.5 million and \$5 million, respectively, the state budgeted for similar functions in the version of the waiver it submitted to CMS in December 2019.<sup>18</sup> The budgeted amounts would likely fall far short of covering even the limited functions the state will perform.<sup>19</sup> The waiver provides no direct explanation for the reduced administrative funding, but it may reflect the fact that, like many states, Georgia faces a serious budget deficit, which could reach \$4 billion in the next 15 months.<sup>20</sup> In fact, the state cites “unanticipated budget constraints that emerged and will continue to develop as a result of the COVID-19 pandemic” as a reason for delaying its reinsurance program, which was previously slated to start in 2021 pending federal approval.<sup>21</sup> Given the budget crisis, it’s unclear whether Georgia will provide even the limited resources it now says it will dedicate to implementing new eligibility and enrollment systems.<sup>22</sup> Despite questions raised during the public comment period, the state failed to justify its low budget proposal.<sup>23</sup>

As evidence that it can accomplish the required tasks, Georgia notes that it will leverage its current integrated eligibility system, Georgia Gateway. But that system has been plagued with problems, including mistakenly canceling Medicaid coverage for thousands of Georgians just last year.<sup>24</sup>

Failure to successfully build a robust, reliable technology system could prevent consumers from enrolling in coverage or receiving subsidies, leading to massive coverage losses in 2022, the first year of the new system. But even if the state mostly succeeded in launching the new system, enrollment might fall due to the transition. Georgia predicts losing only about 2 percent of otherwise-returning enrollees due to the change (8,000 people, offset by a supposed 33,000 new enrollees), but other

---

<sup>17</sup> Waiver, *op. cit.*, p. 36.

<sup>18</sup> Waiver, *op. cit.*, p. 82. The state’s prior waiver is available at <https://medicaid.georgia.gov/patientsfirst>, p. 106.

<sup>19</sup> For comparison, Georgia paid a consultant \$2 million just to draft the initial versions of the state’s 1332 and Medicaid waivers in 2019. Andy Miller, “Georgia Picks Deloitte To Craft Waiver Plan On Health Coverage,” Georgia Health News, June 4, 2019, <https://www.wabe.org/georgia-picks-deloitte-to-craft-waiver-plan-on-health-coverage/>.

<sup>20</sup> Danny Kansa, “Georgia Can’t Afford Another Lost Decade: Options to Increase State Revenues to Decrease Budget Shortfalls,” Georgia Budget & Policy Institute, May 11, 2020, <https://gbpi.org/georgia-cant-afford-another-lost-decade-options-to-increase-state-revenues-to-close-budget-shortfalls>.

<sup>21</sup> Waiver, *op. cit.*, cover letter.

<sup>22</sup> Waiver, *op. cit.*, p. 36.

<sup>23</sup> Raised in a comment by Georgians for a Healthy Future, July 21, 2020.

<sup>24</sup> Andy Miller, “Enrollment Drops, Eligibility Snags, Cyber-Errors in Ga. Benefit Programs Cause Concern,” WABE, June 25, 2019, <https://www.wabe.org/enrollment-drops-eligibility-snags-cyber-errors-in-ga-benefit-programs-spark-concern/>; and Ariel Hart, “Georgia Is Cutting Off Medicaid for 17,000 Patients,” *Atlanta Journal-Constitution*, June 6, 2019, <https://www.ajc.com/news/state--regional-govt--politics/lawyers-georgia-may-medicaid-for-000-elderly-disabled-clients/BVxukL3aenklU1FZN93VJ/>.



states' experiences show this figure is unrealistic.<sup>25</sup> Kentucky's marketplace enrollment fell 13 percent when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally; Nevada's enrollment fell 7 percent for the 2020 plan year after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>26</sup> Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment from the transition alone.<sup>27</sup>

Challenges during transitions away from HealthCare.gov include maintaining communication with existing enrollees, conducting strong outreach to potential new consumers, and transferring account information to facilitate automatic re-enrollment for existing enrollees. Each challenge would likely be especially pronounced in Georgia, which would lack a central system to receive consumer information transferred from HealthCare.gov. While the state claims it would engage in a "robust" transition plan with a "detailed transition strategy," the waiver provides no details.<sup>28</sup>

### **Other Factors Could Raise Premiums, Lead to Less Comprehensive Coverage**

The waiver estimates premiums would fall 3.4 percent due to the Georgia Access Model. Not only is that estimate based on the flawed premise of increased enrollment, but it fails to account for significant factors that could raise premiums. The waiver ignores the potential for greater enrollment in substandard plans, which could raise premiums (and greatly increase consumers' exposure to catastrophic medical expenses) by pulling healthy people out of comprehensive coverage. And despite the waiver's goal of expanding consumer choice, insurers' participation could decrease, putting further upward pressure on premiums by reducing competition.

#### *Privatization Could Steer Healthier Consumers to Non-ACA Plans*

An explicit goal of the waiver is to increase access to coverage that doesn't meet ACA standards. The waiver proposal envisions an enrollment system that promotes "the full range of health plans licensed and in good standing" in the state, including short-term, fixed indemnity, accident, and single-disease plans, which normally can't be sold alongside ACA plans through enhanced direct enrollment.<sup>29</sup> Short-term plans, in particular, pose a considerable risk to consumers but have grown in popularity, especially in Georgia, since the Trump Administration expanded them in 2018.<sup>30</sup> One

---

<sup>25</sup> Waiver, *op. cit.*, p. 71.

<sup>26</sup> CBPP calculations from CMS public use files. See also Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, [https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); and Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>27</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

<sup>28</sup> Waiver, *op. cit.*, pp. 19, 169.

<sup>29</sup> Waiver, *op. cit.*, p. 23.

<sup>30</sup> Indemnity plans have also been found to be risky and confusing to consumers. See Christen Linke Young and Kathleen Hannick, "Fixed indemnity health coverage is a problematic form of 'junk insurance,'" Brookings Institution,

review of the most popular short-term plan in Atlanta found that although it had lower premiums, its deductible and maximum out-of-pocket costs were nearly three times higher than the most popular bronze ACA plan, and it offered no coverage of prescription drugs, mental health services, or maternity care.<sup>31</sup>

Brokers have an incentive to steer consumers toward short-term plans because they tend to pay higher commissions — up to ten times as much as ACA-compliant plans (an average of 23 percent compared to 2 percent).<sup>32</sup> Commissions for ACA plans have declined, and some pay no commissions at all.<sup>33</sup> Insurers also profit on short-term plans, which aren't required to meet the medical loss ratio standards for ACA-compliant plans: short-term plans spend only about 48 percent of premium revenue on medical care, compared to at least 80 percent for ACA plans.<sup>34</sup>

Experience with enhanced direct enrollment programs shows that these incentives sometimes give rise to “steering,” in which web-brokers screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees exposed to catastrophic costs if they get sick.<sup>35</sup> For example, some web-brokers collect information that is useful in the medically underwritten market (such as height and weight) and feed the information to a broker call center, where the web-broker rules prohibiting certain types of steering do not apply.<sup>36</sup> Consumers visiting web-broker sites often must agree to telephone solicitation by the web-broker, insurance agents, insurance companies, and partner companies, making them ripe for pressure tactics in the future. In addition to the data the consumer voluntarily

---

August 4, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/08/04/fixed-indemnity-health-coverage-is-a-problematic-form-of-junk-insurance/>.

<sup>31</sup> Dane Hansen and Gabriela Dieguez, “The impact of short-term limited-duration policy expansion on patients and the ACA individual market,” Milliman, February 2020, <https://www.lls.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>. The Democratic staff of the House Energy and Commerce Committee produced a comprehensive report detailing problematic short-term plan practices. See Energy and Commerce Committee (Democratic Staff), U.S. House of Representatives, “Shortchanged: How the Trump Administration’s Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk,” June 2020, [https://drive.google.com/file/d/1uiL3Bi9XV0mYnxpyaIMeg\\_Q-BJaURXX3/view](https://drive.google.com/file/d/1uiL3Bi9XV0mYnxpyaIMeg_Q-BJaURXX3/view). (Hereafter, House report.) In addition, see Sarah Lueck, “Key Flaws of Short-Term Health Plans Pose Risks to Consumers,” CBPP, September 20, 2018, <https://www.cbpp.org/research/health/key-flaws-of-short-term-health-plans-pose-risks-to-consumers>.

<sup>32</sup> House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans’ risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, “Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks,” Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>33</sup> Virgil Dickson, “Thousands of brokers exit HealthCare.gov as plan commissions go unpaid,” Modern Healthcare, April 5, 2017, <https://www.modernhealthcare.com/article/20170405/NEWS/170409972/thousands-of-brokers-exit-healthcare-gov-as-plan-commissions-go-unpaid>.

<sup>34</sup> House report, *op. cit.*, p. 48.

<sup>35</sup> Straw.

<sup>36</sup> Sabrina Corlette *et al.*, “The Marketing of Short-Term Health Plans: An Assessment of Industry Practices and State Regulatory Responses,” Urban Institute, January 31, 2019, <https://www.urban.org/research/publication/marketing-short-term-health-plans-assessment-industry-practices-and-state-regulatory-responses>.

submits, other information, like browser tracking data, could be gathered and sold. Based on these data, a consumer may see targeted advertisements for alternative non-ACA plans or receive phone solicitations now and in the future, including during the next open enrollment period.

Even under current law, 1 in 4 marketplace enrollees that sought help from a broker or insurer said they were offered a non-ACA-compliant policy as an alternative to marketplace coverage.<sup>37</sup> And consumers are often subjected to aggressive or even fraudulent marketing tactics.<sup>38</sup> A recent U.S. Government Accountability Office (GAO) report demonstrates that 8 out of 31 brokers engaged in deceptive marketing practices that led to enrollment in skimpy plans instead of the comprehensive coverage for which they were eligible, including misleading the consumer about whether their chronic condition was covered, falsifying information on the enrollment application, and refusing to provide written documentation on the plan prior to enrollment.<sup>39</sup> Another recent study showed that most brokers gave ambiguous, misleading, or demonstrably false information regarding short-term plan coverage for COVID-related illnesses.<sup>40</sup> Georgia's proposal would create many new opportunities for deceptive and aggressive marketing.

Healthier people would be more likely to opt for short-term plans, since less healthy people are less likely to qualify for a policy, face higher premiums when they do, and might be more apt to recognize a policy's limitations. If healthier consumers exited the ACA-compliant market, its risk pool would become less healthy, on average, driving up premiums; in states that took advantage of the Administration's expansion of short-term plans — like Georgia, which has few restrictions — premiums for comprehensive coverage went up by about 4 percent.<sup>41</sup> The waiver doesn't account for short-term plan enrollment, its impact on ACA-compliant coverage enrollment, the risk profiles of enrollees in short-term or ACA-compliant plans, or the likelihood of premium increases in the ACA-compliant market.

#### *Waiver Could Reduce Competition Among Marketplace Insurers*

Georgia's waiver could also raise premiums by reducing head-to-head competition between insurers.<sup>42</sup> For one, the state might have overestimated insurers' willingness and ability to perform enhanced direct enrollment functions for marketplace consumers. Entities that have opted not to offer enhanced direct enrollment to date might not be able to meet the basic requirements related to security, privacy, and plan display standards, or simply might not want to assume that role. Taking

---

<sup>37</sup> Karen Pollitz *et al.*, "Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need," Kaiser Family Foundation, August 7, 2020, <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

<sup>38</sup> House report, *op. cit.*, p. 29; Corlette, *et al.*, "The Marketing of Short-Term Health Plans."

<sup>39</sup> U.S. Government Accountability Office, "Private Health Coverage: Results of Covert Testing for Selected Offerings," August 24, 2020, <https://www.gao.gov/assets/710/708967.pdf>.

<sup>40</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>41</sup> Hansen and Dieguez, *op. cit.*, p. 3.

<sup>42</sup> Unmentioned in the waiver, the number of insurers offering comprehensive coverage in the state rose from four to six in 2020.

away the option for insurers and brokers to use HealthCare.gov could cause them to stop working with subsidy-eligible consumers altogether and only sell non-compliant coverage. It could also deter smaller insurers from entering Georgia's market in the future if they can't afford to build such a system themselves or contract with an outside vendor to run it.

Similarly, requiring insurers to do all their own outreach and marketing could reduce, not increase, competition. Insurer television marketing, for example, tends to rob other insurers of customers, not increase overall enrollment.<sup>43</sup> Absent HealthCare.gov's leveling of the playing field, smaller insurers or insurers with low marketplace enrollment may not be able to compete with dominant insurers with greater brand recognition, a higher marketing budget, or a more generous commission structure. They might choose to exit, or new insurers might decline to enter, if the cost of competing in the market is prohibitive.

The lack of a single, unbiased source of comparative plan data could also directly reduce competition.<sup>44</sup> The waiver says web-brokers will be required to show all plans, as under current federal regulations.<sup>45</sup> However, insurers that participate in enhanced direct enrollment never display their competitors' plans, leaving consumers with an incomplete list of their options. And even web-brokers are permitted to give preference to the plans that pay commissions by showing them with full-color logos at the top of the page and burying other plans at the bottom without displaying premiums, deductibles, or other information.

Without a centralized marketplace, Georgia consumers would thus have no way to effectively compare plans or premiums without visiting numerous websites or call centers. That would reduce competitive pressure to keep prices down, especially in areas of the state with a dominant insurer. If insurers believed they could keep most of their current customers despite having considerably higher premiums (because most consumers wouldn't shop across multiple enrollment platforms), then all insurers would likely set higher premiums than they otherwise would.

## **The Proposal Fails Federal Tests for Waiver Approval**

---

<sup>43</sup> Naoki Aizawa and You Suk Kim, "Government Advertising in Market-Based Public Programs: Evidence from the Health Insurance Marketplace," National Bureau of Economic Research, August 2020, <https://www.nber.org/papers/w27695>.

<sup>44</sup> California, for example, reduced plan variation even more than most marketplaces by standardizing plan design and making insurers compete on value in order to participate in its marketplace. This allows consumers to make a truer apples-to-apples plan comparison. Peter V. Lee, Elliott Fisher, and Kelly Green, "Lessons From Covered California's First Five Years For Marketplaces And The Employer Sector: Part 2," *Health Affairs* blog, April 21, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200413.283194/full/>.

<sup>45</sup> Waiver, *op. cit.*, p. 18.

States' 1332 waiver proposals must satisfy four statutory requirements to obtain federal approval.<sup>46</sup> These guardrails are intended to ensure that state residents will be no worse off than they would be without the waiver.

The ACA requires states to demonstrate their proposals will meet standards related to:

- *Comprehensiveness*: Providing coverage at least as comprehensive as that provided through ACA marketplaces;
- *Affordability*: Providing coverage and out-of-pocket cost protections at least as affordable as those provided by the ACA;
- *Coverage*: Providing coverage to a comparable number of state residents as the ACA; and
- *Deficit neutrality*: Not increasing the federal deficit.

The Georgia Access Model portion of the waiver fails the statutory tests for 1332 waivers. Specifically, it does not meet the requirements that waivers cover as many people, with coverage as affordable and comprehensive, as would have been covered without the waiver.<sup>47</sup>

**Coverage.** Georgia offers no evidence that the waiver would increase insurance coverage; instead, it would likely reduce it. Georgia's claim that the waiver would increase enrollment in individual market plans rests on the flawed premise that it would introduce new enrollment options; in reality, it would *eliminate* the option 4 out of 5 marketplace enrollees use to compare plans and enroll in coverage through a neutral platform. In addition, as discussed above, privatizing the marketplace would make it more difficult for some consumers to enroll in coverage. Transitioning existing enrollees from HealthCare.gov to the new system could lead to additional coverage losses, and there would be no coordinated plan to get new enrollees. In all, the expected effect of the waiver is to reduce coverage, failing the statutory test.

**Affordability.** Reinsurance could indeed reduce premiums, as it has in other states, but the Georgia Access Model would likely *increase* premiums. That's partly because it is very unlikely to increase marketplace enrollment, the assumption on which its projected 3.4 percent premium reduction is based. In addition, driving more healthy consumers to less comprehensive underwritten plans would likely increase marketplace premiums through adverse selection, something Georgia's actuarial analysis doesn't account for. And given the waiver's reliance on private market incentives, broker commissions and insurer marketing costs should increase substantially, further raising premiums. The state's flawed, incomplete actuarial analysis makes it impossible to know whether the affordability guardrail can be met, on balance.

**Comprehensiveness.** As discussed above, Georgia's privatization proposal creates new opportunities for brokers and insurers to steer healthy people toward substandard plans that do not meet ACA requirements. Thus, it would likely result in more Georgians enrolled in non-comprehensive plans that expose them to catastrophic costs if they get sick.

---

<sup>46</sup> For further discussion of 1332 waivers, see Sarah Lueck and Jessica Schubel, "Understanding the Affordable Care Act's State Innovation ("1332") Waivers," CBPP, updated September 5, 2017, <https://www.cbpp.org/research/health/understanding-the-affordable-care-acts-state-innovation-1332-waivers>.

<sup>47</sup> As noted above, the reinsurance program is similar to those in other states and meets the statutory tests. For a more detailed discussion of why Georgia's proposal is not approvable under federal law, see Linke Young and Levitis, *op. cit.*

### *The Waiver Also Fails Under the Administration's 2018 Guidance*

In 2018 the Administration issued 1332 waiver guidance that alters the ACA's statutory guardrails<sup>48</sup> in ways we believe are inconsistent with federal law.<sup>49</sup> But Georgia's proposal doesn't pass muster even under that standard.<sup>50</sup> Under the Administration's guidance, a waiver must provide coverage to a comparable number of people as the ACA, including people with substandard plans as well as those with comprehensive coverage. As discussed above, the waiver would likely reduce enrollment in comprehensive coverage, and since substandard plans are already available in Georgia, enrollment increases in these plans would likely come at the expense of further enrollment declines in comprehensive plans due to new opportunities for steering, not from enrollment by people who would otherwise go uninsured.

Moreover, the Administration's guidance acknowledges that a waiver must meet its coverage test *in each plan year*. It is particularly implausible that the number of people with coverage would remain stable in the first few years of the waiver, given the likelihood of large transition-related coverage losses.

### **The Waiver Analysis is Incomplete and the Process is Insufficient**

We believe CMS erred in deeming Georgia's application complete. The waiver offers no concrete explanation of how it will increase enrollment, which is the predicate of its projected 3.4 percent premium decrease. And, among its many deficiencies, the actuarial analysis fails to account for the numerous factors that could increase premiums: a worse risk selection for comprehensive coverage due to intensified marketing of substandard plans, higher broker commissions and insurer marketing budgets, and the premium impact of the likely increase in the market share of dominant insurers. The waiver doesn't give any detail on how it would facilitate a "robust" transition plan. And while Georgia implies that even more people will be enrolled in Medicaid because of an integrated enrollment system, the state doesn't account for Medicaid in its actuarial analysis at all and, in particular, doesn't address the likelihood of decreased Medicaid enrollment. Finally, the state also fails to justify its low upfront and annual administrative cost estimate.

The state also rushed the required state public comment period by allowing consumers only 15 days to respond to this proposal and, therefore, failed to meet the CMS requirement for "a comment period sufficient to ensure a meaningful level of public input on the application."<sup>51</sup> Georgia claims that the previous two comment periods help it satisfy the public comment requirement, but those were on radically different proposals, not on *this* application.

---

<sup>48</sup> The guidance is available at <https://www.govinfo.gov/content/pkg/FR-2018-10-24/pdf/2018-23182.pdf>. See also CMS, "Section 1332 State Relief and Empowerment Waiver Concepts," November 29, 2018, <https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Downloads/Waiver-Concepts-Guidance.PDF>.

<sup>49</sup> Joel McElvain, "The Administration's Recent Guidance on State Innovation Waivers under the Affordable Care Act Likely Violates the Act's Statutory Guardrails," *Yale Journal on Regulation*, December 11, 2018, <https://www.yalejreg.com/nc/the-administrations-recent-guidance-on-state-innovation-waivers-under-the-affordable-care-act-likely-violates-the-acts-statutory-guardrails-by-joel-mcelvain/>.

<sup>50</sup> Linke Young and Levitis, *op. cit.*

<sup>51</sup> [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-)

Equally important, the CMS comment period was compromised: consumers have reported that comments submitted through the CMS email address were rejected.<sup>52</sup> This is a critical deficiency in the public comment process that isn't adequately remedied by a one-week extension of the federal comment period.

Thank you for the opportunity to comment on this waiver proposal. Please contact Tara Straw at [tstraw@cbpp.org](mailto:tstraw@cbpp.org) with questions.

---

<sup>52</sup> Ariel Hart, "Public comment function broken on Kemp proposal to block ACA website," Atlanta Journal-Constitution, September 8, 2020, <https://www.ajc.com/news/public-comment-function-broken-on-kemp-proposal-to-block-aca-website/ZJZARXW4KNESLIHFQMHKV6ARAI/>.



September 16, 2020

The Honorable Alex M. Azar  
Secretary, Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, Department of the Treasury  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Re: Georgia Section 1332 Proposed Waiver

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

The AIDS Institute appreciates the opportunity to provide comments on Georgia's proposal to waive federal rules under Section 1332 of the Affordable Care Act (ACA). The AIDS Institute, a national non-profit organization dedicated to supporting and protecting health care access for people living with HIV/AIDS, viral hepatitis, and other chronic health conditions, is concerned about the impact this waiver will have on Georgians' access to health insurance coverage and health care. **We urge CMS not to approve the Georgia Access Model 1332 waiver request for two reasons:** 1) We do not believe that the waiver request meets the standards for completeness; and 2) we believe that implementation of the waiver would result in significant coverage losses among Georgians in need of health insurance and health care.

Georgia proposes to leave the federal marketplace platform without offering a state-based marketplace or alternative one-stop-shop solution. This would eliminate the single point of entry and source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. Inserting confusion into the enrollment process and removing the centralized shopping experience will undoubtedly lead to significant coverage losses, which would disqualify this proposal from meeting the approval requirements.

Georgia currently has the 3<sup>rd</sup> highest uninsured rate across in the US and the state has framed this waiver as a solution for the high uninsured rate. While data from 38 states and DC shows that expanding Medicaid to low-income adults is a proven policy solution to directly decrease the uninsured rate, Georgia is instead proposing a fragmented system that could cause tens of thousands of individuals to fall through the cracks and lose coverage altogether. Furthermore, those who manage to enroll in



coverage could very likely end up enrolled in sub-par health plans that do not offer comprehensive coverage and leave enrollees exposed to high out-of-pocket costs if they get sick. The AIDS Institute strongly urges you not to approve the 1332 waiver application.

### **Implications of Georgia's 1332 Waiver for People with HIV**

The implications of exiting HealthCare.Gov should be of particular concern to CMS and this Administration as health insurance coverage and access to care and treatment is a key component in the fight to end HIV. In 2019, President Trump declared his commitment to Ending the HIV Epidemic (EtE) in the US by 2030. This bold plan leverages critical scientific advances in prevention, diagnosis, and treatment, but is reliant on a coordinated response from the public health infrastructure and health insurance coverage systems. HIV disproportionately burdens the South, with over half of all new HIV diagnoses in the United States occurring in Southern states like Georgia.<sup>1</sup> In fact, HHS identified 4 priority counties (Cobb, DeKalb, Fulton, Gwinnett) in Georgia as target sites in phase 1 of the EtE initiative to receive additional resources due to the overwhelming rate of HIV diagnosis.

In 2018, approximately 54,600 people in Georgia were living with HIV, with 2,500 newly diagnosed that year. An estimated additional 11,500 individuals are unaware they have HIV.<sup>2</sup> Georgia is a predominantly rural state, and residents have uneven access to HIV clinics, already making it difficult for people living with and at risk of HIV to get the care they need. Imposing additional barriers to care, like removing a centralized location for health insurance enrollment and support, will keep people from getting the insurance coverage they need, which further limits their access to care, and will undermine the Administration's failure to achieve the goals of the EtE initiative.

### **The Proposal Will Results in Fewer People Insured and Encourage Enrollment in Subpar Plans**

The proposed 1332 waiver would change where and how consumers purchase health coverage. Direct enrollment is already permitted by the ACA; however, despite having the option to use private brokers or insurer websites, nearly 80% of Georgia marketplace enrollees used HealthCare.gov to sign up for 2020 health coverage.<sup>3</sup> HealthCare.gov gives people a single place to compare the details of health insurance plans that they know meet the standards for comprehensive coverage, making it easier for them to understand exactly what their premium dollars are buying. It allows them to apply for financial assistance and shows them how much each plan will cost based on their eligibility for advanced premium tax credits. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to find plans, apply for financial assistance, and enroll in coverage. Additionally, many web-brokers offer non-ACA compliant plans, which have less than optimal benefits, alongside ACA plans. These changes would make it significantly more difficult for people to compare plans, understand what is and is not covered by any given plan, and

---

<sup>1</sup> *HIV in the United States by Region*, CDC. <https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html>

<sup>2</sup> *Estimated HIV Incidence and Prevalence In the United States 2014-2018*. HIV Surveillance Reports. CDC V25, No1. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-25-1.pdf>

<sup>3</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

know how much their health care will cost. Confusion about where and how to access good-quality health coverage will likely hinder enrollment and prompt many people to give up their search for coverage. Contrary to the promise of expanded choices, this waiver would take away consumers only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

As we enter the 2021 open enrollment period, it is clear that the COVID-19 pandemic has had a significant impact on health insurance coverage across the nation. Many Georgians have lost their employer-sponsored health coverage, and will be deciding whether to purchase coverage through the marketplace this year, and some will be learning about ACA coverage for the first time. Given the lasting effects of the economic upheaval that will extend for years to come, combined with limitations on people's ability to seek in-person assistance choosing a health insurance plan, approving this waiver request would be catastrophic for Georgians' access to health care.

Health insurance should be offered in such a way that ensures a patient can find the plan that best fits their needs, not that best fills the broker's pockets. Brokers and insurers who operate through HealthCare.gov have a track record of engaging in fraud. There have been numerous cases of broker fraud in Florida, Louisiana, and other states where bad actors have stolen consumers' identities, enrolled them in non-ACA compliant plans, and collected payments.<sup>4,5</sup> In Georgia today, approximately 20% of marketplace enrollments are through brokers; if brokers are responsible for 100% of enrollment, the amount of fraud cases will increase exponentially.

Additionally, brokers have failed to alert consumers of Medicaid eligibility and directed consumers to less comprehensive plans often based on the size of plan commissions.<sup>6</sup> This tactic continues to persist, with evidence of brokers engaging in this behavior during the current public health pandemic.<sup>7</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular short-term, limited duration

---

<sup>4</sup> Ron Hertibise. "How Outright Lies Duped Victims of Health Insurance Scam" Sun Sentinel. December, 2018. <https://www.sun-sentinel.com/business/fl-bz-how-to-avoid-buying-bogus-health-insurance-20181219-story.html>

<sup>5</sup> Bob Herman, "ACA Changes are Aiding Online Health Brokers" Axios. June, 2017. <https://www.axios.com/aca-changes-are-aiding-online-health-brokers-1513302640-5c7797c7-559f-4d3d-b235-117b6834e25c.html>

<sup>6</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>7</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>8</sup>

For people living with HIV and viral hepatitis, these kinds of exclusionary benefit designs that prevent a patient from accessing critical care and treatment not only pose a threat to the individual beneficiary's health, but to the public's health at large as these infectious diseases can be more easily spread if viral suppression is not maintained.

### **The Proposal Violates Statutory Requirements**

Georgia's waiver fails to meet the statutory "guardrails." Despite the state's unsubstantiated claims that the Georgia Access Model will reach an additional 25,000 enrollees, evidence-based projections conservatively estimate that 52,000 Georgians would lose coverage.<sup>9</sup> Requirements set forth in section 1332(b)(1) state that innovative waivers must cover at least as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. On this tenet alone, the waiver therefore does not meet the guardrails under federal law and should not be approved.

### **Other Options to Improve Healthcare Access and Affordability for Georgians**

As previously mentioned, Georgia could take other approaches to improving health insurance coverage and affordability for its residents. In addition to expanding Medicaid, which would cover over 500,000 low-income adults, the state could choose to pursue the portion of the waiver application that would establish a reinsurance program.<sup>10</sup> Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Expanding Medicaid would result in significant benefits to the state's residents, including people living with HIV by reducing premature deaths and improved access to care and financial security for people

---

<sup>8</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

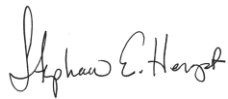
<sup>9</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>

<sup>10</sup> "Fast Facts for Medicaid Expansion" Georgia Budget & Policy Institute. June 11, 2020 <https://gbpi.org/fast-facts-on-medicaid-expansion/>

gaining coverage.<sup>11,12</sup> Also increasing health insurance coverage will benefit the state's healthcare budget in the long-term; ensuring people living with HIV are adherent to their medications and attending preventive services will keep them out of the emergency department. These are feasible, and proven strategies to improving the health of Georgians, rather than upending the state's insurance market.

The AIDS Institute urges CMS not to approve this waiver, and avoid setting a dangerous precedent that could result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements. We thank you for your time and consideration and are available if you have questions about the impact this waiver will have on Georgians living with HIV.

Sincerely,



Stephanie Hengst  
Manager, Policy & Research  
The AIDS Institute

---

<sup>11</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>12</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>



## OFFICERS & DIRECTORS

### Chair

RON BOLDEN  
Cigna

### Vice Chair

KATE McCOWN  
Ameritas Life

### Secretary

SUE WRIGHT  
Lincoln Financial Group

### Treasurer

JEREMY HEDRICK  
Careington International

### Directors

#### JEFF ALBUM

Delta Dental of  
CA, NY, PA & Affiliates

#### DR. MARY LEE CONICELLA

Aetna

#### DONNA HUNTER

United Concordia Dental

#### JEFF SCHWAB

Dominion National

#### Immediate Past Chair

THERESA McCONEGHEY  
Principal Financial Group

#### Executive Director

EME AUGUSTINI  
National Association  
of Dental Plans

September 23, 2020

Mr. Randy Pate  
Director, Center for Consumer Information & Insurance Oversight  
Deputy Administrator, Centers for Medicare & Medicaid Services  
200 Independence Avenue SW  
Washington, DC 20201

Dear Director Pate,

The National Association of Dental Plans (NADP) appreciates the opportunity to comment on the Section 1332 waiver application from Georgia, deemed preliminarily complete on August 17, containing the Georgia Access Model (GAM). The waiver, if approved, would eliminate the use of the Federal Facilitated Exchange (FFE) in the state and shift responsibility for marketing, enrollment, and education to brokers and plans through a process called “direct enrollment.” NADP is deeply concerned that the GAM would reduce the availability of dental benefits to individuals who are currently enrolled in coverage through the FFE in Georgia and for those who could potentially seek coverage. The elimination of the FFE creates an uncertain environment for medical and dental plan enrollment that is not adequately addressed in the Georgia waiver application.

- **Recommendation:** The Centers for Medicare and Medicaid (CMS) must reject the Georgia Access Model portion of the 1332 waiver which, as proposed, would reduce access to and enrollment in Exchange qualified health and dental plans in Georgia.

### Loss of Coverage

CMS guidance<sup>1</sup> for state waivers, updated October 2018, identifies four requirements for 1332 waivers to be deemed complete and in compliance with the Patient Protection and Affordable Care Act. This first requirement is that the waiver “provide coverage to at least a comparable number of its residents as the provisions of this title would provide.” This maintenance of coverage is critical to the mission and effect of the waiver. **Any waiver that could be reasonably expected to reduce enrollment cannot be approved.**<sup>2</sup> Analysis of the GAM shows that Georgia’s projected coverage

<sup>1</sup> Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services; Department of the Treasury., 2018. State Relief And Empowerment Waivers (CMS-9936-NC). p.53577.

<sup>2</sup> Patient Protection and Affordable Care Act, 42 U.S.C § 18052. (2010).

National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998



increases are questionable. The Brookings Institute and USC found up to 99,000 Georgians could lose health coverage (see Figure 1).<sup>3</sup>

**Figure 1: Coverage losses from Georgia waiver under various assumptions**

Scenario	Active Re-Enrollee Loss	Automatic Re-enrollee Loss	Medicaid Enrollee Loss	Total Coverage Loss
Minimal coverage losses: retain 97% active re-enrollees, 70% automatic re-enrollees, 90% Medicaid enrollees	7,243	24,029	3,807	35,078
Moderate coverage losses: retain 95% active re-enrollees, 50% automatic re-enrollees, 75% Medicaid enrollees	12,072	40,048	9,517	61,636
Large coverage losses: retain 90% active re-enrollees, 30% automatic re-enrollees, 50% Medicaid enrollees	24,144	56,067	19,034	99,244

Source: Authors' calculations based on CMS 2020 Marketplace Open Enrollment Period Public Use Files

USC Schaeffer

BROOKINGS

Source: USC-Brookings Schaeffer Initiative for Health Policy

The report points to several scenarios that result in a decline in coverage under the GAM. First, consumer confusion directly resulting from the loss of the exchange and its marketplace comparison features. While the marketing efforts of brokers and plans will no doubt try and bridge this knowledge gap, the lack of federal and/or state outreach could lead to substantial confusion for consumers about their coverage options, particularly for enrollees who are less responsive to enrollment campaigns or are not communicated with in their native language. Second, automatic re-enrollment has consistently proven critical to maintaining coverage year-over-year for exchange enrollees.<sup>4</sup> Congress reaffirmed its commitment to the value of automatic re-enrollment in 2019 budget language, noting that CMS may not suspend the practice on the FFE.<sup>5</sup> The resulting loss of coverage would directly effect dental plans, which are also eligible for auto-reenrollment on the FFE.

While the re-insurance portion of the waiver may lower premiums for some medical plans, the threat of adverse selection and loss of coverage without the FFE or an adequate state-based replacement is substantial. Previous rollouts of state-based Exchanges have confirmed that continuity of auto re-enrollment is critical to preserving coverage<sup>6</sup>, and without a smooth transition there can be declines in

<sup>3</sup> Linke Young, C. and Levitis, J., 2020. *Georgia's Latest 1332 Proposal Continues To Violate The ACA*. Brookings.

<https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

<sup>4</sup> Drake C, Anderson DM. Association Between Having an Automatic Reenrollment Option and Reenrollment in the Health Insurance Marketplaces. *JAMA Intern Med*. 2019;179(12). p.1725–1726.

<sup>5</sup> Explanatory Statement Submitted by Mrs. Lowey, Chairwoman Of The House Committee On Appropriations Regarding H.R.1865. (2019).

<https://www.appropriations.senate.gov/imo/media/doc/HR%201865%20-%20SOM%20FY20.pdf>

<sup>6</sup> Livingston, S., 2019. *Fewer People Maintain Obamacare Coverage Without Auto-Enrollment*. Modern Healthcare.

<https://www.modernhealthcare.com/insurance/fewer-people-maintain-obamacare-coverage-without-auto-enrollment>.

National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998



coverage. Georgia has not provided an adequate safety net for enrollees to ensure their coverage is maintained, and has placed a substantial administrative, marketing, and financial burden on plans and brokers.

## Dental Effects

On the FFE, an enrollee cannot purchase a stand-alone dental plan (SADP) without first purchasing a medical plan. Therefore, a potential decline in medical coverage described in the previous section would have similar negative effects on dental coverage.

NADP member plans actively participate in the private individual market for dental coverage, but the centralized FFE for individuals is critical as it provides coverage for those who qualify for subsidized medical plans and for those seeking a trusted marketplace to purchase coverage. Likewise, the FFE functions as a hub for directing individuals or families who are eligible for Medicaid and CHIP to those respective programs. Instead of fostering an increase in available options for enrollees, the GAM removes a critical piece of the coverage puzzle.

While brokers may offer a variety of dental benefits options, there is no guarantee that their selection will reflect the diverse coverage of SADPs on the Exchange. Furthermore, a broker may not offer SADPs if their medical plans meet the pediatric dental essential health benefit requirement. This would result in a significant reduction in dental benefit choice for those accustomed to purchasing dental coverage on the Georgia FFE, which has had multiple SADP options available every year since its inception. In Plan Year 2020, 12 carriers offered 39 unique SADPs on the Georgia FFE covering over 60,000 Georgians.

Dental coverage is critical to ensuring oral health. Without dental treatment individuals with chronic conditions like diabetes and heart disease may be at increased risk of hospitalization for oral health issues.<sup>7</sup> Dental benefits increase utilization of preventive and extensive dental care and prevent costly emergency room visits that strain hospitals, which is of particular importance during the COVID-19 pandemic. The GAM is unique among 1332 waiver applications in that it does not have a clear place for SADPs to continue to offer benefits to the widest possible set of potential enrollees. This could reduce overall dental benefits penetration and jeopardize public health.

## Alternative Approaches

While the GAM does not meet the guardrails and requirements for a 1332 waiver, NADP recommends that Georgia consider other policy options in its pursuit of increased dental coverage:

1. **Independent Purchase of SADPs:** Currently, the FFE does not allow dental plans to be purchased independently of medical plans, blocking access to an avenue of dental coverage for Georgians who already have medical coverage from their employer, Medicare, or other programs. If dental

---

<sup>7</sup> Singhal et al., 2015. *Eliminating Medicaid Adult Dental Coverage In California Led To Increased Dental Emergency Visits And Associated Costs*. Health Affairs. Project HOPE—The People-to-People Health Foundation, Inc. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1358>.



plans were available for purchase independent of medical, the Exchange would provide a central, trusted marketplace for individuals to purchase dental coverage regardless of the source of their medical coverage. In creating their own Exchanges, states including Nevada, Pennsylvania, Idaho, New Jersey, Virginia, and the District of Columbia have all opted to allow the independent purchase of dental. NADP would be happy to discuss this proposal in further detail.

2. **Medicaid Expansion:** Full expansion of the Medicaid program would give 219,000 Georgians<sup>8</sup> health coverage and reduce spending on emergency room visits. Medicaid in Georgia provides an emergency dental benefit to its enrollees, meaning patients may be diverted away from hospitals for oral health treatment. Further expansion of the benefit would help improve the oral health and overall health of low-income Georgians.

Given these concerns and considerations, NADP strongly encourages CMS to reconsider the approval of the Georgia waiver. If you have any questions, please feel free to contact our Director of Government & Regulatory Affairs, Teresa Cagnolatti at 972-458-6998 x111 or [tcagnolatti@nadp.org](mailto:tcagnolatti@nadp.org).

Sincerely,



Eme Augustini  
Executive Director

**NADP Description:**

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental Indemnity and discount dental products to 200 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

---

<sup>8</sup> Garfield, R., Orgera, K. and Damico, A., 2020. *The Coverage Gap: Uninsured Poor Adults In States That Do Not Expand Medicaid*. KFF. <http://files.kff.org/attachment/Issue-Brief-The-Coverage-Gap-Uninsured-Poor-Adults-in-States-that-Do-Not-Expand-Medicaid>.







**eHealth, Inc.**  
1615 L Street, NW Suite 540  
Washington, DC 20036  
www.ehealth.com  
T 202. 572. 6907  
john.desser@ehealth.com

**John D. Desser**

**SVP, Government Affairs and Public Policy**

September 23, 2020

The Honorable Alex M. Azar, Secretary  
U.S. Department of Health and Human Services

The Honorable Steven Mnuchin, Secretary  
U.S. Department of the Treasury

The Honorable Seema Verma, Administrator  
Centers for Medicare & Medicaid Services

Submitted electronically to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Re: Georgia Section 1332 State Empowerment and Relief Waiver Application

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma:

Thank you for the opportunity to comment on Georgia's State Relief and Empowerment Waiver designed, in part, to transition the state's individual market from the Federally-Facilitated Exchange to the newly designed Georgia Access Model, a private sector-driven, consumer-focused shopping experience for health insurance coverage. eHealth is a publicly-traded company, operating its consumer online marketplace [www.eHealthInsurance.com](http://www.eHealthInsurance.com), and is a web-broker that has enrolled millions of individuals in health insurance through its consumer-centric website over the last 20 years. We write today in support of the Georgia Access Model and encourage the agencies to approve the waiver in as expedited a manner as possible. As set forth below, we believe the waiver will accomplish the state's stated goal of putting consumers at the center of their marketplace experience.

### **The Georgia Access Model Will Improve the Marketplace Experience for all Georgians**

The Georgia Access Model creates a "no wrong door approach" by allowing Georgians to purchase plans on the open market that best meet their needs while also receiving APTCs/PTCs. The Model will open up the marketplace and foster an innovative environment where the consumer is at the center as a result of enhanced competition.

As eHealth has long advocated, for competitive markets to work well, consumers need to be well-informed to make decisions that best meet their particular needs and preferences, and competition must exist to provide consumers with the best experience possible. This competition cannot exist, however, when private sector actors such as agents and brokers are forced to compete with a resource with the inherent privileges afforded to a government-run website.

As the waiver application notes, there are countless private sector solutions that already offer consumers superior tools, resources, and enrollment channels (operated both by carriers and agents/brokers) alongside [Healthcare.gov](http://Healthcare.gov). These private sector partners offer dynamic, decision support tools and

---

streamlined enrollment functions. It is also worth noting that the Georgia Access Model is likely to only increase and improve these resources. Given that competitive e-commerce platforms require substantial ongoing investment to remain competitive with consumer expectations, by promoting and encouraging private sector competition, Georgia is likely to end up with an overall consumer experience that outranks that available in other states.

### **Consumers That Can Afford QHP Coverage Will Remain in those Plans**

We understand some commenters have expressed concern that by opening up the Georgia Access Model to promote consumer choice, consumers will be driven away from selecting qualified health plan (QHP) coverage that provides the coverage and protection that all consumers deserve. eHealth's experience suggests otherwise – based on our years of experience with our enrollment website and call center, we believe consumers that can afford QHP coverage will continue to select these plans because they provide better coverage. However, we continue to also believe that although major medical insurance should be the goal for all consumers, consumers also deserve choices that meet their family's budget in unique circumstances. No consumer should be forced with the unfortunate choice of going without any coverage because there are no affordable options available to them or because they missed the open enrollment period, for example.

### **The ACA Permits Reimagining the Marketplace Experience**

Through the establishment of the direct enrollment process, as well as through the development of regulations at 45 C.F.R. § 156.1230 (under which an individual enrolling on a third-party site will be considered enrolled “through an Exchange” so long as the issuer meets a series of regulatory requirements, including that the eligibility information is submitted through an “Exchange-approved Web service), the Department of Health and Human Services (HHS) has already taken the position that the requirement in the ACA that an individual enroll in QHP coverage “through an Exchange” is not to be taken to literally mean enrollment through the ACA-established internet portal.<sup>1</sup> This interpretation is also consistent with the plain language of the statutory text.<sup>2</sup> Whether the actual nuts and bolts of the purchase transaction transpire at the Exchange website or through a website maintained by a web-broker selling the same Exchange-certified QHP is immaterial for purposes of the statute. Regardless of the transactional steps, the Exchange has done its job of certifying the QHP for sale and making certified QHPs available to purchasers.<sup>3</sup> A certified QHP product is “ma[de] available” through the Exchange and does not lose its status as an Exchange-certified QHP by virtue of it being sold somewhere other than Healthcare.gov.

---

<sup>1</sup> 45 C.F.R. § 156.1230.

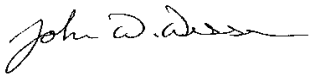
<sup>2</sup> Both sections 1103(a) and 1311(c) of the ACA contemplate the establishment of an internet portal to help consumers compare and view health coverage options, but neither directs the Secretary to develop or implement functionality which actually enrolls individuals in coverage.

<sup>3</sup> ACA § 1311.

In addition, the ACA itself contains no requirement for HHS to operate a website whereby individuals can enroll in coverage – the only clear requirement is to operate a website which presents consumers information on available coverage. Therefore, there is no legal barrier either to the removal of Healthcare.gov as an enrollment option for consumers, or to the processing of enrollments directly by issuers and web-brokers. Moreover, the agency itself has acknowledged that the role of Healthcare.gov is to “facilitate,” but not actually enroll individuals in coverage.<sup>4</sup>

Thank you for your attention to our comments. We would be pleased to answer any questions that you may have.

Sincerely,



John D. Desser  
Senior Vice President, Government Affairs and Public Policy

---

<sup>4</sup> See 77 Fed. Reg. 18,310 18,329 (March 27, 2012) (“We have also modified the Web site’s function in enrollment in the proposed § 155.205(b)(1), by clarifying in redesignated § 155.205(b)(5) that an Exchange Web site facilitates the selection of a QHP by a qualified individual since enrollment is effectuated by the QHP issuer in a process described in § 156.265(b)”) (Emphasis added.)



**Elizabeth G. Taylor**  
Executive Director

**Board of Directors**

**Ann Kappler**  
Chair  
Prudential Financial, Inc.

**William B. Schultz**  
Vice Chair  
Zuckerman Spaeder LLP

**Miriam Harmatz**  
Secretary  
Florida Health Justice Project

**Nick Smirensky, CFA**  
Treasurer  
New York State Health Foundation

**Arian M. June**  
Debevoise & Plimpton LLP

**L.D. Britt, MD, MPH**  
Eastern Virginia Medical School

**Ian Heath Gershengorn**  
Jenner & Block

**Robert B. Greifinger, MD**  
John Jay College of  
Criminal Justice

**John R. Hellow**  
Hooper, Lundy & Bookman, PC (Ret.)

**Michele Johnson**  
Tennessee Justice Center

**Lourdes A. Rivera**  
Center for Reproductive Rights

**Donald B. Verrilli, Jr.**  
Munger, Tolles & Olson

**Robert N. Weiner**  
Arnold & Porter, LLP

**Ronald L. Wisor, Jr.**  
Hogan Lovells

**Senior Advisor to the Board**  
**Rep. Henry A. Waxman**  
Waxman Strategies

**General Counsel**  
**Marc Fleischaker**  
Arent Fox, LLP

September 23, 2020

VIA ELECTRONIC SUBMISSION

The Honorable Alex Azar, Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Ave., S.W.  
Washington, D.C. 20201

The Honorable Steven Mnuchin, Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, D.C. 20220

**Re: Georgia Section 1332 State Empowerment and Relief Waiver Application**

Dear Secretaries Azar and Mnuchin:

The National Health Law Program (NHeLP) is a public interest law firm working to advance access to quality health care and protect the legal rights of low-income and underserved people. We appreciate the opportunity to provide these comments on Georgia's Section 1332 State Empowerment and Relief Waiver Application (Georgia § 1332 Application).

NHeLP recommends that the Department of Health & Human Services (HHS) reject the Georgia § 1332 Application, because it would impose a number of unlawful conditions on coverage and access to care for the exchange and Medicaid populations. In addition, there are a number of procedural defects with Georgia's application that make it unapprovable.

**I. Procedural Problems**

Georgia's application suffers from several procedural defects that make it unapprovable and require the State to take specific actions before it is a proper and approvable application.

### *Inadequate State Comment Period*

Georgia allowed only a 15-day comment period at the state level for public stakeholder input. Regulations require states to “provide a public notice and comment period sufficient to ensure a meaningful level of public input for the application for a section 1332 waiver.”<sup>1</sup> HHS did not set a minimum comment period in the regulation, but in the preamble stated that “[t]o the extent that a proposal is particularly wide-ranging, the proposed regulations will support a longer State public notice and comment period.”<sup>2</sup> At the same time, HHS noted that commenters to the proposed regulation had recommended comment periods “ranging from 45 to 90 days.”<sup>3</sup> Medicaid section 1115 demonstrations have a minimum 30-day state comment period.<sup>4</sup>

Georgia’s 15-day comment period is woefully inadequate. Georgia is proposing to dismantle the entire system for exchange enrollment for over 400,000 individuals, replacing it with a complex matrix of insurance brokers, while at the same time allowing them to sell new types of substandard plans alongside the exchange plans, and also implementing a new and complex reinsurance program. Fifteen days is not sufficient time to provide meaningful comments in any case, but that is particularly true here as this is the type of broad proposal that HHS identified as requiring *longer* comment periods. Instead, Georgia provided a period that is half of the § 1115 comment period minimum and one-third of the low end of the recommendations from commenters to the 1332 regulations. HHS should return the application to Georgia until the State implements a state comment period for this proposal that is sufficient.

The State comment period was also insufficient because the application lacked specificity, including information required by regulation to be complete (discussed below). State commenters did not have sufficient information to provide meaningful input.

### *Incomplete Federal Application*

Georgia’s § 1332 application is incomplete under the law for at least three reasons, and thus is not approvable.

First, federal regulations require “written evidence of the State’s compliance with the public notice requirements.”<sup>5</sup> As described above, Georgia’s state comment period was insufficient.

Second, federal regulations also require that all § 1332 applications include “[a] list of the provisions of law that the State seeks to waive including a description of the reason for the

---

<sup>1</sup> 45 C.F.R. §155.1312(a)(1).

<sup>2</sup> Application, Review, and Reporting Process for Waivers for State Innovation, 77 Fed. Reg. 11700, 11706 (Feb 27, 2012) (finalizing regulations for § 1332 waiver processes, including transparency requirements).

<sup>3</sup> *Id.*

<sup>4</sup> 42 C.F.R. § 431.408(a).

<sup>5</sup> 45 C.F.R. § 155.1308(f)(2).



specific request.”<sup>6</sup> However, to implement its Georgia Access Model the State lists only a “partial” waiver of ACA § 1311 – a massive section that includes a wide-range of requirements.<sup>7</sup> The application goes on to say that “[s]ection 1331 would be waived only to the extent that it is inconsistent with the operation of the Georgia Access Model.”<sup>8</sup> With this language, Georgia’s application essentially acknowledges that the § 1311 waiver request is extremely overbroad and passes the responsibility onto the reader to determine what the State is requesting, and based on that, what provisions of law the State is ostensibly seeking to waive. However, meaningful public comment and compliance with the regulations require the State to make “specific requests” *and* provide the reasons for them.

Third, federal regulations require the application to include sufficient data, including economic and actuarial analyses, to determine whether it complies with the four statutory guardrails for § 1332 waivers.<sup>9</sup> Georgia’s data and analysis in the application are wholly inadequate to make these determinations. Even where Georgia does provide calculations, they are useless. For example, the State’s analysis supporting its compliance with the “scope of coverage” requirement essentially credits the waiver for enrollment gains calculated by simply relying on the *current* enrollment trend (while at the same time ignoring numerous reasons enrollment will decrease). To allow such baseless estimating to stand for analysis would be to eviscerate the regulations.

## II. Georgia’s § 1332 Application Exceeds Statutory Authority

Waiver authority under § 1332 is circumscribed to the specific provisions of law listed at 42 U.S.C. § 18052(a)(2). However, Georgia’s § 1332 application effectively seeks to waive many additional laws that cannot be waived through § 1332. For example, Georgia’s proposal ignores § 1321 of the ACA (42 U.S.C. § 18041). This provision, which is not waivable, requires HHS to set standards for exchanges and affirmatively operate a federal exchange in states that do not operate compliant exchanges. The requirement to have an exchange is reflected throughout the statute cannot be eviscerated using § 1332’s circumscribed authority. Ultimately, this is a reflection of the inappropriate nature of Georgia’s request: while Congress envisioned and created waiver authority enabling states to *innovate* in the operation of their exchanges, it did not intend or create authority for states to *entirely abandon* exchanges and the ACA unless the federal government steps in and operates the exchange. If approved, Georgia’s end run around § 1321 would do just this.

## III. Georgia’s § 1332 Waiver Worsens Coverage in Violation of Statutory Guardrails

---

<sup>6</sup> 45 C.F.R. § 155.1308(f)(3)(iii).

<sup>7</sup> *Georgia Section 1332 State Empowerment and Relief Waiver Application 4* (July 31, 2020), <https://medicaid.georgia.gov/document/document/georgia1332waiverapplicationfinal07312020vfpdf/download> (hereinafter “Application”).

<sup>8</sup> *Id.*

<sup>9</sup> 45 C.F.R. § 155.1308(f)(3)(iv).



## A. Georgia's § 1332 Waiver Will Decrease Enrollment

Section 1332 waivers are required, by statute, to “provide coverage to at least a comparable number” of state residents. Although Georgia estimates that its proposal will increase enrollment, the evidence shows it do the opposite.

### *Georgia's § 1332 Application Will Not Increase Enrollment*

According to Georgia's analysis in its application, about 25,000 people will gain coverage, based on roughly 33,000 new people gaining coverage and only roughly 8,000 people losing coverage.

However, Georgia's assumption that 33,000 people will gain coverage is not perceivably different than the status quo. Georgia's application itself states that “[t]he baseline scenario assumes the *continued* growth and success of private sector vendors will bring in roughly 33,000 new individuals via outreach.”<sup>10</sup> (Emphasis added) The fundamental problem with Georgia's calculation is that the State would like to credit private market vendors used under the waiver with growth in enrollment, but the State *already* uses the private vendors. In 2020 there were “at least 16 insurers and web-brokers” offering coverage in Georgia.<sup>11</sup> There is no explanation as to why or how the waiver would lead to any change. Georgia's application merely references “market incentives” – which also *already* exist.<sup>12</sup>

Furthermore, the trend line Georgia uses is not probative. Georgia essentially trends forward the proportion of individuals being enrolled through brokers. There is no evidence this trend will continue, much less be applicable to or continue under a new model. But more importantly, this trend is not the equivalent of an overall enrollment trend. Whether brokers are an increasing or decreasing as a subset of the total enrollment does not tell us whether total enrollment is increasing. In fact, Georgia's data may cut the other way: at the same time that the State became more reliant on brokers, overall enrollment has – by the State's admission – begun to decrease.<sup>13</sup> The conclusion that more brokers will result in more enrollment is, if anything, the opposite of what the State's data shows.

### *Georgia's § 1332 Application Will Result in Significant Net Disenrollment*

While Georgia provides no clear evidence that this waiver application will result in enrollment increases, it ignores clear evidence that there will be significant enrollment disruptions and decreases.

---

<sup>10</sup> Application at 70.

<sup>11</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>12</sup> Application at 69.

<sup>13</sup> Compare growth in broker usage in recent years with reduction in FFE enrollment. Application at 70.



To begin with, the State's estimate that only about 8,000 individuals will end up losing coverage is not a good-faith estimate. Georgia purports to rely on data showing that only 2 percent of enrollees will lose coverage, "based on experience seen in other states when transitioning from the FFE."<sup>14</sup> However, "Kentucky's marketplace enrollment fell 13 percent when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally; Nevada's enrollment fell 7 percent for the 2020 plan year after its transition to a state-based marketplace, compared to flat enrollment nationally."<sup>15</sup> The Center on Budget and Policy Priorities calculates that "[s]imilar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment."<sup>16</sup>

Also, the 8,000/2 percent estimates derive from state transitions from a federal exchange to a state-based exchange with comparable functionality and supports, not states transitioning from a federal exchange to no exchange. In the first situation, the average consumer is not even aware of a change in who is running the enrollment call center or website, while they would not even *have* a centralized call center or website in the latter transition. The State's suggestion that only 8,000 will lose coverage is not credible.

Other reliable evidence further demonstrates the inaccuracy of the State's estimates and the significant reductions in coverage the Georgia § 1332 application would lead to. First, elimination of the FFE would require enrollees and applicants to proactively shop an unfamiliar fragmented market; this will surely lead to large failure rates. In 2020, a whopping 79 percent of Georgia enrollees (about 330,000 enrollees) chose to enroll through the FFE instead of using an option to enroll directly with plans. Georgia residents apparently *prefer* the FFE option. This also means that if just 10 percent of the FFE enrolling population failed to successfully switch enrollment methods, it would wipe out all of the unsupported enrollment gains that Georgia has predicted. As detailed earlier, Kentucky and Nevada saw 13 percent and 7 percent declines (respectively) with much simpler transitions from federal to state exchanges.

Second and even worse, disruption to the current exchange automatic re-enrollment system would directly result in large and predictable numbers of individuals being terminated. According to CMS, in 2020 in Georgia, 80,000 consumers (about 25 percent of total re-enrollment) relied on this pathway.<sup>17</sup> This is *ten* times the number (8,000) that Georgia assumes will lose coverage. Georgia is making the untenable assumption that no more than 10 percent of the individuals who were *nonresponsive* in the long-standing one stop shop (FFE) will proactively engage in a totally new fragmented system. Evidence shows how unreasonable that assumption is. For example, a California study found that

---

<sup>14</sup> Application at 70.

<sup>15</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>16</sup> *Id.*

<sup>17</sup> 2020 Marketplace Open Enrollment Period Public Use Files, Center for Medicaid and Medicare Services, last modified April 2, 2020, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>.





loss of automatic re-enrollment was associated with a 58 percent reduction in re-enrollment among the *full* population.<sup>18</sup> This is consistent with behavioral economics research finding that, to preserve current enrollment, the “simplest evidence-based approach would be to create automatic, annual renewal of health insurance for those currently covered by ACA plans.”<sup>19</sup>

When considering these two enrollment factors, analysis from the by USC-Brookings Schaeffer Initiative for Health Policy, using conservative numbers, concludes that at least 52,000 people will lose coverage under Georgia’s § 1332 Application (this would be well over 10 percent of the exchange population).<sup>20</sup> Even if the State’s illusory 33,000-person coverage gains somehow materialized, they would be dwarfed by the coverage losses. Furthermore, all of the above factors, such as consumer confusion and technological systems problems, are particularly likely to lead to heavy enrollment losses in the first transition year. This raises an insurmountable problem for the State, as current guidance requires that § 1332 waivers must comply with the coverage guardrail “each year the waiver is in effect.”<sup>21</sup>

Predictions are not necessary to understand the impact of eliminating the exchange; history provides clear evidence of the result. The ACA was passed to address the long-standing enrollment problems for consumers using fragmented health insurance markets. A survey conducted before the ACA exchanges were implemented found that 43 percent of adults who shopped for insurance on the individual market had difficulty finding plans they could afford and many were denied coverage altogether because of a preexisting condition.<sup>22</sup> Fewer than half of people who tried to buy a plan on the individual market ended up purchasing one.<sup>23</sup> As the ACA market rules and premium subsidies went into effect in 2014, it became easier for consumers to find and purchase health insurance. As a

---

<sup>18</sup> Coleman Drake & David M. Anderson, *Association Between Having an Automatic Reenrollment Option and Reenrollment in the Health Insurance Marketplaces*, 179 JAMA Intern. Med. 1725, 1725-1726 (Sept. 23, 2019), <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2751516> (attached).

<sup>19</sup> Jonathan S. Skinner and Kevin G. Volpp, *Replacing the Affordable Care Act: Lessons From Behavioral Economics*, 317 JAMA 1951-1952 (Mar. 16, 2017), <https://jamanetwork.com/journals/jama/article-abstract/2616408> (attached).

<sup>20</sup> Christen Linke Young and Jason Levitis, *Georgia’s Latest 1332 Proposal Continues to Violate the ACA*, USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY (Sept. 1, 2020), <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.

<sup>21</sup> State Relief and Empowerment Waivers, 83 Fed. Reg. 53575, 53579 (Oct. 24, 2018) (guidance setting standards for § 1332 guardrails).

<sup>22</sup> Sara R. Collins et. al, *Help on the Horizon: How the Recession Has Left Millions of Workers Without Health Insurance, and How Health Reform Will Bring Relief*, THE COMMONWEALTH FUND (Mar. 16, 2011), <https://www.commonwealthfund.org/publications/fund-reports/2011/mar/help-horizon-how-recession-has-left-millions-workers-without>.

<sup>23</sup> Sara R. Collins et. al, *How the Affordable Care Act Has Improved Americans’ Ability to Buy Health Insurance on Their Own*, THE COMMONWEALTH FUND (FEB. 1, 2017), <https://www.commonwealthfund.org/publications/issue-briefs/2017/feb/how-affordable-care-act-has-improved-americans-ability-buy>.



result, there was significant growth in enrollment on the individual market.<sup>24</sup> By 2016, more than two-thirds of people ended up purchasing a health plan.<sup>25</sup> Eliminating the exchanges threatens to undermine this progress.

Georgia's § 1332 Application is also likely to result in net disenrollment because it will be poorly implemented. The State has a short timeline to implement a complex system, heavily dependent on technological systems, and has underfunded that transition. The State budgets "only about \$6 million in upfront costs and \$1 million in ongoing annual administrative costs — far less than the already-low \$18.5 million and \$5 million, respectively, the state budgeted for similar functions in the version of the waiver it submitted to CMS in December 2019," less than one year ago.<sup>26</sup> A reduction in costs of more than two-thirds is as unexplained as it is implausible. The predictable poor systems implementation in Georgia will result in many people losing coverage, as is evidenced by the fact that Georgia's "Gateway" eligibility system has already improperly led to thousands of individuals losing Medicaid coverage.<sup>27</sup>

Finally, Georgia's § 1332 Application may also result in decreased enrollment due to reductions in FFE outreach and consumer assistance.<sup>28</sup>

## **B. Georgia's § 1332 Waiver Will Decrease Comprehensiveness of Coverage**

Section 1332 waivers are required, by statute, to "provide coverage that is at least as comprehensive as the coverage" provided in the Essential Health Benefits (EHB) package. Georgia's application would lead to many consumers enrolling in plans failing to meet this standard and is thus not approvable.

In eliminating a federal or state exchange, Georgia proposes to allow vendors to sell plans that are not compliant with numerous ACA requirements. Such plans may be allowed to reject or charge higher premiums to people with pre-existing conditions, charge more

---

<sup>24</sup> Rachel Fehr et. al, *Data Note: Changes in Enrollment in the Individual Health Insurance Market through Early 2019*, KAISER FAMILY FOUNDATION (Aug. 21, 2019), <https://www.kff.org/private-insurance/issue-brief/data-note-changes-in-enrollment-in-the-individual-health-insurance-market-through-early-2019/>.

<sup>25</sup> Sara R. Collins et. al, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own*, THE COMMONWEALTH FUND (FEB. 1, 2017), <https://www.commonwealthfund.org/publications/issue-briefs/2017/feb/how-affordable-care-act-has-improved-americans-ability-buy>.

<sup>26</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>27</sup> Ariel Hart, *Georgia Is Cutting Off Medicaid for 17,000 Patients*, ATLANTA JOURNAL-CONSTITUTION (June 6, 2019), <https://www.ajc.com/news/state--regional-govt--politics/lawyers-georgia-may-medicaid-for-000-elderly-disabled-clients/BVxkukL3aenklu1FZN93VJ>; Andy Miller, *Enrollment Drops, Eligibility Snags, Cyber-Errors in Ga. Benefit Programs Cause Concern*, WABE (June 25, 2019), <https://www.wabe.org/enrollment-drops-eligibility-snags-cyber-errors-in-ga-benefit-programs-spark-concern/>.

<sup>28</sup> See *infra*, notes 40-45.



based on age, gender, or other factors, and place lifetime and annual benefit limits.<sup>29</sup> These are all serious harms to consumers.

Additionally, many non-ACA plans exclude coverage of all EHB services, in direct violation of the comprehensiveness of coverage guardrail. Georgia's proposal would allow such plans to be sold next to and instead of ACA-compliant plans.<sup>30</sup> Such a policy would violate the letter and intent of the ACA. First, Congress set a strict requirement that, as a *mandatory minimum*, exchange plans must cover the full EHB. Congress's goal was to create *one* exchange where consumers could be certain that *all* plans covered comprehensive benefits. Second, Congress went even further by explicitly requiring that any waiver flexibility under § 1332 must still comply with the comprehensive benefits requirement. Georgia's § 1332 application (like HHS's 2018 § 1332 guidance), instead, is premised on the fiction that individuals only need the *option* of a comprehensive plan under the law. But Congress's statute – both in the EHB requirement and the § 1332 comprehensiveness guardrail – leaves no room for this interpretation and makes it plain that Congress wanted to eliminate the *existence* of such plans on the exchange, not create options.

A 2018 survey of short-term plans available through two major online brokers found that 43 percent of plans did not cover mental health services, 62 percent lacked coverage for substance use disorder treatment, 71 percent did not cover outpatient prescription drugs, and none covered maternity care.<sup>31</sup> Even when these services are covered in non-ACA plans, they can be severely limited. For example, four of the ten products offered by two major health insurance brokers “cover at least some substance abuse and mental health services, [but] an enrollee suffering from a dual diagnosis may only be covered for care received up to a maximum of \$3,000.”<sup>32</sup>

The ACA was designed to solve these historic problems. For example, before the ACA, only 12 states required pregnancy-related services to be covered by individual market plans, and many health insurance plans did not include coverage for maternity care.<sup>33</sup> Instead, plans offered optional maternity “riders” that had to be purchased before a person

---

<sup>29</sup> Tara Straw, “Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm, THE COMMONWEALTH FUND (MAR. 15, 2019),

<https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>30</sup> Application at 4.

<sup>31</sup> Karen Pollitz et. al, *Understanding Short-Term Limited Duration Health Insurance*, KAISER FAMILY FOUNDATION (Apr. 23, 2010), <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>.

<sup>32</sup> Karen Pollitz et. al, *Understanding Short-Term Limited Duration Health Insurance*, KAISER FAMILY FOUNDATION (Apr. 23, 2010), <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>.

<sup>33</sup> Dania Palanker et. al, *Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers*, THE COMMONWEALTH FUND (Mar. 24, 2017), <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>.



became pregnant; otherwise, pregnancy would be considered a pre-existing condition.<sup>34</sup> If a person planned a pregnancy far enough in advance to purchase one of these riders, it could cost an additional \$1,000 per month, along with separate deductibles and higher cost sharing than regular insurance.<sup>35</sup> As another example, 20 percent of people enrolled in the individual market had no prescription drug coverage.<sup>36</sup>

The Center on Budget and Policy Priorities notes that, “[s]hort-term plans, in particular, pose a considerable risk to consumers but have grown in popularity, especially in Georgia, since the Trump Administration expanded them in 2018. One review of the most popular short-term plan in Atlanta found that although it had lower premiums, its deductible and maximum out-of-pocket costs were nearly three times higher than the most popular bronze ACA plan, and it offered no coverage of prescription drugs, mental health services, or maternity care” – all required EHB services.<sup>37</sup> Under Georgia’s § 1332 Application, numerous types of such plans violating the EHB requirement – including short-term and indemnity plans – would be sold alongside and frequently *in replacement of* ACA-compliant plans. Many individuals (many of them unsuspecting) would end up in a non-compliant plan instead of an EHB-compliant plan, and this would violate the comprehensiveness guardrail (this would be true even for individuals who choose a noncompliant plan).

Consumers are particularly likely to end up in short-term plans because brokers receive up to ten times the compensation for short-term plans as compared to ACA-compliant plans.<sup>38</sup> One report found that 22 percent of exchange enrollees enrolled by brokers were

---

<sup>34</sup> Julie Rovner, *Families To Pay Price If Maternity Care Coverage Is Cut By GOP*, KAISER HEALTH NEWS (Mar. 14, 2017), <https://khn.org/news/families-to-pay-price-if-maternity-care-coverage-meets-gop-knife/>.

<sup>35</sup> *Id.*

<sup>36</sup> Dania Palanker et. al, *Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers*, THE COMMONWEALTH FUND (Mar. 24, 2017), <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>.

<sup>37</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>, citing to Dane Hansen & Gabriela Dieguez, *The Impact of Short-Term Limited-Duration Policy Expansion on Patients and the ACA Individual Market*, MILLMAN RESEARCH REPORT (Feb. 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Christen Linke Young and Kathleen Hannick, *Fixed Indemnity Health Coverage is a Problematic Form of “Junk Insurance”*, BROOKINGS INSTITUTION (August 4, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/08/04/fixed-indemnity-health-coverage-is-a-problematic-form-of-junk-insurance>. See also Sarah Lueck, *Key Flaws of Short-Term Health Plans Pose Risks to Consumers*, CENTER ON BUDGET & POLICY PRIORITIES (September 20, 2018), <https://www.cbpp.org/research/health/key-flaws-of-short-term-health-plans-pose-risks-to-consumers>.

<sup>38</sup> See Energy and Commerce Committee (Democratic Staff), U.S. House of Representatives, *Shortchanged: How the Trump Administration’s Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk* (June 2020), [https://degette.house.gov/sites/degette.house.gov/files/STLDI%20Report%2006%2025%2020%20FINAL\\_.pdf](https://degette.house.gov/sites/degette.house.gov/files/STLDI%20Report%2006%2025%2020%20FINAL_.pdf).



offered plans that are not ACA-compliant.<sup>39</sup> Evidence shows that brokers often provide consumers with unclear or false information about what short-term plans actually cover or exclude from coverage, and they engage in marketing tactics to pressure consumers to purchase plans without providing written information about the benefits covered, among other things.<sup>40</sup> This will result in consumers lacking needed coverage – a fact even brokers acknowledge. In one report, brokers raised concerns about selling short-term plans that may, for example, leave an individual without adequate coverage if they develop cancer.<sup>41</sup>

At the same time that consumers may get false information from brokers under Georgia's § 1332 Application, they may go without the valuable and *unbiased* consumer assistance provided by the exchange. By law, exchanges must establish Navigator programs that work year-round to help consumers apply for coverage and financial assistance through the marketplace. About 20 percent of enrollees (including exchange and Medicaid applicants) who actively sought coverage got help in 2020, and 20 percent of those who did not get help had gotten help when they first signed up.<sup>42</sup> Consumers who got help reported that they needed help to understand their options and various steps of the process.<sup>43</sup> Forty percent of the consumers who got help said they would not have gotten coverage without assistance.<sup>44</sup> Under Georgia's model many consumers will end up without coverage, or in plans that do not meet their needs, because they will not have the same high-quality assistance. Evidence shows there is a meaningful difference between Navigators and brokers. Navigators tend to be more trained and more likely to help

---

<sup>39</sup> Karen Pollitz *et al.*, *Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need*, KAISER FAMILY FOUNDATION (August 7, 2020), <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

<sup>40</sup> See Energy and Commerce Committee (Democratic Staff), U.S. House of Representatives, *Shortchanged: How the Trump Administration's Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk*, 29 (June 2020), [https://degette.house.gov/sites/degette.house.gov/files/STLID1%20Report%2006%2025%2020%20FINAL\\_.pdf](https://degette.house.gov/sites/degette.house.gov/files/STLID1%20Report%2006%2025%2020%20FINAL_.pdf); Sabrina Corlette *et al.*, *The Marketing of Short-Term Health Plans: An Assessment of Industry Practices and State Regulatory Responses*, URBAN INSTITUTE (Jan. 31, 2019), <https://www.urban.org/research/publication/marketing-short-term-health-plans-assessment-industry-practices-and-state-regulatory-responses>; Christen Linke Young and Kathleen Hannick, *Misleading Marketing of Short-Term Health Plans Amid COVID-19*, BROOKINGS INSTITUTION (Mar. 24, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>41</sup> Sabrina Corlette *et al.*, *Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks*, URBAN INSTITUTE, 10 (Apr. 2020), <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>42</sup> Karen Pollitz *et al.*, *Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need*, KAISER FAMILY FOUNDATION (August 7, 2020), <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

<sup>43</sup> *Id.*

<sup>44</sup> *Id.*



consumers with complex applications, while brokers are *less* likely to help consumers who are uninsured, need help in another language, or apply for Medicaid.<sup>45</sup>

### C. Georgia’s § 1332 Waiver Will Decrease Affordability of Coverage

Section 1332 waivers are required by statute to “provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable” as the ACA normally requires. Georgia’s application would lead to many consumers enrolling in plans that result in increases in costs and cannot be approved under the law.

The cost of health care and health insurance are complex topics that most consumers are ill-positioned to understand. One of the reasons that the ACA standardized minimum benefits and affordability protections was to protect consumers from being duped into low-value plans. Consumers are at risk for enrollment into plans that do not cover all of the services they need or plans which appear to have a low costs (such as a low premium), but in fact wind up being expensive when deductibles, cost-sharing, and copays are factored in.

While some consumers may end up in a cheaper plan through Georgia’s § 1332 Application (*i.e.*, a lower premium plan), there are at least three reasons that many consumers will end up with less affordable coverage – a result prohibited by the comparable affordability guardrail.

First, many consumers will pay a low premium for a “junk” plan, but then end up paying large deductibles, cost-sharing, copays, or run into maximum coverage limits. Relative to the coverage minimums required by the ACA, these consumers will save a small amount on their premiums, but get gouged on the overall cost of coverage. For example, analysis of a short-term plan in Pennsylvania found that although the plan premium seemed cheap (about \$128 a month), the plan could cover \$0 for an average hospitalization – leaving the enrollee with a bill over \$25,000.<sup>46</sup> Other consumers may enroll in low deductible plans, even if the plans are designed to always lead to higher out of pocket spending.<sup>47</sup> Another study found that in the six-month period following diagnosis, a newly diagnosed lymphoma patient enrolled in a short-term plan could pay \$16,800 more in out-of-pocket expenses than they would pay while enrolled in an ACA plan.<sup>48</sup>

---

<sup>45</sup> Karen Pollitz *et al.*, *Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need*, KAISER FAMILY FOUNDATION (August 7, 2020), <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

<sup>46</sup> Jackson Williams, *Short-Term Health Insurance Coverage is Almost Worthless*, PHILADELPHIA INQUIRER (July 30, 2018), <https://www.inquirer.com/philly/health/health-cents/short-term-health-insurance-coverage-is-almost-worthless-20180730.html>.

<sup>47</sup> Richard H. Thaler, *Why So Many People Choose the Wrong Health Plans*, N.Y. TIMES (Nov. 4, 2017), <https://www.nytimes.com/2017/11/04/business/why-choose-wrong-health-plan.html>.

<sup>48</sup> Dane Hansen & Gabriela Dieguez, *The Impact of Short-Term Limited-Duration Policy Expansion on Patients and the ACA Individual Market*, MILLMAN RESEARCH REPORT (Feb. 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>.



Second, many consumers will end up in a low premium plan that does not cover essential health benefits that they need and that are *required* by the ACA. Consider the example of a young woman needing maternity care or mental health services that enrolls in a short-term plan that does not cover either of these services. She will “save” some money on her premiums, but spend far more paying out of pocket for childbirth or a mental health crisis.

The junk value of these plans is confirmed by medical loss ratio data. The average short-term plan in 2017 spent less than 65 percent of premium dollars on patient care, compared to at least 80 percent for qualified health plans.<sup>49</sup> The three largest short-term plans spent even less, at 44, 34, and 52 percent.<sup>50</sup> HHS should not further open the door to such wasteful, low-value health insurance.

Third, there are in fact reasons to believe that premiums themselves will increase under Georgia's § 1332 Application. As many individuals transition into plans that are not compliant with the ACA, there will be a smaller pool of individuals in the ACA-compliant plans, meaning premiums will increase. The individuals who qualify for short-term plans, and are willing to enroll in such plans, will be healthier on average, leaving a riskier and more expensive pool in the ACA-compliant plans, also increasing premiums.<sup>51</sup> As noted earlier, brokers have strong incentives to steer enrollees towards short-term plans.<sup>52</sup> Individuals choosing the same ACA-compliant plans will have less affordable coverage. Georgia also fails to adequately consider several other factors that could increase premiums, such as the large increase in broker commissions in the proposed model as consumers transition into the model.<sup>53</sup>

In short, there is no reasonable way for HHS and Treasury to conclude that Georgia's § 1332 application will comply with the statutory affordability guardrail that prohibits a § 1332 that decreases affordability. As discussed earlier, this violation is not cured by the fact that consumers have the *option* of choosing an ACA-compliant plan. Congress, in the ACA

---

<sup>49</sup> Katie Keith, *The Short-Term, Limited-Duration Coverage Final Rule: The Background, The Content, And What Could Come Next*, HEALTH AFFAIRS BLOG (Aug. 1, 2018), <https://www.healthaffairs.org/doi/10.1377/hblog20180801.169759/full/>.

<sup>50</sup> Katie Keith, *The Short-Term, Limited-Duration Coverage Final Rule: The Background, The Content, And What Could Come Next*, HEALTH AFFAIRS BLOG (Aug. 1, 2018), <https://www.healthaffairs.org/doi/10.1377/hblog20180801.169759/full/>.

<sup>51</sup> Dane Hansen & Gabriela Dieguez, *The Impact of Short-Term Limited-Duration Policy Expansion on Patients and the ACA Individual Market*, MILLMAN RESEARCH REPORT (Feb. 2020), <https://www.lls.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>.

<sup>52</sup> Energy and Commerce Committee (Democratic Staff), U.S. House of Representatives, *Shortchanged: How the Trump Administration's Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk*, 29 (June 2020), [https://degette.house.gov/sites/degette.house.gov/files/STLDI%20Report%2006%2025%2020%20FINAL\\_.pdf](https://degette.house.gov/sites/degette.house.gov/files/STLDI%20Report%2006%2025%2020%20FINAL_.pdf).

<sup>53</sup> Christen Linke Young and Jason Levis, *Georgia's Latest 1332 Proposal Continues to Violate the ACA*, USC-BROOKINGS SCHAEFFER INITIATIVE FOR HEALTH POLICY (Sept. 1, 2020), <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>.



provisions on affordability *and* in the § 1332 guardrails, established and bulletproofed a legal minimum.

#### **IV. Georgia’s § 1332 Application Violates Medicaid Law and Would Decrease Medicaid Enrollment**

Section 1332 does not authorize waivers of the Medicaid Act. However, Georgia’s § 1332 Application would require waiver of numerous Medicaid provisions.<sup>54</sup> For example, Georgia’s § 1332 Application ignores Medicaid “no wrong door” requirements operating between Medicaid and exchanges. Georgia cannot waive these and other policies through § 1332, and as such this application is not sufficient to implement the policies requested.

CMS also should not approve Georgia’s § 1332 Application because it will result in large reductions in Medicaid enrollment. This is because the exchange eligibility system is an important vehicle for Medicaid applications in Georgia. About 38,000 Medicaid enrollees came through healthcare.gov in 2020.<sup>55</sup>

In contrast, evidence shows that brokers do not faithfully enroll clients in Medicaid. For example, data shows that, “[f]ourteen percent of marketplace enrollees overall reported receiving assistance from brokers compared to just 2% of Medicaid enrollees,” but “[n]avigators helped consumers at about the same rate whether they were uninsured or enrolling in marketplace coverage or Medicaid.”<sup>56</sup>

This is not a surprising outcome given that brokers receive commissions for private plan enrollments but generally do not for Medicaid enrollments.<sup>57</sup> One report found numerous instances of broker eligibility systems failing to notify individuals that they or their family members were eligible for Medicaid and instead diverted them to private plans, including plans that are not ACA-complaint, or even relied on a deceptive practice to trick consumers.<sup>58</sup> Analysis from the Center on Budget and Policy Priorities finds that “a search

---

<sup>54</sup> See 42 U.S.C. § 1396w-3 and 42 C.F.R. § 435.1200.

<sup>55</sup> 2020 Marketplace Open Enrollment Period Public Use Files, Center for Medicaid and Medicare Services, last modified April 2, 2020, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>.

<sup>56</sup> Karen Pollitz *et al.*, *Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need*, KAISER FAMILY FOUNDATION (August 7, 2020), <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

<sup>57</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>58</sup> Tara Straw, *“Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm*, THE COMMONWEALTH FUND (MAR. 15, 2019), <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>. See also Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES, note 14 (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.





on HealthCare.gov displays more than 1,100 agents and brokers that enroll people in individual or family coverage in one Atlanta ZIP code but zero agents and brokers that say they'll assist with Medicaid or CHIP enrollment.”<sup>59</sup> CMS should not approve this section § 1332 waiver as the evidence shows it will reduce Medicaid enrollment.

## **V. Reduced Coverage Under Georgia's Proposal Will Result in Serious Harms**

As described above, Georgia's § 1332 Application will result in increased uninsurance, reduced access to EHB and Medicaid services, and reduced affordability protections – all problems that the ACA was designed to solve. By proposing to eliminate the exchange, Georgia wants to turn back the clock to a time when consumers faced significant harms associated with a lack of affordable, comprehensive, and streamlined coverage.

### *Georgians Who End Up Uninsured Will Be Harmed*

As the number of uninsured individuals and families rises, more Georgians will face the adverse health and financial consequences associated with going uninsured. Those without insurance frequently face medical debt or forgo necessary medical care.<sup>60</sup> One study found that uninsured adults with low and moderate incomes were much less likely to have a regular source of health care than people with similar incomes who were insured.<sup>61</sup> And the consequences can be dire. Prior to the ACA, in 2010 alone, more than 25,000 non-elderly adults died prematurely due to a lack of health coverage.<sup>62</sup>

### *Georgians Who Are Denied Comprehensive Coverage Will Be Harmed*

Georgia's § 1332 Application explicitly undermines the ACA's EHB standard by unleashing authority and incentives for individuals to be enrolled in plans that are not ACA-compliant. Before the ACA's requirement that health plans in the individual and small-group market cover essential health benefits, many people faced barriers to obtaining comprehensive health insurance. Insurers aggressively marketed other limited forms of coverage at

---

<sup>59</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*, CENTER ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

<sup>60</sup> Families USA, *Dying for Coverage: The Deadly Consequences of Being Uninsured* (Jun. 2012), <https://familiesusa.org/wp-content/uploads/2019/09/Dying-for-Coverage.pdf>.

<sup>61</sup> Sara R. Collins et. al, *The Income Divide in Health Care: How the Affordable Care Act Will Help Restore Fairness to the U.S. Health System*, THE COMMONWEALTH FUND (Feb. 7, 2012), <https://www.commonwealthfund.org/publications/issue-briefs/2012/feb/income-divide-health-care-how-affordable-care-act-will-help>.

<sup>62</sup> Kim Bailey, *Dying for Coverage: The Deadly Consequences of Being Uninsured*, FAMILIES USA (Jun. 2012), <https://familiesusa.org/wp-content/uploads/2019/09/Dying-for-Coverage.pdf>.



discount prices.<sup>63</sup> However, these plans often left consumers exposed to high out-of-pocket costs and uncovered treatments.<sup>64</sup>

Before the Affordable Care Act went into effect, in 2010, 43 percent of people buying plans on their own said they found it very difficult or impossible to find the coverage they needed.<sup>65</sup> Among those with health problems, 53 percent reported difficulty finding a plan that met their needs.<sup>66</sup> Furthermore, prior to the ACA, 62 percent of individual market plans lacked maternity coverage, 34 percent lacked coverage for substance use disorder, 18 percent lacked mental health services, and 9 percent did not cover prescription drugs.<sup>67</sup> As a result, one in five people enrolled in the individual market had no prescription drug coverage and six in ten people had no maternity benefits.<sup>68</sup>

Without comprehensive coverage of necessary services, individuals will face negative health outcomes and financial harm. For example, prenatal, labor and delivery, and postpartum care can help address the considerable risks associated with having a child, including hemorrhaging, high blood pressure, blood clots, gestational diabetes, and postpartum depression.<sup>69</sup> At the same time, prenatal and postpartum care can be cost-prohibitive without maternity coverage; without insurance, the total price charged for pregnancy and newborn care can cost between \$30,000 and \$50,000.<sup>70</sup> Thus, if a pregnant person's health plan excludes maternity care, they could be cut off from the array of beneficial prenatal and postpartum services.<sup>71</sup> Some individuals will suffer harm forgoing care. Others will suffer financial harm, some by going deep in debt for services that would have been covered in an ACA-compliant plan, while a lucky few with resources will also suffer harm by paying out of pocket for those same services that should have

---

<sup>63</sup> Dania Palanker et. al, *Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers*, THE COMMONWEALTH FUND (Mar. 24, 2017), <https://www.commonwealthfund.org/blog/2017/eliminating-essential-health-benefits-will-shift-financial-risk-back-consumers>.

<sup>64</sup> *Id.*

<sup>65</sup> Sara R. Collins et. al, *How the Affordable Care Act Has Improved Americans' Ability to Buy Health Insurance on Their Own*, THE COMMONWEALTH FUND (Feb. 1, 2017), <https://www.commonwealthfund.org/publications/issue-briefs/2017/feb/how-affordable-care-act-has-improved-americans-ability-buy>

<sup>66</sup> *Id.*

<sup>67</sup> Timothy Jost, *Essential Health Benefits: What Could Their Elimination Mean*, HEALTH AFFAIRS BLOG (Mar. 23, 2017), <https://www.healthaffairs.org/doi/10.1377/hblog20170323.059343/full/>.

<sup>68</sup> Dania Palanker et. al, *Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers*, THE COMMONWEALTH FUND (Mar. 24, 2017), <https://www.commonwealthfund.org/blog/2017/eliminating-essential-health-benefits-will-shift-financial-risk-back-consumers>.

<sup>69</sup> Adam Sonfield, *No One Benefits If Women Lose Coverage for Maternity Care*, GUTTMACHER INSTITUTE (Jun. 14, 2017), <https://www.guttmacher.org/gpr/2017/06/no-one-benefits-if-women-lose-coverage-maternity-care>.

<sup>70</sup> Julie Rovner, *Families To Pay Price If Maternity Care Coverage Is Cut By GOP*, Kaiser Health News (Mar. 17, 2017), <https://khn.org/news/families-to-pay-price-if-maternity-care-coverage-meets-gop-knife/>.

<sup>71</sup> Adam Sonfield, *No One Benefits If Women Lose Coverage for Maternity Care*, GUTTMACHER INSTITUTE (Jun. 14, 2017), <https://www.guttmacher.org/gpr/2017/06/no-one-benefits-if-women-lose-coverage-maternity-care>.



been covered. In one report, even brokers raised concerns about selling Non-ACA plans that may, for example, leave an individual without adequate coverage if they develop cancer.<sup>72</sup>

### *Georgians Who Lose Affordability Protections Will Be Harmed*

Georgia's § 1332 Application also explicitly undermines the ACA's affordability standards by unleashing authority and incentives for individuals to be enrolled in plans that are not ACA-compliant. These plans often lure consumers with a low sticker-price, but have high-cost features such as high cost-sharing or deductibles that make the plans less affordable. Countless studies demonstrate the harm to lower-income consumers faced with cost-sharing and other affordability barriers.<sup>73</sup>

As more Georgians become uninsured and underinsured, they will face negative consequences due to increased costs. In 2017, nonelderly uninsured adults were over twice as likely as those with insurance to have trouble paying medical bills.<sup>74</sup> As a result, uninsured adults are more likely to use up savings, have difficulty paying for necessities, borrow money, or have medical bills sent to collection.<sup>75</sup>

Georgians who switch to a less comprehensive health plan will also be at risk for financial burdens due to high out-of-pocket costs. In fact, one study found that more than half of low-income individuals and over one-third of those with chronic conditions faced excessive financial burdens after switching from traditional coverage to high-deductible plans.<sup>76</sup>

## **Conclusion**

NHeLP recommends that the Departments of Treasury and Health and Human Services reject Georgia's § 1332 application because it has serious procedural flaws, violates statutory requirements for § 1332 waivers, exchanges, and Medicaid, and would result in serious harms to exchange and Medicaid enrollees.

---

<sup>72</sup> Sabrina Corlette *et al.*, *Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks*, URBAN INSTITUTE, 10 (Apr. 2020), <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>73</sup> David Machledt & Jane Perkins, *Medicaid Premiums and Cost Sharing*, NAT'L HEALTH LAW PROGRAM, 2-14 (Mar. 26, 2014), <https://healthlaw.org/resource/medicaid-premiums-and-cost-sharing/>.

<sup>74</sup> Rachel Garfield *et al.*, *The Uninsured and the ACA: A Primer - Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act*, KAISER FAMILY FOUNDATION (Jan. 25, 2019), <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-what-are-the-financial-implications-of-lacking-insu/>.

<sup>75</sup> *Id.*

<sup>76</sup> Emily Gersema, *High-Deductible Health Plans Raise Risk of Financial Ruin For Vulnerable Americans, Study Finds*, USC NEWS (Apr. 5, 2018), <https://news.usc.edu/140182/high-deductible-health-plans-raise-risk-of-financial-ruin-for-vulnerable-americans-study-finds/>.



We have included numerous citations to supporting research, including direct links to the research. We direct Treasury and HHS to each of the studies we have cited and made available through active links, and we request that the full text of each of the studies cited, along with the full text of our comment, be considered part of the formal administrative record for purposes of the Administrative Procedure Act. If Treasury and HHS are not planning to consider these citations part of the record as we have requested here, we ask that you notify us and provide us an opportunity to submit copies of the studies into the record.

We appreciate your consideration of our comments. If you have questions about these comments, please contact Leonardo Cuello ([cuello@healthlaw.org](mailto:cuello@healthlaw.org)) or me ([perkins@healthlaw.org](mailto:perkins@healthlaw.org)).

Sincerely,

A handwritten signature in cursive script that reads "Jane Perkins". The signature is written in black ink on a light-colored background.

Jane Perkins  
Legal Director



*Administrative, technical, or material support:* Applebaum, Kneifati-Hayek, Carter, Adelman.

*Supervision:* Salmasian, Adelman.

**Conflict of Interest Disclosures:** Drs Kneifati-Hayek and Adelman reported receiving grants from the Agency for Healthcare Research and Quality during the conduct of the study. No other disclosures were reported.

**Funding/Support:** This study was supported by grant R21HS023704 from the Agency for Healthcare Research and Quality (to Drs Adelman and Southern) and is registered in ClinicalTrials.gov (NCT02876588).

**Role of the Funder/Sponsor:** The Agency for Healthcare Research and Quality had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; and decision to submit the manuscript for publication.

**Disclaimer:** The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.

**Additional Contributions:** Marina E. Sterling, MHA, Columbia University Irving Medical Center, was instrumental in conducting the survey; Austin C. Kaidi, MSc, and Anastasia M. Kahan, BS, Columbia University Vagelos College of Physicians and Surgeons, New York, New York, contributed to the qualitative analysis. They received no financial compensation for their contributions.

- Adelman JS, Berger MA, Rai A, et al. A national survey assessing the number of records allowed open in electronic health records at hospitals and ambulatory sites. *J Am Med Inform Assoc.* 2017;24(5):992-995. doi:10.1093/jamia/ocx034
- Office of the National Coordinator for Health Information Technology. Patient Identification SAFER Guide, 2016; [http://www.healthit.gov/sites/default/files/safer/guides/safer\\_patient\\_identification.pdf](http://www.healthit.gov/sites/default/files/safer/guides/safer_patient_identification.pdf). Published September 2016. Accessed February 24, 2017.
- Joint Commission. Safe use of health information technology. Sentinel Event Alert, Issue 54 2015; [http://www.jointcommission.org/assets/1/18/SEA\\_54.pdf](http://www.jointcommission.org/assets/1/18/SEA_54.pdf). Accessed July 27, 2018.
- Adelman JS, Applebaum JR, Schechter CB, et al. Effect of restriction of the number of concurrently open records in an electronic health record on wrong-patient order errors: a randomized clinical trial. *JAMA.* 2019;321(18):1780-1787. doi:10.1001/jama.2019.3698
- Zhang J, Walji MF. TURF: toward a unified framework of EHR usability. *J Biomed Inform.* 2011;44(6):1056-1067. doi:10.1016/j.jbi.2011.08.005
- Wachter RM, Murray SG, Adler-Milstein J. Restricting the number of open patient records in the electronic health record: is the record half open or half closed? *JAMA.* 2019;321(18):1771-1773. doi:10.1001/jama.2019.3835

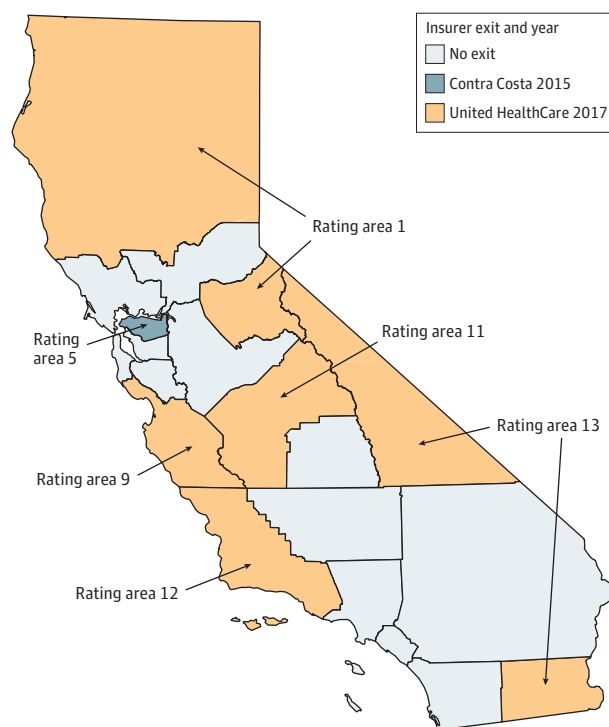
## Association Between Having an Automatic Reenrollment Option and Reenrollment in the Health Insurance Marketplaces

Of the 11.4 million US health insurance marketplace enrollees in 2019, 3.4 million were automatically reenrolled based on their marketplace coverage in 2018.<sup>1</sup> Marketplace enrollees are automatically reenrolled in their current health plan the following year unless they actively change their enrollment status by discontinuing their coverage or selecting a new plan. Enrollees who actively select a plan have been reported to make better plan choices<sup>2</sup>; however, requiring enrollees to make a plan selection each year may be associated with their becoming uninsured.<sup>3</sup> In January 2019, the Centers for Medicare & Medicaid Services requested public comments on eliminating automatic reenrollment for marketplace enrollees.<sup>4</sup> While evidence suggests that administrative barriers to reenrollment are associated with reductions in Medicaid coverage,<sup>5</sup> it is unknown whether elimination of automatic reenrollment is associated with decreases in reenrollment in the marketplaces.

**Methods |** We obtained 2014-2017 individual enrollment data from California's marketplace, Covered California, through a public records act request.<sup>6</sup> These data identify whether households had the option to automatically reenroll in Covered California. Households enrolled as of December 31 in a given year were able to automatically reenroll in their plan or a similar plan in the following year unless their insurer exited Covered California. Two insurers exited Covered California during the study period. Contra Costa exited Contra Costa County in 2015. United HealthCare exited other counties in 2017 (Figure). These exits divided Covered California households into groups that could automatically reenroll and groups that could not automatically reenroll. Our sample consists of 123 244 households in geographic areas and years that experienced insurer exit (rating area 5 in 2015; rating areas 1, 9, and 11-13 in 2017). This study was deemed exempt from review and approval by the University of Pittsburgh institutional review board.

We used multivariate linear regression to examine the association between household reenrollment and whether the household could automatically reenroll and adjusted for household characteristics, including the age of the oldest household member, household size, whether the household received a premium tax credit subsidy, the postsubsidy premium of the lowest-cost available plan, and indicators for geographic areas and years. We clustered SEs by geographic areas using the wild cluster bootstrap method to address the small

**Figure. Covered California Rating Areas Where Households Lost the Option to Automatically Reenroll Because of Insurer Exit**



Covered California is divided into 19 separate rating areas in which several insurers offer health plans.

**Table. Differences in Reenrollment Among Covered California Households With and Without an Automatic Reenrollment Option<sup>a</sup>**

Status	Automatic Reenrollment Option, % <sup>b</sup>		Difference (95% CI)	P Value
	Yes (n = 122 463)	No (n = 781)		
Unadjusted	51.2	21.4	29.8 (14.2-46.8)	<.001
Adjusted <sup>c</sup>	51.2	21.5	29.9 (9.4-52.0)	<.001

<sup>a</sup> Data are from 2014-2017 Covered California enrollment records. Observations are households in rating areas that experienced insurer exits.

<sup>b</sup> Households had the option to automatically reenroll in Covered California if they retained their coverage as of December 31 and their insurer did not exit Covered California. Households that discontinued their coverage are not included in the sample.

<sup>c</sup> Adjusted reenrollment percentages were estimated using a multivariate linear

regression (ie, a linear probability model) adjusting for the age of the oldest household member, the postsubsidy premium of the lowest cost plan available to the household, household size, whether the household received a premium tax credit subsidy, the rating area in which the household resides, and year. The SEs were clustered at the rating area level. We used the wild cluster bootstrap method to address the small number of clusters (ie, 6 rating areas).

number of clusters. Analyses were conducted in Stata SE 15 statistical package (StataCorp LLC). Statistical significance was defined as a 2-sided  $P < .05$ .

**Results** | Of the 781 households (0.63%) that could not automatically reenroll in Covered California because of insurer exit, unadjusted and adjusted reenrollment rates were 21.4% and 21.5%, respectively (Table). Both the unadjusted and adjusted reenrollment rates among the 122 463 households with the option to automatically reenroll were 51.2%. Losing the option to automatically reenroll was associated with a 30-percentage point decrease in enrollment both with adjusting for household characteristics (95% CI, 9.4%-52.0%;  $P < .001$ ) and without (95% CI, 14.2%-46.8%;  $P < .001$ ).

**Discussion** | Elimination of automatic reenrollment would likely be associated with decreases in the number of enrollees who remain insured through the marketplaces. As an opt-out policy<sup>3</sup> similar to that used in other health insurance markets such as Medicaid,<sup>2</sup> automatic reenrollment may be associated with increases in continuity of coverage in the marketplaces by reducing administrative barriers to reenrollment.

Although we found losing an automatic reenrollment option was associated with decreases in reenrollment, this association requires further study. The group that lost the automatic reenrollment option was relatively small. Households with different demographics or different experiences with insurers may have behaved differently if they had lost the option to automatically reenroll. Losing automatic reenrollment because of policy changes rather than insurer exit also may be associated with households behaving differently. Given the magnitude of our findings, it is critical that future studies continue investigating the association between automatic reenrollment and continuity of coverage.

**Coleman Drake, PhD**  
**David M. Anderson, MS**

**Author Affiliations:** Graduate School of Public Health, Department of Health Policy and Management, University of Pittsburgh, Pittsburgh, Pennsylvania (Drake); Duke Margolis Center for Health Policy, Durham, North Carolina (Anderson).

**Accepted for Publication:** July 3, 2019.

**Corresponding Author:** Coleman Drake, PhD, Graduate School of Public Health, Department of Health Policy and Management, University of Pittsburgh, 130 DeSoto St, Pittsburgh, PA 15261 (cdrake@pitt.edu).

**Published Online:** September 23, 2019. doi:10.1001/jamainternmed.2019.3717

**Author Contributions:** Dr Drake had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

**Concept and design:** Both authors.

**Acquisition, analysis, or interpretation of data:** Drake.

**Drafting of the manuscript:** Both authors.

**Critical revision of the manuscript for important intellectual content:** Both authors.

**Statistical analysis:** Drake.

**Conflict of Interest Disclosures:** None reported.

**Additional Contributions:** Eric Roberts, PhD (University of Pittsburgh Graduate School of Public Health), and Adam Biener, PhD (Lafayette College), provided feedback on an earlier draft of this article. Pearl Nielsen, MA (Carnegie Mellon Dietrich College of Humanities and Social Sciences), provided editorial assistance. No compensation was provided for their roles.

1. Centers for Medicare & Medicaid Services. Health insurance exchanges 2019 open enrollment report. cms.gov. <https://www.cms.gov/newsroom/factsheets/health-insurance-exchanges-2019-open-enrollment-report>. Published 2019. Accessed March 26, 2019.

2. Handel B, Kolstad J. Getting the most from marketplaces: smart policies on health insurance choice. [http://www.hamiltonproject.org/assets/files/smart\\_policies\\_on\\_health\\_insurance\\_choice\\_final\\_brief.pdf](http://www.hamiltonproject.org/assets/files/smart_policies_on_health_insurance_choice_final_brief.pdf). Published 2015. Accessed March 26, 2019.

3. Skinner JS, Volpp KG. Replacing the affordable care act: lessons from behavioral economics. *JAMA*. 2017;317(19):1951-1952. doi:10.1001/jama.2017.4084

4. Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020. *Fed Regist*. 2019;84(16):227-313.

5. Sommers BD, Goldman AL, Blendon RJ, Orav EJ, Epstein AM. Medicaid work requirements: results from the first year in Arkansas. [published online June 19, 2019]. *N Engl J Med*. 2019. doi:10.1056/NEJMSr1901772

6. Guidelines for getting individual-level data through a public records act (PRA) are here: <https://www.coveredca.com/public-records-act-guidelines/>. Accessed October 1, 2018.

## Gender Differences in Twitter Use and Influence Among Health Policy and Health Services Researchers

Ample research has documented the lower visibility and success of women compared with men in academic medicine. Against this setting, social media platforms such as Twitter offer academics opportunities to promote their research, network professionally, gain visibility, and, in turn, foster opportunities for career advancement.<sup>1</sup> These opportunities are particularly critical in health policy and health services research, in which dissemination of policy-relevant research and engagement with health care decision-makers impacts academic influence, recognition, and promotion. Herein, we describe gender differences in Twitter use and influence among health services researchers.

## VIEWPOINT

# Replacing the Affordable Care Act

## Lessons From Behavioral Economics

**Jonathan S. Skinner, PhD**

The Dartmouth Institute for Health Policy and Clinical Practice, DHMC, Hanover, New Hampshire.

**Kevin G. Volpp, MD, PhD**

Philadelphia VA Medical Center and Perelman School of Medicine and Wharton School, University of Pennsylvania, Philadelphia.

**Republican efforts to replace** the Affordable Care Act (ACA) are not over, despite the failure of the American Health Care Act (AHCA) legislation. The major challenge facing the AHCA was the loss of insurance coverage for an estimated 24 million people.<sup>1</sup> Any subsequent reform, especially those less costly than the ACA, will have the same challenge of keeping currently insured individuals and households from discontinuing their insurance. In this Viewpoint, we draw on behavioral economics to propose 4 general principles for health insurance reform to help ensure that the currently insured will not lose their coverage.

### Incentives for Healthy Individuals

In insurance markets, healthy people subsidize people with acute and chronic disease and other health conditions. Insurance is still valuable for healthy people, because they need not be concerned about the risk of no insurance coverage in the event of unexpected injuries or acute health events. However, there is often a tendency to minimize those future risks and use the money now for more pressing concerns rather than signing up

response as \$1 in penalties.<sup>2</sup> Furthermore, subsidies drain money from the federal treasury, whereas sticks bring in more revenue.

A second behavioral economics principle involves instant gratification; paying significant premiums means that something is received in return. Bare-bones or catastrophic plans, along with health savings accounts, do not do well from the perspective of instant gratification. Aside from the relatively few families who benefit from receiving catastrophic care, the vast majority of people do not experience any “immediate gratification” from paying those premiums, because they never reach the catastrophic cap. Even current enrollees in bronze high-deductible plans wonder why, after paying substantial premiums, they still are responsible for burdensome deductibles and co-pays.

People’s tendency to focus on immediate gratification also has important implications for the continuous coverage requirement in the AHCA. This requirement is a stick but is unlikely to work. Under this provision, if an individual who did not purchase insurance coverage now or who lets current insurance coverage lapse, would have been subject to a 30% penalty to sign up again. It is unlikely that young invincibles, young healthy people who see themselves as invulnerable who have been ignoring health insurance up until now, will suddenly become concerned about their ability to buy insurance many years down the road. Furthermore, the 30% stick would have discouraged uninsured people from buying insurance—precisely the opposite effect of the mandate.

The third principle is to use inertia to maintain enrollments. The simplest evidence-based approach would be to create automatic, annual renewal of health insurance for those currently covered by ACA plans, with the out-of-pocket premiums close to what they paid last year. People could opt out of the system but then would lose both the subsidy and their existing health insurance coverage. The bias toward holding on to a plan, combined with inertia and the sense of loss from giving up those federal subsidies, could work toward keeping people enrolled.<sup>2</sup>

The biggest challenge is a factor that even inertia cannot solve—that any proposal leading to higher out-of-pocket premium payments, especially among low-income and older people nearing retirement, can potentially lead to substantial disenrollment. Even for this seemingly intractable problem, behavioral economics can still provide some guidance.

Health insurance is an 80-20 proposition; 20% of enrollees account for 80% of costs. If the least healthy

## Coupled with other approaches to reduce costs, behavioral reform could provide some needed optimism for 2017: Lower health insurance premiums for the first time in recent memory.

for expensive insurance. Once enough healthy people no longer elect to enroll in and purchase health insurance, a major challenge occurs, with rising premiums and the eventual collapse of insurance markets.

Incentives to encourage healthy individuals to sign up for health insurance can be described as either carrots or sticks. The ACA has both carrots (refundable tax credits) and a stick—the mandate—to ensure that healthy persons purchase insurance. Granted, the stick was not always effective; initially the amount was too small, and the penalty is too far in the future. But it was widely credited with increasing enrollment by overcoming “present bias,” the idea that potential future medical costs are discounted too much when compared with having to write a check for insurance premiums today. By contrast, current proposals rely almost entirely on carrots—tax credits for enrollees.

### Behavioral Economics Principles

The first principle from behavioral economics research is that carrots do not work nearly as well as sticks; \$2 in subsidies induces approximately the same behavioral-

**Corresponding Author:** Kevin G. Volpp, MD, PhD, LDI Center for Health Incentives and Behavioral Outcomes, University of Pennsylvania Perelman School of Medicine and the Wharton School, 423 Guardian Dr, 1120 Blockley Hall, Philadelphia, PA 19104-6021 (volpp70@exchange.upenn.edu).

patients can be moved off of the exchanges, this will allow for a substantial decline in premiums on the exchange for the 80% healthier people who remain. With inertia and automatic reenrollment, millions of individuals would likely be motivated to stay with their plans, despite shrinking subsidies. Congressional reformers understand this and have recommended moving high-cost patients into separate high-risk pools, but early experience with these pools has demonstrated their limitations that without a dedicated revenue source, they are perpetually underfunded.

So what can be done? The fourth principle relies on the salience of taxation—creating new taxes to pay for health insurance subsidies is far more painful politically and economically than simply shifting high-cost enrollees into an existing insurance plan that already enjoys wide political support.<sup>3</sup> Most individuals with Social Security Disability Insurance (SSDI) already receive coverage under the Medicare program. The chronically ill individuals currently enrolled through the health insurance exchanges could be shifted into Medicare. There is already a mechanism for people older than 65 years who do not have Social Security to sign up for Medicare; the current price of enrolling is \$413 per month for Part A (hospital) cov-

erage, and \$134 for Part B coverage (for incomes under \$84 000). Combined with the currently proposed tax credits, out-of-pocket premiums could actually decline for many older people.

While placing additional pressures on the Medicare Trust Fund, this idea would yield a further cost-saving bonus for enrollees and the federal government: Because inpatient private insurance reimbursements are 75% higher than Medicare reimbursements,<sup>4</sup> the overall health care spending would immediately decline. Most importantly, insurance premiums for everyone else also would decline immediately as the most expensive chronically ill patients are moved off private plans and into Medicare.

### Conclusions

The behavioral economics approach cannot solve all of the problems facing US health care. But behavioral principles can inform approaches to help ensure that insurance markets do not unravel, which is the first and most important challenge of any “repeal and replace” efforts. Coupled with other approaches to reduce costs, behavioral reform could provide some needed optimism for 2017: Lower health insurance premiums for the first time in recent memory.

#### ARTICLE INFORMATION

**Correction:** This article was corrected online April 17, 2017, to correct the corresponding author’s departmental affiliations and address.

**Published Online:** April 3, 2017.  
doi:10.1001/jama.2017.4084

**Conflict of Interest Disclosures:** Both authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Volpp reported receiving research funding from CVS, Humana, Hawaii Medical Services Association,

Weight Watchers, and Vitality (Discovery-South Africa). He is a partner in the behavioral economics consulting firm VAL Health. No other disclosures were reported.

#### REFERENCES

1. Kahneman D, Tversky A. Prospect theory: an analysis of decision under risk. *Econometrica*. 1979; 47(2):263-292.
2. Madrian BCM, Shea DF. The power of suggestion: inertia in 401(k) participation and savings behavior. *Q J Econ*. 2001;66(4):1149-1187.

3. Chetty R, Looney A, Kroft K. Saliency and taxation: theory and evidence. *Am Econ Rev*. 2009; 99(4):1145-1177.

4. Selden TM, Karaca Z, Keenan P, White C, Kronick R. The growing difference between public and private payment rates for inpatient hospital care. *Health Aff (Millwood)*. 2015;34(12):2147-2150.





September 23, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing on behalf of the HIV Health Care Access Working Group (HHCAWG) – a coalition of over 100 national and community-based HIV service organizations representing HIV medical providers, public health professionals, advocates, and people living with HIV who are all committed to ensuring access to critical HIV- and hepatitis C-related health care and support services – to express our deep concern about this waiver. Under the proposal, the state would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. But the best solution to that problem is to join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. We are distressed that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup>

This waiver will harm populations that are already uninsured or under-insured, and will significantly set back our efforts to end the HIV epidemic in Georgia. By making affordable, comprehensive coverage less accessible, this proposal will reduce access to critical HIV prevention and care services that improve health outcomes for people living with HIV and prevent HIV transmission. This proposal will therefore undermine the Administration's efforts to end HIV in Georgia through its ambitious *Ending the HIV Epidemic: A Plan For America* initiative, by reducing access to services that are critical in the fight against HIV in Georgia and across the country.

---

<sup>1</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal*, CTR. ON BUDGET & POLICY PRIORITIES (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

The Affordable Care Act (ACA) has enabled tens of thousands of people living with HIV to transition to expanded Medicaid and private insurance through Marketplaces. Access to ACA-compliant coverage is critical to ending the HIV epidemic in Georgia, which is among the states with the highest HIV prevalence in the country – in 2018, approximately 54,600 people (625 out of every 100,000 people) in Georgia were living with HIV, and approximately 2,500 people (29 out of every 100,000 people) were newly diagnosed that year.<sup>2</sup> Four counties in Georgia – Cobb, DeKalb, Fulton, and Gwinnett – are included among the priority jurisdictions in Phase I of the Administration’s *Ending the HIV Epidemic* initiative, indicating Georgia’s significant HIV burden and the need for high-impact HIV prevention, care, treatment, and outbreak response strategies in the state.<sup>3</sup> Consistent access to affordable, comprehensive health coverage is essential to fulfilling all four key strategies under the Administration’s *Ending the HIV Epidemic* initiative: diagnose, treat, prevent, and respond. This proposal would not only significantly reduce access to HIV prevention services such as testing, pre-exposure prophylaxis (PrEP), and behavioral and substance use services, but also to HIV care and treatment that is essential to preventing HIV transmission. Access to HIV care and treatment ensures that people living with HIV achieve and maintain viral suppression, which prevents further transmission of HIV because individuals who are virally suppressed have effectively no risk of transmitting HIV to others.<sup>4</sup>

We strongly urge HHS not to approve the 1332 waiver application and instead encourage Georgia to adopt Medicaid expansion, which would sharply reduce the state’s uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

### **The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans**

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia’s waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often

---

<sup>2</sup> *HIV Surveillance Report, Vol. 31: Diagnoses of HIV Infection in the United States and Dependent Areas, 2018*, NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION, CTRS. FOR DISEASE CONTROL & PREVENTION (2018), <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf>.

<sup>3</sup> *Ending the HIV Epidemic: About Ending the HIV Epidemic: Plan for America: Priority Jurisdictions: Phase I*, HIV.GOV, U.S. DEPT. HEALTH & HUMAN SERVICES, <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one> (last visited Sept. 23, 2020).

<sup>4</sup> See, e.g., *Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV*, NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION, CTRS. FOR DISEASE CONTROL & PREVENTION (Dec. 2018), <https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.Pdf>.

based on the size of plan commissions.<sup>5</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

We are concerned that Georgia's proposal to eliminate HealthCare.gov and to force consumers to rely on private insurance companies and brokers will jeopardize access to enrollment assistance for people living with HIV. People living with HIV have experienced significant gains in insurance coverage under the ACA, often with the help of Navigators and Certified Application Counselors who are certified and trained by the federal Marketplace provide impartial, skilled assistance both during and after enrollment. Impartial assistance is especially important for people living with HIV and other chronic conditions, who have historically been excluded from the health insurance market and for whom choosing a health plan and discussing their care needs is both sensitive and also carries significant financial implications. It is crucial that people living with HIV receive unbiased information about cost-sharing and coverage from assisters that have no financial stake in which plans the enrollees ultimately choose. Access to unbiased enrollment assistance is so important for HIV care and prevention – and, therefore, to the success of the Administration's *Ending the HIV Epidemic* initiative – that the CDC included health plan enrollment navigation among its list of HIV care and prevention services to be provided through its Targeted Highly-Effective Interventions to Reverse the HIV Epidemic (THRIVE) initiative.<sup>6</sup> We are opposed to any policy that would compromise the impartiality of assistance that consumers receive, and jeopardize access to consumer-oriented enrollment assistance, through increased reliance on agents and brokers. We urge HHS to reject this waiver and instead increase access to impartial, consumer-oriented, not-for-profit enrollment assistance by restoring both Navigator program funding and standards that have been drastically rolled back in recent years.

Georgia's waiver proposes that sub-standard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>7</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover

---

<sup>5</sup> Tara Straw, "Direct Enrollment" in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm, CTR. ON BUDGET & POLICY PRIORITIES (Mar. 15, 2019), <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>6</sup> THRIVE: Comprehensive HIV Prevention Services, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/hiv/research/thrive/prevention.html> (last accessed: Sept. 17, 2020); THRIVE: Comprehensive HIV Care Services, CTRS. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/hiv/research/thrive/care.html> (last accessed: Sept. 17, 2020).

<sup>7</sup> Christen Linke Young and Kathleen Hannick, *Misleading marketing of short-term health plans amid COVID-19*, BROOKINGS INST. (Mar. 24, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

prescription drugs or mental health services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>8</sup>

HHCAWG has previously submitted comments urging the Administration not to finalize its 2018 proposed rule, *Short-Term, Limited Duration Insurance (CMS-9924-P)*, which expanded access to short-term limited duration insurance.<sup>9</sup> We echo those same concerns in response to Georgia’s proposed 1332 waiver. Any policy, including this proposed 1332 waiver, that reduces access to ACA-compliant coverage and results in higher rates of enrollment in sub-standard plans is harmful to people living with HIV and undermines our efforts to end the HIV epidemic in the United States. Plans that bypass important ACA protections – such as essential health benefits (EHBs), rating restrictions, guaranteed issue, the federal medical loss ratio, and the pre-existing condition exclusion prohibition – and policies such as this waiver proposal that expand marketing of such plans to consumers as comparable alternatives to ACA-compliant coverage are especially harmful to people living with HIV, hepatitis, and other chronic conditions. This is especially true given the ways that issuers have historically designed short-term plans to explicitly discriminate against these populations. Short-term plans have historically engaged in post-claims underwriting in order to rescind coverage or deny claims for services that may be associated with a pre-existing condition, including HIV. One analysis of popular short-term plans found that issuers have denied claims for enrollees who experienced symptoms within the prior five years “that would cause a reasonable person to seek diagnosis, care, or treatment,” even if the person never received care—for example, because they were uninsured or underinsured.<sup>10</sup> We remain concerned that this broad discretion for issuers to deny claims will lead to financial hardship for consumers who purchase short-term plans and later learn that they have an untreated medical condition, and that Georgia’s proposal will only exacerbate these concerns by increasing enrollment in such plans among people with high health needs. Consumers who develop chronic conditions after they enroll in short-term coverage are also unprotected, because the final *Short-Term, Limited Duration Insurance* rule did nothing to strengthen coverage standards under short-term plans or restrict issuer discretion to rescind coverage based on post-claims underwriting.

Short-term plans often exclude important EHBs such as prescription drug coverage, mental health care, and substance use disorder treatment services that are critical to ending the HIV epidemic – in fact, the most popular short-term plan in Atlanta excludes these very services<sup>11</sup> – and it is not always apparent to consumers which benefits are covered and which are excluded. A 2018 report from the Kaiser Family Foundation examining existing short-term plans found that 71% do not cover prescription drugs, a key

---

<sup>8</sup> Dane Hansen and Gabriela Dieguez, *The impact of short-term limited-duration policy expansion on patients and the ACA individual market*, MILLIMAN (Feb. 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, *Do Short-Term Limited Duration Plans Deserve Industry Skepticism?*, HEALTHPAYERINTELLIGENCE (Mar. 4, 2020), <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>9</sup> HHCAWG STLDI Rule Comments, Comment ID CMS-2018-0015-8674, <https://beta.regulations.gov/comment/CMS-2018-0015-8674>.

<sup>10</sup> Dania Palanker, Kevin Lucia, and Emily Curran, *New Executive Order: Expanding Access to Short-Term Health Plans Is Bad for Consumers and the Individual Market*, THE COMMONWEALTH FUND (Oct. 11, 2017), <http://www.commonwealthfund.org/publications/blog/2017/aug/short-term-health-plans>.

<sup>11</sup> See *supra* note 8.

EHB for people living with HIV, HCV, and other chronic conditions.<sup>12</sup> Furthermore, short-term plans have historically placed annual and lifetime limits on coverage, including condition-specific caps for chronic illnesses, and tend to have higher consumer cost sharing without annual out-of-pocket maximum caps. Due to deceptive marketing practices employed by agents and brokers that sell short-term plans, consumers may not know the limits of their plan until after they develop a medical condition or otherwise require a higher level of services.

A recent report from the House Energy & Commerce Committee confirms that the concerns we raised in our comments on the 2018 *Short-Term, Limited Duration Insurance* proposed rule have come to fruition.<sup>13</sup> The report found that enrollment in short-term plans increased significantly in 2019, including among individuals with high health needs, and that there was a significant uptick in enrollment in short-term plans by brokers in late 2018 and early 2019. According to the report, third party agents and brokers actively target vulnerable consumers seeking comprehensive health coverage and deceive them into purchasing short-term plans. This predatory marketing by agents and brokers, combined with lack of clear information in marketing materials concerning the limitations of short-term coverage, make it difficult for consumers to know what they are buying until it's too late. The House Energy & Commerce Committee investigation found that plans systematically discriminate against people with pre-existing conditions, including but not limited to HIV, and engage in practices such as post-claims underwriting to avoid paying medical claims or rescind coverage altogether. The report confirmed that these plans also typically include severe coverage limitations, which often are not made clear to consumers at the time of enrollment, and fail to adequately cover the essential health services that people living with HIV need in order to manage their condition, achieve and maintain viral suppression, and prevent further HIV transmission. Consumers who enroll in short-term plans therefore often believe they are purchasing comprehensive coverage and only realize the shortcomings of their plan after their claims have been denied or their coverage has been rescinded, leaving them with thousands of dollars in medical bills and no access to the health care they need. Although we expect people living with HIV and other chronic conditions to generally be denied coverage under short-term plans, the House report found that individuals with high health needs are in fact still being accepted into these plans – rather than denying coverage at the outset, issuers are allowing consumers with high health needs to enroll, collecting their premium payments, refusing to pay for services that consumers received based on their belief that they would be covered, and leaving consumers with prohibitively high medical bills and insurmountable debt. Additionally, since health status is not static, enrolling in a short-term plan can be devastating for someone newly diagnosed with HIV, HCV, or another serious medical condition if coverage is not available or severely limited when most needed.

---

<sup>12</sup> Karen Pollitz et al., *Understanding Short-Term Limited Duration Health Insurance*, KAISER FAMILY FOUND. (Apr. 23, 2018), <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>.

<sup>13</sup> *Shortchanged: How the Trump Administration's Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk*, STAFF OF H. COMM. ON ENERGY & COMMERCE, 116<sup>TH</sup> CONG. (June 2020), [https://drive.google.com/file/d/1uiL3Bi9XV0mYnxpyalMeg\\_Q-BJaURXX3/view](https://drive.google.com/file/d/1uiL3Bi9XV0mYnxpyalMeg_Q-BJaURXX3/view); *E&C Investigation Finds Millions of Americans Enrolled in Junk Health Insurance Plans That Are Bad for Consumers & Fly Under the Radar of State Regulators*, Press Release, H. COMM. ON ENERGY & COMMERCE, 116<sup>TH</sup> CONG. (June 25, 2020), <https://energycommerce.house.gov/newsroom/press-releases/ec-investigation-finds-millions-of-americans-enrolled-in-junk-health>.

Georgia's proposal to eliminate HealthCare.gov will make affordable comprehensive ACA-compliance coverage less available and accessible by forcing consumers to rely on private insurance companies and brokers for enrollment assistance, eliminating the only source of unbiased information about health coverage currently available to consumers, creating confusion about where and how to access good quality affordable coverage, and increasing enrollment in sub-standard plans such as short-term limited duration insurance. As a result, more people in Georgia will be uninsured or under-insured, which will significantly reduce access to HIV care, treatment, and prevention services, making achievement of the Administration's *Ending the HIV Epidemic* initiative's goals impossible.

### **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

### **Georgia Has Better Options to Address Waiver's Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>14,15</sup> It should do so, rather than upending the state's insurance market at great risk to consumers.

Expansion of Medicaid under the ACA would significantly contribute to our efforts to end the HIV epidemic in Georgia. The ACA has had a profound impact on Ryan White HIV/AIDS Program (RWHAP) Part B and ADAP programs and the clients they serve, and has enabled tens of thousands of people

---

<sup>14</sup> Matt Broaddus and Aviva Aron-Dine, *Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds*, CTR. ON BUDGET & POLICY PRIORITIES (Nov. 6, 2019), <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>.

<sup>15</sup> *Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion*, CTR. ON BUDGET & POLICY PRIORITIES (Nov. 6, 2019), <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>.

living with HIV to transition to expanded Medicaid and private insurance through HealthCare.gov.<sup>16</sup> RWHAP Part B and ADAPs have been able to repurpose expenditures associated with paying the full cost for medications by migrating clients towards Medicaid, particularly in states with Medicaid expansion. This has created opportunities for shifting funds towards expanding other RWHAP Part B core medical services that are critical to ensuring that people living with HIV access the services they need to achieve and maintain viral suppression, as well as key programmatic costs and program administration. Of note, six of the eight jurisdictions with the highest rates of viral load suppression among RWHAP Part B clients are those in which Medicaid eligibility has expanded to at least 139% of FPL. Given that people living with HIV who are virally suppressed cannot transmit HIV to others, Medicaid expansion is critical to achievement of the Administration's *Ending the HIV Epidemic* initiative's goals. We urge HHS to reject this proposal that would undermine access to affordable, comprehensive coverage and to instead encourage all states that have not yet expanded Medicaid, including Georgia, to do so.

Thank you for the opportunity to comment this proposed 1332 waiver. We urge HHS to continue its commitment to ensure that people living with HIV, HCV, and other chronic and complex conditions have access to quality, affordable healthcare coverage by rejecting this waiver in its entirety and instead focusing on expanding access to health coverage through HealthCare.gov and the Medicaid program. If you have questions or would like to discuss further, please contact HHCAWG Co-Chairs Phil Waters with the Center for Health Law and Policy Innovation at [pwaters@law.harvard.edu](mailto:pwaters@law.harvard.edu), Amy Killelea with the National Alliance of State and Territorial AIDS Directors at [akillelea@nastad.org](mailto:akillelea@nastad.org), or Rachel Klein with The AIDS Institute at [rklein@tmail.org](mailto:rklein@tmail.org).

Respectfully submitted by:

ADAP Educational Initiative | AIDS Alabama | AIDS Action Baltimore | AIDS Alliance for Women, Infants, Children, Youth & Families | AIDS Foundation of Chicago | AIDS Research Consortium of Atlanta | AIDS United | American Academy of HIV Medicine | APLA Health | Bailey House, Inc. | Black AIDS Institute | Center for Health Law and Policy Innovation | Communities Advocating Emergency AIDS Relief (CAEAR) | Community Access National Network (CANN) | Georgia AIDS Coalition | Harm Reduction Coalition | HealthHIV | HIV+Hepatitis Policy Institute | HIV Medicine Association | Housing Works | Legal Council for Health Justice | Michigan Positive Action Coalition | Minnesota AIDS Project | National Alliance of State and Territorial AIDS Directors | National Latino AIDS Action Network | National Working Positive Coalition | NMAC | Positive Health Solutions of the University of Illinois | Positive Women's Network - USA | San Francisco AIDS Foundation | SisterLove | Southern AIDS Coalition | The AIDS Institute | Treatment Access Expansion Project | Treatment Action Group | Thrive Alabama | Vivent Health

---

<sup>16</sup> 2020 National RWHAP Part B and ADAP Monitoring Project Annual Report, NAT'L ALLIANCE OF STATE & TERRITORIAL AIDS DIRS. (2020), <http://publications.partbadap-2020.nastad.org/>.

September 23, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Feminist Women's Health Center to express our organization's concern about Georgia's ACA Section 1332 waiver.

Feminist Women's Health Center (FHWG) is an independent abortion provider in Atlanta, Georgia. In addition to providing gynecological care to all who need it without judgment, we work to advance reproductive health, rights, and justice through community education, grassroots organizing, and advocacy. We work out of the reproductive justice framework, which calls for all people to have the resources to be able to choose whether, when, and how to build their families; to have safe and healthy pregnancies; to parent the children they have with dignity; and to have safe and healthy relationships and bodily autonomy.

This philosophy emphasizes centering the most marginalized, understanding that when the most disadvantaged people have what they need to thrive the rest of us will as well. Past and present inequities in our society have created a reality in which Black and Brown people are disproportionately low-income, lacking access to education and health information, and more. Centering the most marginalized necessarily means examining how a change like this will impact Black and Brown people.

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put the most marginalized Georgians at risk of



becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy, Black and Brown people, and low-income people would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

### **Fragmenting the insurance market would confuse and discourage consumers from enrollment**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking, especially for Black and Brown people, low income people, those with limited English proficiency, or those who lack the knowledge necessary to navigate our country's complicated insurance system. Seventy nine percent of Georgia's marketplace enrollees use HealthCare.gov to shop for and select their health insurance plan.<sup>1</sup> Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could paralyze them, keeping them from making a decision altogether.

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.<sup>2,3</sup> Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and, at the worst, not make a choice at all.

### **Georgians eligible for Medicaid are unlikely to receive assistance from insurers, agents or brokers.**

HealthCare.gov facilitates Medicaid enrollment with a "no-wrong-door" application that routes Georgians to the program for which they're eligible based on their family size,

---

<sup>1</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-) (hereafter, Waiver).

<sup>2</sup> Consumers Union, "The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making," November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>3</sup> J. Michael McWilliams *et al.*, "Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making," *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

income, and other factors. In 2020, at least 38,000 Georgians enrolled in Medicaid via HealthCare.gov.<sup>4</sup> This is especially important for Black cisgender women, trans men, and nonbinary people with uteruses. Georgia has one of the highest maternal mortality rates in the country, and the rate is significantly higher for Black birthing people than for any other group. This is especially important because more than half of all births in Georgia are covered by Medicaid, so creating an environment where more consumers who qualify for Medicaid are unable to access it is likely to increase Georgia's maternal mortality rates.

Brokers and insurers have no incentive to provide information and assistance to consumers who turn out to be eligible for Medicaid rather than subsidized marketplace coverage, so they are unlikely to provide these Georgians with any help. For example, a search on HealthCare.gov shows more than 1100 agents and brokers that enroll people in coverage in one Atlanta zip code but zero agents and brokers that say they will assist with Medicaid/CHIP enrollment.<sup>5</sup> This is worrisome because it leaves out an entire sector of the population, often people who are the most vulnerable and have the least time, resources, and capacity to navigate Medicaid/CHIP enrollment without assistance.

### **Enrollment in substandard plans would threaten Georgians' reproductive health.**

Substandard plans are not required to cover all essential health benefits, potentially leaving Georgians without access to necessary health services like contraception coverage or coverage for prenatal care, labor, and delivery. These are necessary for avoiding pregnancy, for building healthy families, and for the treatment of conditions such as endometriosis. Before the ACA was passed people were often left without coverage for these services, raising our concerns that they would be left out of substandard plans.

Because it would harm consumers, including birthing people, low income people, and Black and Brown people, Georgia's proposal is not approvable under federal law. The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia's waiver fails these tests. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, Feminist Women's Health Center is supportive of the proposed reinsurance

---

<sup>4</sup> CMS, *op. cit.*

<sup>5</sup> Center on Budget and Policy Priorities analysis. HealthCare.gov search conducted on August 14, 2020, using the 30310 zip code.

program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Megan Gordon-Kane', with a stylized flourish at the end.

Megan Gordon-Kane

Public Affairs Manager

Feminist Women's Health Center



#### Board of Directors

Vicki Breitbart, EdD  
Nicole Clark, LMSW  
Gabrielle deFiebre, MPH  
Sandra Echeverria, MPH, PhD  
Barbara Kancelbaum, MS  
Emily Kane-Lee, MA  
Harlene Katzman, JD  
Sophia Kerby  
Ruth Lesnewski, MD  
Danielle Pagano, MA  
Virginia Sobol, MBA

#### Advisory Board

Talcott Camp, JD  
*National Abortion Federation*

Joshua Freeman, MD  
*University of Kansas  
Department of Family Medicine*

Robert Gillespie  
*Population Communication*

Rebecca Hart, JD  
*NARAL Pro-choice Massachusetts*

Rachel K. Jones, PhD  
*Guttmacher Institute*

Hannah S. Kully, PhD

Jodi Magee  
*Physicians for Reproductive Health*

Maureen Paul, MD  
*Beth Israel Deaconess Medical  
Center*

Eric Schaff, MD  
*Temple University/Greater  
Philadelphia Action Center, Inc.*

Susan Sommer, JD  
*Lambda Legal*

September 23<sup>rd</sup>, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health &  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the  
Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of the Reproductive Health Access Project, Georgia chapter to express our organization's concern about Georgia's ACA Section 1332 waiver.

The Reproductive Health Access Project's mission is to mobilize, train, and support clinicians to make reproductive health care accessible to everyone. Our network of primary care clinicians in Georgia serves thousands of patients, most of whom come from medically underserved communities, annually. Restricting access to comprehensive health care threatens the well-being of all Georgian patients and the ability of clinicians to provide excellent patient-centered care.

While we are supportive of the reinsurance program as outlined, we believe that the proposed Georgia Access model will put families already bearing the brunt of economic and racial inequalities at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, Georgians on Medicaid, and many other individuals our clinicians care for would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage.

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrollment among Georgia consumers. Georgia's state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one

system to another. However other states' experiences show this figure is unrealistic.<sup>1</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>2</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>3</sup> Similar percentage declines in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment.<sup>4</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

Because it would harm consumers, including families already facing systemic health inequities, Georgia's proposal is not approvable under federal law. Georgia's waiver fails the ACA's tests of coverage, comprehensiveness, and affordability. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, the Georgia Cluster of the Reproductive Health Access Project is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

Georgia Cluster of the Reproductive Health Access Project

---

<sup>1</sup> Waiver, *op. cit.*, p. 71.

<sup>2</sup> Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>3</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019,

[https://d1q4hsicl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hsicl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>4</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

September 23, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

The Center for Public Representation (CPR) and the Georgia Council on Developmental Disabilities (GCDD) write to express our serious concerns about Georgia's proposed 1332 waiver, particularly its impact on Georgians with disabilities. CPR is a national legal advocacy organization that promotes the full integration and community participation of people with disabilities. GCDD is Georgia's state developmental disabilities council, which works to promote public policy that advances the community integration of Georgians with developmental disabilities.

We are deeply concerned by Georgia's proposed waiver, which would allow it to change how many Georgians purchase health insurance. If approved, Georgia would be able to stop using the federal marketplace to enroll Georgians in health insurance without replacing it with a state-based marketplace. Instead, the approximately 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov would enroll in health insurance through insurers themselves or web brokers, which is likely to lead to confusion and coverage losses.

Georgia's application frames the waiver as a solution for the state's high uninsured rate. But Georgia's proposal could actually cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in plans that impose high costs if they get sick, plans which are also allowed to refuse coverage to people with disabilities and others with preexisting conditions.<sup>1</sup> We urge you to reject the proposal.

---

<sup>1</sup> Tara Straw, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal*, Ctr. on Budget & Policy Priorities (Sept. 1, 2020), <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>.

**Georgia’s proposal will insure fewer people and encourage enrollment in non-ACA compliant plans that discriminate against people with disabilities.**

Georgia’s waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia’s waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn’t pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. Georgia’s waiver also proposes that substandard plans, such as short-term limited duration plans, would be presented alongside comprehensive insurance.<sup>3</sup> Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>4</sup>

These less comprehensive plans are allowed to discriminate against people with disabilities and others with preexisting conditions by denying them coverage, charging higher premiums, or selling them coverage that does not cover treatment of preexisting conditions. They are also not required to cover essential health benefits (EHBs), including mental health services, substance use disorder treatment, and prescription drug coverage, that are critical for many people with disabilities. People will thus be exposed to potentially facing high out-of-pocket

---

<sup>2</sup> Tara Straw, “Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm, Ctr. on Budget & Policy Priorities (Mar. 15, 2019), <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>3</sup> State of Georgia, *Georgia Section 1332 State Empowerment and Relief Waiver Application 23* (July 31, 2020) (hereinafter Georgia Application).

<sup>4</sup> Christen Linke Young & Kathleen Hannick, *Misleading marketing of short-term health plans amid COVID-19*, Brookings Inst. (Mar. 24, 2020), <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19>.

costs and benefit limitations that threaten their health and financial stability, which is particularly dangerous now, as we face a public health crisis from COVID-19.

A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>5</sup>

**Georgia’s proposal fails to meet Section 1332’s statutory guardrails and is therefore not approvable.**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement a waiver under Section 1332 are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that waivers cover as many people, with coverage as affordable and comprehensive, as would be covered without the waiver.<sup>6</sup> However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, as noted above in the discussion of substandard plans. Furthermore, Georgia’s proposal seems only to consider “affordability” in terms of premium cost, but the promotion of non-ACA compliant plans alongside ACA-compliant plans is likely to leave many with out-of-pocket costs that would be much higher than those they would face without the waiver, making their coverage much less affordable. And while Georgia states in its application that it expects an increase in enrollment under the waiver,<sup>7</sup> a recent analysis from the Brookings Institution indicates that the State’s analysis is flawed in several respects and that Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver.<sup>8</sup> The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to

---

<sup>5</sup> Dane Hansen & Gabriela Dieguez, *The impact of short-term limited-duration policy expansion on patients and the ACA individual market*, Milliman (Feb. 2020), <https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, *Do Short-Term Limited Duration Plans Deserve Industry Skepticism?*, HealthPayerIntelligence (Mar. 4, 2020), <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>6</sup> 42 U.S.C. § 18052(b)(1).

<sup>7</sup> Georgia Application 4.

<sup>8</sup> Christen Linke Young & Jason Levitis, *Georgia’s latest 1332 proposal continues to violate the ACA*, Brookings Inst. (Sept. 1, 2020), <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca>.



result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

### **Georgia has better options available to address its purported goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

Even more important, Medicaid expansion offers Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>9,10</sup> It should do so, rather than upending the state's insurance market at great risk to consumers.

Our comments include citations to supporting research, including direct links for the benefit of HHS in reviewing our comments. We direct HHS to the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Sincerely,

Alison Barkoff  
Director of Advocacy  
Center for Public Representation  
[abarkoff@cpr-us.org](mailto:abarkoff@cpr-us.org)

Eric Jacobson  
Executive Director  
Georgia Council on Developmental Disabilities  
[eric.jacobson@gcdd.ga.gov](mailto:eric.jacobson@gcdd.ga.gov)

Erin Shea  
Policy Associate  
Center for Public Representation  
[eshea@cpr-us.org](mailto:eshea@cpr-us.org)

Alyssa Lee  
Public Policy Research & Development Director  
Georgia Council on Developmental Disabilities  
[alyssa.lee@gcdd.ga.gov](mailto:alyssa.lee@gcdd.ga.gov)

---

<sup>9</sup> Matt Broaddus & Aviva Aron-Dine, *Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds*, Ctr. on Budget & Policy Priorities (Nov. 6, 2019), <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>.

<sup>10</sup> *Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion*, Ctr. on Budget & Policy Priorities, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid> (last updated Aug. 6, 2020).



center for pan asian community services

September 23, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health  
and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the  
Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Center for Pan Asian Community Services (CPACS) to express our organization's concern about Georgia's ACA Section 1332 waiver.

CPACS is a 501(c)(3) nonprofit agency established in 1980 and is the first, largest, and longest standing nonprofit agency focused on Asian Americans in the South. Our mission is to promote equity and self-sufficiency for immigrants, refugees, and the underprivileged through comprehensive health and social services, capacity building, and advocacy. This issue matters to CPACS and to the communities that we serve that have benefited from the ACA. Through this program, the communities have increased access to affordable healthcare. Immigrant and refugee communities already navigate additional barriers to receiving and accessing healthcare and this proposal will disproportionately burden our communities and add to uninsured rates in the state of Georgia. This

3510 shallowford rd. n.e.  
atlanta ga 30341  
T 770 936 0969  
F 770 458 9377

[www.cpacs.org](http://www.cpacs.org)

people need people®

proposal will add additional obstacles and contribute to health disparities to Asian Americans, immigrants and refugees.

While we see no challenges with the reinsurance program as outlined, we believe that the proposed Georgia Access model will put Asian Americans, immigrants, and refugees at risk of becoming un- or under-insured altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, immigrants, and refugees would be most at risk of experiencing adverse consequences from the outlined plan.

Instead of giving consumers more choices to enroll in comprehensive health coverage as Georgia officials claim, the Georgia Access model would eliminate consumers' option to use the one-stop-shop HealthCare.gov platform. This is likely to sharply reduce the number of Georgians with comprehensive coverage, for several reasons:

### **Fragmenting the insurance market would confuse and discourage consumers from enrollment**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking, especially for limited English proficient (LEP) Georgians, Asian immigrants and refugees. Seventy nine (79%) percent of Georgia's marketplace enrollees use HealthCare.gov to complete the enrollment process.<sup>1</sup> Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could paralyze them, keeping them from making a decision altogether.

---

<sup>1</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020; [https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-) (hereafter, Waiver).

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.<sup>2,3</sup> Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and, at the worst, not make a choice at all.

### **Georgians will lose coverage in the transition from HealthCare.gov to the Georgia Access system**

The disruption created by the state's transition away from HealthCare.gov is likely to cause a decline in enrollment among Georgia consumers. Our state's waiver predicts a loss of about 2 percent (8,000 people) of enrollees due to the change from one system to another. However other states' experiences show this figure is unrealistic.<sup>4</sup> Kentucky saw a reduction of 13 percent in its marketplace enrollment when it transitioned to the federal marketplace in 2017, compared to a 4 percent decline nationally.<sup>5</sup> More recently, Nevada's 2020 marketplace enrollment dropped 7 percent after its transition to a state-based marketplace, compared to flat enrollment nationally.<sup>6</sup> Similar percentage declines

---

<sup>2</sup> Consumers Union, "The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making," November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>3</sup> J. Michael McWilliams *et al.*, "Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making," *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

<sup>4</sup> Waiver, *op. cit.*, p. 71.

<sup>5</sup> Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

<sup>6</sup> CBPP calculations from CMS public use files. See also, Nevada Health Link, "Nevada's State Based Exchange Announces Enrollment Figures for Plan Year 2020," December 23, 2019, [https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release\\_12.23.19.pdf](https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2019/12/FINAL-2020-Nevada-Exchange-Prelim-Enrollment-Release_12.23.19.pdf); Sarah Lueck, "Adopting a State-Based Health Insurance Marketplace Poses Risks and Challenges," CBPP, February 6, 2020, <https://www.cbpp.org/research/health/adopting-a-state-based-health-insurance-marketplace-poses-risks-and-challenges>.

in Georgia would translate into a drop of 25,000-46,000 people in marketplace enrollment.<sup>7</sup> Enrollment declines of this scope would likely exceed the increases anticipated by the waiver (27,000).

Enrollment declines are especially likely given that minimal funding has been allocated for the transition — about one-third of the low amount Georgia previously estimated would be needed. This funding seems to be solely dedicated to the technological transition, but no specific funds have been allocated to help consumers understand the transition, their options for enrollment, or how to access free, unbiased enrollment assistance.

**The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for Georgians with limited English proficiency (LEP), Asian Americans, immigrants, and refugees.**

The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for Georgians who are LEP, Asian Americans, immigrants, and refugees, reducing their enrollment as well.

Brokers have an incentive to steer consumers toward substandard plans (e.g. short-term and single-disease plans), which normally cannot be sold alongside ACA plans, because they tend to pay higher commissions. Short-term plans in particular pay up to ten times as much as ACA-compliant plans.<sup>8</sup> Insurers also

---

<sup>7</sup> As this calculation indicates, enrollment declines due to the Georgia Access Model would likely exceed the modest increases (about 2,000 people) Georgia projects from the reinsurance program and the total increase Georgia projects under the waiver (27,000).

<sup>8</sup> House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans' risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, "Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks," Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

profit on short-term plans, which aren't required to meet the medical loss ratio standards for ACA-compliant plans.<sup>9</sup>

Healthier and younger Georgia would be more likely to choose short-term plans, since less healthy people are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, its risk pool would become less healthy, causing premiums to rise. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.<sup>10</sup>) The waiver does not take into account these likely outcomes.

**The enrollment of Georgians with limited English proficiency (LEP), Asian Americans, immigrants, and refugees in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like diabetes and cardiovascular diseases, exposed to catastrophic costs.<sup>11</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover all essential health benefits, leaving (our population) potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover most do prescription drug benefits for example.<sup>12</sup> Prescriptions help regulate many . On top of that, substandard plans are allowed to exclude

---

<sup>9</sup> House report, *op. cit.*, p. 48.

<sup>10</sup> Hansen and Dieguez, *op. cit.*, p. 3.

<sup>11</sup> Tara Straw, "Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>12</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>



coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like diabetes, Hepatitis B, and cardiovascular diseases. That leaves Asian Americans vulnerable to catastrophic costs, limited access to care, and other negative consequences.

Because it would harm consumers, including Asian Americans, immigrants and refugees in Georgia's proposal is not approvable under federal law. The ACA requires that Section 1332 waivers cover as many people, with coverage as affordable and comprehensive, as would be covered absent the waiver, without increasing the federal deficit. Georgia's waiver fails these tests. There is a high chance that the waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would otherwise have.

Despite our concerns related to the Georgia Access portion of the state's waiver application, CPACS is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

A handwritten signature in blue ink that reads "Chaiwon Kim".

Chaiwon Kim

President/CEO

Center for Pan Asian Community Services



September 23, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

RE: GA 1332 State Empowerment and Relief Waiver Application

Dear Secretary Azar,

The Cystic Fibrosis Foundation appreciates the opportunity to comment on Georgia's Section 1332 Waiver application. We are concerned that the proposed Georgia Access Model could jeopardize access to quality, affordable healthcare for people with cystic fibrosis and other pre-existing conditions, and therefore urge the Centers for Medicare and Medicaid Services (CMS) to reject this waiver request.

Cystic fibrosis is a life-threatening genetic disease that affects approximately 840 people in Georgia. Over half of adults living with CF in the state rely on Medicaid for some or all of their health care coverage. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. Cystic fibrosis is both serious and progressive; lung damage caused by infection can be irreversible and have a lasting impact on length and quality of life. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications. If left untreated, infections and exacerbations caused by cystic fibrosis can result in irreversible lung damage and the associated symptoms of CF lead to early death, usually by respiratory failure.

While the CF Foundation supports reinsurance as a tool to stabilize premiums in the individual market, we remain deeply concerned with Georgia's proposal to transition the state's individual market to the Georgia Access Model. Under the proposal, the state would require Georgians to enroll in coverage through insurers, brokers, and private websites rather than through Healthcare.gov. This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. While this proposal is concerning even under normal conditions, the state's pursuit of these changes during the ongoing COVID-19 pandemic threatens access to adequate, affordable health coverage at a time when Georgians can least afford it.

The Cystic Fibrosis Foundation urges you to reject the state's proposed Georgia Access Model and offers the following comments on the waiver application.

#### **Georgia Access Model**

Georgia's application proposes to discontinue use of Healthcare.gov for enrollment and instead direct people to enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and we oppose this change.



### *Impact on Enrollment and Coverage*

The CF Foundation is concerned that the state's planned transition from Healthcare.gov to several disparate, private health insurance websites could cause confusion for Georgians who currently purchase plans through the federal marketplace and for some to lose coverage as a result. Furthermore, we believe that Georgia's waiver fails to satisfy the statutory guardrail that 1332 waivers cannot decrease the number of covered individuals. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment; however, there is no clear methodology for producing this estimate except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. Rather, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase, enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year.<sup>1</sup> CF care is expensive and patients cannot afford to lose coverage for any of period of time; without it, they would not be able to afford the care and treatments they need to stay healthy.

### *Plan Choice and Adequacy*

Today, patients with CF who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health condition. However, under the Georgia Access Model, issuers and brokers could sell qualified health plans (QHPs) alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients, including those with CF, and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwilling enroll in coverage that lacks key patient protections.<sup>2</sup> This problem would likely worsen in Georgia under this proposal.

We fear that under the new enrollment platform, patients are more likely to enroll in substandard, inadequate coverage. Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with cystic fibrosis to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage. This failure to appropriately shield patients from risk is unacceptable.

### *Impact on Premiums*

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop

---

<sup>1</sup> Nevada health insurance marketplace: history and news of the state's exchange. Louise Norris, HealthInsurance.org. June 11, 2020. Available at: <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>

<sup>2</sup> Seeing Fraud and Misleading Marketing, States warn Consumers About Alternative Health Insurance Products. The Commonwealth Fund, Dania Palanker, JoAnn Volk, and Maanasa Kona. October 30, 2019. Available at; <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>, and The Marketing of Short-Term Health Plans, The Robert Wood Johnson Foundation, January 31, 2019. Available at: <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>

comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down.

### **Reinsurance Program**

The Cystic Fibrosis Foundation supports reinsurance as a tool to help stabilize health insurance markets. Reinsurance programs help insurers cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. These programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year.<sup>3</sup> A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.<sup>4</sup>

While we support Georgia's proposed reinsurance program, we are disappointed to see that the state has decided to delay implementation by a year to 2022. Stabilizing the individual market and facilitating patient access to affordable, comprehensive coverage is especially important given the economic uncertainty caused by the COVID-19 pandemic. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.2 percent in 2022 and increase the number of individuals obtaining health insurance through the individual market.

\*\*\*\*\*

Protecting access to quality and affordable care is critically important for our community, especially in the midst of the current public health crisis caused by COVID-19. Therefore, we urge CMS to reject this waiver and Georgia's request to transition the state's individual market to the new Georgia Access Model.

Thank you for your consideration.

Sincerely,

**Mary B. Dwight**  
Chief Policy & Advocacy Officer  
Senior Vice President of Policy and Advocacy  
Cystic Fibrosis Foundation

**Kathleen McKie, MD**  
Pediatric CF Care Center Director  
Augusta University

**Kevin Kirchner, MD**  
Pediatric CF Care Center Co-Director  
Children's Healthcare of Atlanta and Emory University

---

<sup>3</sup> American Academy of Actuaries, Individual and Small Group Markets Committee. *An Evaluation of the Individual Health Insurance Market and Implications of Potential Changes*. January 2017. Retrieved from [https://www.actuary.org/files/publications/Acad\\_eval\\_indiv\\_mkt\\_011817.pdf](https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf).

<sup>4</sup> Avalere. *State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average*. March 2019. Retrieved from <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>.



**National  
Multiple Sclerosis  
Society**

September 23, 2020

The Honorable Alex M. Azar  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven Mnuchin  
Secretary, U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20200

The Honorable Seema Verma  
Administrator, Centers for Medicare &  
Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244

The Honorable David J. Kautter  
Assistant Secretary for Tax Policy  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Submitted via [stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Assistant Secretary Kautter:

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of the National MS Society to express our organization's concern about Georgia's ACA Section 1332 waiver.

The National MS Society's vision is a world free of MS. Our mission is to ensure that people affected by MS can live their best lives as we stop MS in its tracks, restore what has been lost and end MS forever. MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms vary from person to person and range from numbness and tingling, to walking difficulties, fatigue, dizziness, pain, depression, blindness and paralysis. The progress, severity and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are leading to a better understanding and moving us closer to a world free of MS.

Nearly 1 million people are living with MS in the United States. Given that the average age of an MS diagnosis is between the ages of 20 and 50, this is a disease that often hits Georgians during their prime employment years, and too often it is financially devastating. Access to needed health care services and early and consistent control of disease activity appears to play key roles in preventing accumulation of disability, prolonging the ability of people with MS to remain active and protecting quality of life.

While we continue to applaud efforts to establish a state-operated reinsurance program in Georgia, we have significant concerns that current waiver proposals will not reduce costs,

**JOIN THE MOVEMENT**



**National  
Multiple Sclerosis  
Society**

enhance access, and improve quality of care. Ideally, the “Georgia Access Model” would give many more Georgians a pathway to affordable, high quality insurance. The proposed Georgia Access Model will put individuals living with MS at greater risk of becoming uninsured or underinsured. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, and individuals living with certain disabilities could experience adverse consequences from the outlined plan.

### **Fragmenting the insurance market would confuse and discourage consumers from enrollment**

Under this proposal, enrollment would likely fall because buying insurance would become harder. Purchasing health insurance is a complicated and expensive undertaking, especially for individuals living with MS. Eight out of 10 of Georgia’s marketplace enrollees use HealthCare.gov to shop for and select their health plan.<sup>1</sup> Eliminating the preferred enrollment platform of most Georgia consumers could not only cause confusion, it could overwhelm them, keeping them from making a decision altogether.

It is well documented that having too many choices makes it difficult for consumers to make a choice, much less a fitting choice.<sup>2,3</sup> Under a system that requires consumers to choose among legions of sellers before beginning the process of selecting a specific health plan, with no guarantee of a single platform on which to see and compare all plan choices on equal terms, Georgians would be confused at the very least, find it difficult to make an informed choice, and possibly not make a choice at all.

### **The steering of healthier consumers towards substandard plans would make comprehensive coverage more expensive for individuals living with MS.**

The proposal would give insurers and brokers new opportunities to steer healthier consumers toward substandard plans that expose them to catastrophic costs if they get sick. The resulting adverse selection could make comprehensive coverage more expensive for individuals living with MS, reducing their enrollment as well.

Brokers have an incentive to steer consumers toward substandard plans (e.g. short-term and single-disease plans), which normally cannot be sold alongside ACA plans, because they tend

---

<sup>1</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020;

[https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-) (hereafter, Waiver).

<sup>2</sup> Consumers Union, “The Evidence is Clear: Too Many Health Insurance Choices Can Impair, Not Help, Consumer Decision Making,” November 2012, [https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too\\_Much\\_Choice\\_Nov\\_2012.pdf](https://advocacy.consumerreports.org/wp-content/uploads/2012/11/Too_Much_Choice_Nov_2012.pdf).

<sup>3</sup> J. Michael McWilliams *et al.*, “Complex Medicare Advantage Choices May Overwhelm Seniors — Especially Those With Impaired Decision Making,” *Health Affairs*, September 2011, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2011.0132>.

# JOIN THE MOVEMENT



National  
Multiple Sclerosis  
Society

to pay higher commissions. Short-term plans in particular pay up to ten times as much as ACA-compliant plans.<sup>4</sup> Insurers also profit on short-term plans, which aren't required to meet the medical loss ratio standards for ACA-compliant plans.<sup>5</sup>

Healthier and younger Georgia would be more likely to choose short-term plans, since less healthy people —like those who the National MS Society represents— are less likely to qualify for such a policy and face higher premiums when they do. If healthier consumers leave the ACA-compliant market, its risk pool would become less healthy and would cause premiums to rise. (Similarly, the recent expansion of short-term plans nationally caused premiums for comprehensive coverage to go up by an average of 0.5 to 4 percent.<sup>6</sup>) The waiver does not account for these likely outcomes.

### **The enrollment of individuals living with MS in substandard plans would threaten their health and economic well-being.**

Experience with enhanced direct enrollment programs shows that some brokers and agents screen applicants before sending them down the official enrollment pathway and divert some toward substandard plans that pay higher commissions but leave enrollees with existing health needs, like (insert diagnosis, ex: diabetes or mental health conditions), exposed to catastrophic costs.<sup>7</sup> Even in less egregious circumstances, these companies are allowed to show substandard plans alongside comprehensive plans, thus encouraging Georgia consumers to enroll in substandard plans.

Substandard plans are not required to cover all essential health benefits, leaving our population potentially without access to necessary health services unless they are able to pay out of pocket. More than one-third of substandard plans do not cover most prescription drug benefits for example.<sup>8</sup> The median price for a disease modifying therapy (DMT) for MS continues to increase—in 2019 it was \$88,853. A recent study showed that MS DMT costs nearly tripled over the last 7 years. The \$88,853 number is just for a disease modifying therapy and does not

---

<sup>4</sup> House report, *op. cit.*, p. 43. Due to the time it takes to assist marketplace consumers, some brokers report that they lose money on each marketplace enrollment, and so have stopped marketing their services or operate only through referrals. Others say they are uneasy about selling short-term plans despite the higher commissions, given the plans' risks for people with pre-existing conditions. See Sabrina Corlette *et al.*, "Perspective from Brokers: The Individual Market Stabilizes While Short-Term and Other Alternative Products Pose Risks," Urban Institute, April 2020, <https://www.urban.org/research/publication/perspective-brokers-individual-market-stabilizes-while-short-term-and-other-alternative-products-pose-risks>.

<sup>5</sup> House report, *op. cit.*, p. 48.

<sup>6</sup> Hansen and Dieguez, *op. cit.*, p. 3.

<sup>7</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," CBPP, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>.

<sup>8</sup> Kaiser Family Foundation, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance/>

# JOIN THE MOVEMENT



**National  
Multiple Sclerosis  
Society**

consider the costs of other often used medications to control and treat MS symptoms and comorbidities. On top of that, substandard plans can exclude coverage for pre-existing conditions altogether and charge more for people with pre-existing conditions like MS. That leaves individuals living with MS vulnerable to catastrophic costs, limited access to care, and other negative consequences.

### **Conclusion**

Because it would harm consumers, including individuals living with MS, Georgia's proposal cannot be approved under federal law. The ACA requires that Section 1332 waivers cover as many people with coverage as affordable and comprehensive as would be covered absent the waiver without increasing the federal deficit. Georgia's waiver fails these tests. The waiver would cause thousands of Georgians to lose coverage and no reason to expect it would meaningfully increase coverage. It also would likely leave many Georgians with less affordable or less comprehensive coverage than they would have if not for Georgia's Section 1332 Waiver.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

Heather Breeden  
Sr. Manager of Advocacy  
National MS Society

**JOIN THE MOVEMENT**



EVERY TEXAN

Formerly Center for Public Policy Priorities

September 15, 2020

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services  
The Honorable Charles Rettig Commissioner, Internal Revenue Service

Submitted via email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

RE: Georgia Section 1332 Waiver Application Comments

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Commissioner Rettig:

Thank you for the opportunity to comment on Georgia's proposed 1332 waiver under the Affordable Care Act (ACA). I am writing on behalf of Every Texan (formerly Center for Public Policy Priorities) to express our deep concern about Georgia's waiver request to eliminate the federal marketplace with no comparable substitution. Georgia's proposal would eliminate HealthCare.gov, the pathway used by roughly 500,000 Georgians to enroll in private health plans or Medicaid, and is likely to cause a substantial number of Georgians to lose health coverage.

Every Texas is a nonprofit, nonpartisan organization that envisions a Texas where people of all backgrounds can contribute to and share in the prosperity of our state. Since our founding by the Benedictine Sisters of Boerne, Texas in 1985, we have worked to improve public policies to make affordable, comprehensive health care a reality for every Texan. Residents of Texas and Georgia both face long-standing challenges to optimal health, including some of the nation's highest uninsured rates, and steep financial and systemic barriers for those who have insurance.

Texas is just beginning a dialog about a possible 1332 waiver. Stakeholders in Texas are looking at approved and proposed waivers from other states to identify best practices. Georgia's unprecedented "Georgia Access Model" proposal stands out, not only because it is expected to result in more people becoming uninsured, but because of the harmful precedent that would set, if approved, for a 1332 waiver that directly violates statutory guardrails. We urge you to not approve Georgia's proposed waiver.

**Eliminating the most widely used enrollment platform – HealthCare.gov – with no state exchange replacement will upend enrollment and very likely result in notable coverage losses.**

The Georgia Access Model does not propose to create any new enrollment options or take any action that would meaningfully increase enrollment. Consumers can enroll directly through brokers, web-brokers, and insurers today, and as Georgia's waiver application notes, 21% of Georgia Marketplace

consumer enrolled through these systems in 2020.<sup>1</sup> Georgia’s waiver instead dismantles the most widely used enrollment platform, through which 79% of Georgia Marketplace consumers enrolled in 2020.

Forcing consumer to migrate from their chosen enrollment platform and navigate the fragmented system of private enrollment channels would cause disruptions, increase consumer confusion, increase barriers, and suppress enrollment. Independent analyses estimate that tens of thousands of Georgians would lose their health coverage if HealthCare.gov is eliminated.<sup>2</sup>

**HealthCare.gov is a critical and unparalleled resource for consumers because it provides unbiased and accurate information, allows consumers to compare all comprehensive options, and provides a crucial no-wrong-door approach for Medicaid, CHIP, and Marketplace coverage with or without subsidies.**

HealthCare.gov gives clear, comparable, and unbiased information to consumers on their health plan options and supports enrollment assistance through enrollment assisters in community-based organizations, community health centers, and hospitals; the Marketplace website and call center; and private entities like agents, insurers and web-brokers.

HealthCare.gov is an unparalleled resource to help consumers make informed decisions. It provide unbiased, clear, comprehensive and accurate information on ACA coverage options. Private insurer and web-broker sites often fail to show all plans available to people or do not share all the information that people need to make a comparison. Research shows they do not always provide accurate information to people about the programs like Medicaid or premium tax credits that can help make comprehensive coverage more affordable.<sup>3</sup> Private websites, in contrast to HealthCare.gov, often have financial incentives to steer people to certain plans over others, or to show people subpar plans, such as short-term health plans, that don’t provide the same benefits or cost protections and could leave enrollees exposed to high out-of-pocket costs in the event of illness or injury.

We are especially alarmed by research showing that private enrollment websites sometimes fail to alert consumers that they or their children are eligible for Medicaid or CHIP.<sup>4</sup> Agents and private web brokers are not paid commissions for helping Medicaid enrollees, so they have no incentive to fill the gap left for Medicaid-eligible individuals who need enrollment assistance if HealthCare.gov is dismantled.

Thousands of Georgians who start at HealthCare.gov end up qualifying for Medicaid. Today, they apply

---

<sup>1</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-undergeorgias-1332-waiver-proposal>.

<sup>2</sup> Ibid. and Christen Linke Young and Kathleen Hannick, “Misleading marketing of short-term health plans amid COVID-19,” Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-healthpolicy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>3</sup> Tara Straw, ““Direct Enrollment” in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm,” Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplacecoverage-lacks-protections-for-consumers-exposes>.

<sup>4</sup> Ibid.



through HealthCare.gov's, and the no-wrong-door capability in the federal exchange automatically transfers the applications of people assessed as Medicaid-eligible to the state Medicaid program.

**The Georgia Access Model proposal would harm consumers and is not approvable under federal law.**

Georgia's proposal to eliminate HealthCare.gov without an equivalent state exchange is likely to cause thousands of Georgians to lose coverage. Many others would have less affordable coverage or less comprehensive coverage than they would have absent the waiver. The proposal fails to meet the statutory "guardrails" intended to ensure that people who live in states that implement an 1332 waiver are not worse off than they would be without the waiver and is not approvable under federal law.

We urge you to not approve the waiver and avoid setting a harmful precedent of a 1332 waiver that would increase the uninsured, violate statutory guardrails, and harm consumers. Thank you for considering our comments.

Sincerely,

A handwritten signature in black ink that reads "Stacey Pogue". The signature is written in a cursive, flowing style.

Stacey Pogue  
Senior Policy Analyst, Every Texan  
[pogue@everytexan.org](mailto:pogue@everytexan.org)



---

September 23, 2020

To: The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

**RE: Opposition to Georgia Section 1332 Waiver Comments**

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act. Please find our comments on the following pages.

We hope that you will carefully contemplate the reasons for our opposition to this waiver request. Thank you for your consideration of these comments.

Sincerely,

/s/ Samantha Schrage  
Attorney and Certified Application Counselor

/s/ Geoffrey Oliver  
Attorney and Certified Application Counselor

4232 Forest Park Avenue, St. Louis, Missouri 63108 • 314.534.4200 • 1.800.444.0514 • [www.lsem.org](http://www.lsem.org)



Legal Services of Eastern Missouri, Inc. (hereinafter referred to as “LSEM”) provides high quality civil legal assistance and equal access to justice for low-income people and the elderly in 21 counties of eastern Missouri. Assisting our clients in obtaining access to quality health care services is one of our key priorities. One of the ways we do that is by helping individuals obtain health insurance through the Federally Facilitated Marketplace (hereinafter referred to as “FFM”).

LSEM currently employs two attorneys who are also Certified Application Counselors (hereinafter referred to as “CAC”). For over four years these attorneys have worked closely with the Cover Missouri Coalition, a coalition of assisters (Navigators, Certified Application Counselors, and other types of assisters) helping Missourians obtain affordable health insurance. They have assisted hundreds of consumers with insurance issues including enrollment through the FFM, FFM appeals and complaints to Missouri’s Department of Insurance. Our staff’s extensive expertise on Marketplace and insurance issues is why they understand the possible harmful effects if Georgia’s section 1332 waiver is approved.

We are extremely concerned about the potential approval of Georgia’s Section 1332 waiver request. Under the proposal, Georgia would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. Georgia’s application frames the waiver as a solution for the state’s high uninsured rate. But 38 other states and DC have seen lower uninsured rates after adopting the ACA’s expansion of Medicaid to low-income adults. We are distressed that Georgia is instead proposing a fragmented system that could cause tens of thousands of Georgians to fall through the cracks and lose coverage altogether, while other people would likely end up in skimpy plans that impose high costs if they get sick.<sup>1</sup>

Additionally, we and our clients have a direct interest in the outcome of this waiver because of the likelihood that the federal government will allow the idea contained in Georgia’s waiver request to be extended to other states, including Missouri. The adoption of such a policy to Missouri would lead to a loss of comprehensive options and health coverage enrollment opportunities for our underserved population.

We strongly urge you not to approve the 1332 waiver application and instead encourage Georgia to consider the positive effects Medicaid expansion would bring to this issue, which would sharply reduce the state’s uninsured rate, help with responding to the ongoing pandemic, and bring billions in additional federal funding into the state.

---

<sup>1</sup> Tara Straw, “Tens of Thousands Could Lose Coverage Under Georgia’s 1332 Proposal,” Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

## The Proposal Will Insure Fewer People and Encourage Enrollment in Subpar Plans

The ACA 1332 waiver would change where and how consumers purchase health coverage. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage, even though they already had the option to use a private broker or insurer website. Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Moreover, private brokers and insurers who operate through HealthCare.gov have a track record of failing to alert consumers of Medicaid eligibility and picking and choosing the plans they offer, often based on the size of plan commissions.<sup>2</sup> Indeed, in the system Georgia is proposing, people who are eligible for Medicaid could have a much harder time finding help with enrollment because Medicaid generally doesn't pay commissions and agents and brokers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov.

Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic.<sup>3</sup> People enrolled in subpar plans are subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>4</sup>

---

<sup>2</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

<sup>3</sup> Christen Linke Young and Kathleen Hannick, "Misleading marketing of short-term health plans amid COVID-19," Brookings Institution, March 24, 2020, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2020/03/24/misleading-marketing-of-short-term-health-plans-amid-covid-19/>.

<sup>4</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020,

In our experience at LSEM, additional convolution in the enrollment process, as requested in this waiver, only creates discouragement and frustration for clients. Because of these circumstances, some of them decline to enroll in coverage. There are certain similarities between the Missouri and Georgia Medicaid systems which make this proposal particularly alarming for the possible ramifications to our clients.

One example of such a possible issue is Part II of the proposal, in which Georgia seeks to remove Georgia from the FFM and instead route consumers who attempt to enroll in the Marketplace to a list of brokers and agents. This creates a host of additional issues. First, to be eligible for our services at LSEM, clients must be at or below a percentage of poverty which would make them eligible for financial assistance on the Marketplace. Our services are provided completely free of charge, as our clients have great financial need. However, if clients in these financial circumstances are sent to a broker or agent, there is almost always a fee associated with these services, which creates financial distress for clients already in tough circumstances. This waiver proposal also suggests that agents and brokers are better-equipped to handle clients in their own communities, and have access to language services; however, many CACs work in local organizations similar to ours, know their communities well, and can also provide in-person or phone interpreters, again, at no cost to the client. Even if no navigator or CAC is available in a consumer's area, the Marketplace also provides phone interpreters to a client when requested, also for free. Duplication for a fee is unnecessary here.

Additionally, when CMS allowed agents and brokers to participate through third-party sites in 2018, this created issues for clients seeking free assistance for enrollment. For example, in more than one instance, a client would be referred to us after seeing an agent or broker, for which they had paid a fee and enrolled in what they believed was comprehensive health coverage. Then, a health event for which they needed extensive coverage occurred, and they discovered that the policy they had purchased did not cover much of anything. They would be referred to us after this discovery to try to enroll in actual comprehensive coverage through the Marketplace, but this almost always occurred outside of Open Enrollment, and the client did not qualify for a special enrollment period. This would mean that they had no options to obtain comprehensive coverage, and would be left with substantial medical bills as a result. To complicate the situation even further, their next best option is to attempt to file for financial assistance through the provider. However, not all hospitals and providers offer financial assistance, and even if they do, in some cases, having insurance will disqualify a client for that assistance, even if it is not comprehensive coverage.

The problems listed above that our clients have faced before reaching us at LSEM are undoubtedly going to multiply explosively for similar consumers in Georgia if this waiver is approved as proposed. While it's required in Georgia that all CACs, navigators, and

---

<https://www.ils.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

in-person assisters obtain an insurance license just as an agent or broker is required to do, agents and brokers in Georgia are not required to obtain Marketplace navigator training, as the aforementioned CACs, navigators, and in-person assisters are required to do.<sup>5</sup> This is likely at least partially due to the fact that not all agents and brokers enroll consumers in Marketplace plans, as they generally do not receive high commissions on these plans. Because brokers and agents are involved in for-profit businesses, unlike navigators and Marketplace assisters who do not receive any financial incentive based on the plan a client decides to enroll in, there is little reason to expect agents and brokers to be interested in showing these plans to consumers (see above). Additionally, in Georgia, although health carriers are required to pay commissions on plans sold during Open Enrollment; they are *not* required to pay commissions for plans sold the remaining 10.5 months of the year, with a special enrollment period.<sup>6</sup> This is likely to further steer agents and brokers towards selling non-QHPs to consumers which would not benefit them as much as a Marketplace plan.

The changes proposed in this waiver request would be harmful to not only Georgians in similar circumstances parallel to those in Missouri, but possibly to the Missourians like those we serve as well. Like Georgia, Missouri also has a high percentage of people living at or near poverty (as of 2018, 18% of all Missourians fell below 200% of the federal poverty level).<sup>7</sup> Regarding the ACA and its implementation, Missouri and Georgia have both shown resistance to certain opportunities. For example, in 2012, a statute was passed in Missouri that prohibits the state from ever establishing a state-based health exchange, and also authorizes any citizen or taxpayer of the state to bring a lawsuit against the state or any of its subsidiaries for cooperating with the FFM in furtherance of this endeavor.<sup>8</sup> Comparably, in 2014, Georgia passed a statute that prohibits the state from ever establishing a state-based health exchange, or from using taxpayer funds to run a navigator program.<sup>9</sup> Until August 2020, Missouri, like Georgia, had failed to pass Medicaid expansion (although the expansion has not yet been implemented in Missouri).<sup>10</sup> If Georgia's waiver is approved, Missouri, and other similarly-situated states, may be inclined to request a comparable waiver which would have detrimental effects on our clients by undermining the efficacy of the FFM.

---

<sup>5</sup> Georgia Office of Insurance and Safety Fire Commissioner, "Navigators", accessed September 14, 2020, <https://www.oci.ga.gov/Navigators/home.aspx#:~:text=Under%20HB%20198%2C%20which%20was,Department%20of%20Insurance%20before%20operating.>

<sup>6</sup> O.C.G.A. § 33-24-59.23

<sup>7</sup> Kaiser Family Foundation, "Election 2020: State Health Care Snapshots: Missouri", accessed September 14, 2020, <https://www.kff.org/statedata/election-state-fact-sheets/missouri/>

<sup>8</sup> Mo. Rev. Stat. 376.1186

<sup>9</sup> O.C.G.A. § 33-1-23

<sup>10</sup> Kelsey Waddill, "MO Passes Medicaid Expansion, Second State to Expand Amid COVID-19", August 5, 2020, <https://healthpayerintelligence.com/news/mo-passes-medicaid-expansion-second-state-to-expand-amid-covid-19>

## **The Proposal Violates Statutory Requirements**

Because it would likely increase the number of uninsured Georgians and leave many others with worse coverage, the ACA waiver fails to meet the statutory “guardrails” intended to ensure that people who live in states that implement an ACA waiver are not worse off than they would be without the waiver. Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people, with coverage as affordable and comprehensive, as without the waiver. However, under the proposed waiver, the coverage that many Georgians would have would be less comprehensive, and more people would find themselves with less affordable coverage and out-of-pocket costs than would be the case without the waiver. And Georgia would likely see a reduction, rather than an increase, in coverage under the 1332 waiver. The waiver therefore does not meet the guardrails under federal law and is not approvable.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent that would be set by approving a waiver that is expected to result in more people uninsured and more people enrolled in plans that do not provide comprehensive coverage than without the waiver, directly violating the statutory requirements.

## **Georgia Has Better Options to Address Waiver’s Purported Goals**

Notably, the waiver also includes a proposal to establish a reinsurance program. Similar programs have been successfully implemented in other states, reducing premiums for unsubsidized consumers. Georgia could move forward with this proposal while dropping the harmful components of the waiver.

One such component which raises concern is the fact that Georgia plans to use its existing IT infrastructure to implement Part II of its waiver proposal. Georgia’s IT infrastructure, similar to that in Missouri, has had issues in the past when it comes to enrollment in health coverage. Georgia’s current IT system, called Gateway, was implemented statewide in 2017. When the state’s Medicaid and PeachCare saw a drop of 20,000 kids in 2018, many advocates pointed to issues in this system as a cause.<sup>11</sup> Adding on Marketplace enrollment will only add stress to this system, creating more potential barriers for consumers. In its proposal, Georgia also asserts that the State is in a better position to assess an applicant’s eligibility for Medicaid because the process will be more tightly linked with the State’s Medicaid eligibility system than it currently is with the FFM. However, it’s noteworthy that certain questions on the Marketplace application accessible via the FFM will automatically send the consumer’s application to the State based on responses to certain questions; depending on how the State currently

---

<sup>11</sup> Andy Miller, “Enrollment Drops, Eligibility Snags, Cyber-Errors in Georgia Benefit Programs Spark Concern”, June 25, 2019, <https://www.wabe.org/enrollment-drops-eligibility-snags-cyber-errors-in-ga-benefit-programs-spark-concern/>.

processes these received applications, this process would not likely change much by cutting out the FFM.

Further, in its proposal, Georgia notes that the largest uninsured group to gain coverage through the proposal will be those over 400% of the federal poverty level, even though this group makes up less than 10% of Georgia's current uninsured population. By contrast, more than 33% of Georgia's uninsured population falls under 138% of the FPL, and are not expected to gain substantial enrollment through the implementation of the proposal. Georgia's estimated cost for the proposal is \$398 million in 2022, to cover an additional estimated 27,000 Georgians; by contrast, if Georgia were to expand Medicaid, it would cost an estimated \$200 million in 2022, and cover nearly 500,000 Georgians.<sup>12</sup>

Medicaid expansion would offer Georgia the opportunity to expand coverage to hundreds of thousands of people. That would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care as well as financial security for people gaining coverage.<sup>13,14</sup> It should consider these facts, rather than upending the state's insurance market at great risk to consumers and setting a dangerous new precedent for other states to attempt to follow.

## Conclusion

In sum, Georgia's waiver request to exit the Federal Marketplace without providing a replacement is likely to increase the number of uninsured and underinsured; is prohibited because it fails to meet the statutory guardrails required to use a section 1332 waiver; and would establish a potentially harmful precedent for the use of 1332 waivers that other states, like Missouri, are likely to seek to implement. Given these factors we unequivocally oppose this proposed 1332 waiver.

Thank you for your attention to our comments. If you have any questions or need any further information, please contact Samantha Schrage, Attorney at [smschrage@lsem.org](mailto:smschrage@lsem.org) or (800) 444-0514.

Sincerely,

Samantha Schrage, Geoffrey Oliver

---

<sup>12</sup> Greg Bluestein, "The Net Cost of Medicaid Expansion in Georgia: About \$200M a year by 2022", January 23, 2019, <https://www.ajc.com/blog/politics/the-net-cost-medicaid-expansion-georgia-about-200m-year-2022/BE490IAAo4dgcnmZy6lKyJ/>.

<sup>13</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>14</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>





# AWHIB

The Association of Web-Based Health Insurance Brokers

September 23, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

VIA ELECTRONIC SUBMISSION

**Re: AWHIB's Comments on Georgia's Section 1332 State Innovation Waiver**

Dear Administrator Verma:

The Association of Web-Based Health Insurance Brokers (AWHIB) appreciates the opportunity to present written comments regarding Georgia's revised Section 1332 State Innovation Waiver. AWHIB is a trade association of eight web-broker entities (WBEs) that have signed agreements with the Centers for Medicare and Medicaid Services (CMS) and currently leverage the Federally Facilitated Exchange's (FFE) direct enrollment and enhanced direct enrollment application programming interfaces (APIs). AWHIB members include brokerage firms that sell health insurance online directly to consumers, private health insurance exchanges, and technology companies that support individual agents and brokers.

As part of its 1332 waiver, Georgia seeks to establish the Georgia Access program to provide its residents with improved access to insurance, customer service and a choice of affordable coverage options. AWHIB understands that Georgia proposes to leverage web-broker and issuer websites and enrollment platforms to provide the front-end consumer experience for the Georgia Access program, including consumer outreach and education, plan shopping and enrollment, and customer service functions. AWHIB members already serve Georgia consumers through the FFE, and would be prepared to participate in the Georgia Access Model if it is approved.

AWHIB recognizes that a number of important questions have been raised about the Georgia Access model, including the role of web-brokers and the extent to which they could help expand coverage. AWHIB welcomes these questions and the chance to engage with the broader community about the value its members could furnish.

Should CMS approve Georgia’s waiver, AWHIB members would be prepared to take the following actions in order to maximize coverage:

- ***Make significant new investments in outreach and communication to potentially eligible populations.*** AWHIB notes that there have been concerns about web-brokers’ ability to reach Georgians who could benefit from QHP coverage and financial assistance programs. Today, web-brokers are currently a growing but secondary complement to Healthcare.gov in enrolling consumers in coverage on the FFE. In the Georgia model, web-brokers would have a primary role and would therefore have a significant incentive to invest heavily in outreach and communication to compete for market share and expand consumer coverage. AWHIB members would also be able to leverage the vast network of brokers through-out the state to bring meaningful gains in coverage.
- ***Use the Same Application, Eligibility and Enrollment Processes Developed for the FFE.*** Regarding questions about the potential impact on Medicaid coverage, AWHIB members would continue to help consumers apply for Medicaid and CHIP as part of the single streamlined application process. AWHIB supports use of current consumer messaging, application and eligibility processes used in support of the FFE to ensure that consumers who are potentially eligible for financial assistance can apply and have their eligibility determined for premium tax credits, cost-sharing reductions, Medicaid and CHIP.
- ***Enroll in All QHPs.*** To address concerns about consumers being able to access and enroll in all QHPs through web-broker sites, AWHIB members would continue display all QHPs and seek to enroll consumers in all QHPs offered in the Georgia Access program. Lack of an appointment with an issuer can prevent a web-broker from enrolling consumers in an issuer’s QHPs, which can happen in the context of the FFE given the large number of issuers participating in all FFE states and states on the Federal platform. But in a single state like Georgia with a limited number of issuers and where web-brokers will provide the front-end interface with consumers, we believe AWHIB members will be able to establish arrangements with each QHP issuer to facilitate enrollment in each QHP. This will be essential to supporting consumer enrollment and increasing coverage.
- ***Clear Distinction Between QHP and Non-ACA Products.*** AWHIB understands there are concerns about web-brokers marketing non-ACA products, such as short-term or indemnity plans, and concerns that such products might be marketed to consumers who would otherwise qualify for QHP, Medicaid or CHIP coverage. As with the FFE, AWHIB members would continue to separately display QHP products from non-ACA products, not display non-ACA products once the consumer begins the QHP shopping and application process, and only enroll consumers in non-ACA products after completing the single streamlined application and enrollment process.

To help ensure that web-brokers can be successful in expanding coverage, AWHIB recommends that Georgia take the following actions:

- ***Implement Auto-Reenrollment.*** AWHIB recognizes concerns that existing FFE consumers could lose coverage in the transition to Georgia Access. AWHIB strongly

favors automatic reenrollment of Georgia consumers in their existing coverage if they do not make an active plan selection and/or actively update their application as this will help preserve coverage for those transitioning from Healthcare.gov. AWHIB recommends that Georgia implement auto-reenrollment so that consumers can keep their FFE coverage if they do not make an active selection. This will help deter any potential coverage loss from the transition from the FFE to Georgia Access.

- ***Leverage Enhanced Direct Enrollment (EDE).*** AWHIB recommends that the state reuse much of the technical architecture and compliance structures that have already been developed for the FFE's enhanced direct enrollment (EDE) program. This includes closely adhering to the technical standards and specifications developed for EDE, and leveraging CMS' EDE compliance reviews. AWHIB members that participate in EDE have developed the electronic interfaces needed to exchange information with the FFE to render an eligibility determination and submit an enrollment, and we recommend that Georgia reuse the standards and specifications supporting these existing interfaces. Current EDE partners also have already completed CMS' rigorous approval process and have implemented compliance structures in place to support EDE. The FFE's EDE program is effective and road-tested, and using EDE as a template will not only facilitate rapid adoption by web-brokers and issuers, but will also help provide the state with a ready-made workforce of agents and brokers that currently use web-brokers' and issuers' EDE platforms.
- ***Facilitate Appointment with QHP Issuers.*** To support web-brokers' ability to display plan information and enroll consumers in each QHP, AWHIB recommends that Georgia take an active role in encouraging all QHP issuers to appoint approved web-brokers.

Finally, while the Georgia Access model does not meet the definition of an exchange as defined under the Affordable Care Act and Federal regulations, it would still contain many of the key elements of an Exchange. The key distinction is that specific consumer-facing functions would be performed by web-broker and issuer-based portals and call centers rather than an Exchange-based consumer portal and call center. And while this distinction is significant, we note that not only do AWHIB members provide the many of the same functions within the context of the FFE, but some AWHIB members also provide the consumer platform and technological backbone for several state-based exchanges. So while there are some structural differences with an Exchange, the Georgia Access model is not that distant conceptually from the state-based exchange model.

AWHIB appreciates the opportunity comment on the revised waiver and we look forward to working with all stakeholders should the waiver be approved and implemented.

Sincerely,

The Association of Web-Based Health Insurance Brokers



11 DUPONT CIRCLE NW  
SUITE 800  
WASHINGTON, DC 20036  
202-588-5180  
NWLC.ORG

September 23, 2020

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

The National Women's Law Center (The Law Center) is an organization that has fought for gender justice in the courts, in public policy, and in our society for almost fifty years. We protect women and families in core aspects of their lives, including employment, income security, education, and health and reproductive rights, with an emphasis on the needs of low-income women and those who face multiple and intersecting forms of discrimination.

We appreciate the opportunity to comment on Georgia's Section 1332 proposal to waive federal rules under the Affordable Care Act (ACA). The Law Center requests the Department of Health and Human Services reject this 1332 waiver application.

Under this proposal, Georgia seeks to exit the federal marketplace and eliminate the central source of help for the approximately 500,000 Georgians who enroll in private health plans or Medicaid through HealthCare.gov. Georgians would now need to go to private insurance companies and brokers to sign up for health care coverage.

This change would particularly harm women, who consist of 56% of Georgians who enrolled in the marketplace plans during 2019 open enrollment.<sup>1</sup> Tens of thousands of Georgians will inevitably fall through the cracks and lose coverage altogether, while others would be ushered into less comprehensive, higher-cost plans.<sup>2</sup>

Rather than seek approval for this unlawful and harmful waiver, Georgia should join 38 other states and DC and adopt the ACA's expansion of Medicaid to low-income adults. If Georgia adopted Medicaid expansion it would sharply reduce the state's uninsured rate, increase resources to address the ongoing pandemic, improve the wellbeing of women and families, and bring billions in additional federal funding to Georgia.

---

<sup>1</sup> Centers for Medicare & Medicaid Services (CMS), 2019 Marketplace Open Enrollment Period Public Use Files. 458,437 Georgians enrolled in the marketplace plans during 2019 open enrollment, 257,768 (56%) were women.

<sup>2</sup> Tara Straw, "Tens of Thousands Could Lose Coverage Under Georgia's 1332 Proposal," Center on Budget and Policy Priorities, September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

## **Georgia's Proposal Will Cover Fewer People and Encourage Enrollment in Substandard Plans.**

Georgia's 1332 waiver would eradicate the primary way people shop for and enroll in health plans. In 2020, the vast majority (79 percent) of Georgia marketplace enrollees chose to sign up for coverage using HealthCare.gov, even though they already had the option to use a private broker or insurer website.<sup>3</sup>

Georgia's waiver would eliminate access to the centralized and comprehensive HealthCare.gov platform, and instead force people in the state to use private insurance companies and brokers. Georgia downplays this as a "minor modification," but it is a significant shift.<sup>4</sup> Georgians would be cut off from unbiased navigators who are trained to help consumers compare review and select plans, apply for financial assistance and enroll in coverage. This will undoubtedly hinder enrollment by limiting neutral, unbiased information about plans and costs and increasing confusion about where and how to access good-quality health coverage. Contrary to the promise of expanded choices, this waiver would take away consumers' only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them.

Georgia's waiver also proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive, ACA-compliant plans. Even now, brokers sometimes steer people into such plans, which often come with higher commissions, a tactic that has continued during the pandemic. These subpar plans could exclude coverage pre-existing conditions, limit benefits, and allow caps on plan reimbursements. For example, a study of short-term plans in Atlanta earlier this year showed that the most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three times as high as an ACA-compliant plan.<sup>5</sup>

Allowing subpar, non-ACA compliant plans to be presented to consumers would particularly harm women.<sup>6</sup> The ACA prohibits insurance companies from charging women more than men for the same coverage and requires plans to cover a list of essential benefits preventive services, including maternity services, birth control and well-woman visits, without out-of-pocket costs. The ACA's

---

<sup>3</sup> Georgia Section 1332 State Innovation Waiver as submitted to CMS on July 31, 2020, p. 70.

[https://www.cms.gov/CCHIO/Programs-and-Initiatives/State-Innovation-Waivers/Section\\_1332\\_state\\_Innovation\\_Waivers-](https://www.cms.gov/CCHIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_state_Innovation_Waivers-)

<sup>4</sup> *Id.*

<sup>5</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.lls.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

<sup>6</sup> NWLC Factsheet: The Risk of Repeal: How ACA Repeal Will Hurt Women's Health and Economic Security, December 2016, <https://nwlc.org/wp-content/uploads/2016/12/The-Risk-of-Repeal-FS-1.pdf>



11 DUPONT CIRCLE NW  
SUITE 800  
WASHINGTON, DC 20036  
202-588-5180  
NWLC.ORG

protection for those with pre-existing conditions is especially important for women since approximately 611,570 women of reproductive age (18-54) in Georgia have pre-existing conditions.<sup>7</sup>

Because women generally have more health care needs and are more vulnerable to high health costs, being pushed into these subpar plans could mean delaying or avoiding getting care, higher likelihood of being denied care, higher medical debts, and worse health outcomes for women.<sup>8</sup>

Additionally, Medicaid-eligible Georgians would have a much harder time finding enrollment assistance under Georgia's proposal. An estimated 40,000 Georgians each year have visited Healthcare.gov during open enrollment and have been assessed eligible for Medicaid.<sup>9</sup> With the Healthcare.gov system, any person considered Medicaid-eligible, would be transferred to the state Medicaid agency, which would work with the individual to complete enrollment. However, private brokers have no incentive to transfer an application.

In fact, Georgia brokers and insurers have a demonstrated history of failing to alert consumers of Medicaid eligibility and instead enrolling Medicaid-eligible consumers in the plans they offer, often based on the size of plan commissions.<sup>10</sup> Unlike navigators who have standards and responsibilities when they help consumers look for and enroll in health care coverage through the Marketplace, private brokers and insurers have no duty to inform Medicaid-eligible consumers of their eligibility and are incentivized by commissions from the insurance companies.

Thus, eliminating Healthcare.gov would substantially reduce Medicaid coverage because agents and brokers have no incentive to ensure the Medicaid-eligible population enroll in Medicaid.

---

<sup>7</sup> NWLC Calculations based on U.S. Census Bureau, 2019 Current Population Survey (CPS) and Kaiser Family Foundation, Pre-Existing Condition Prevalence for Individuals and Families, October 2019, <https://www.kff.org/health-reform/issue-brief/pre-existing-condition-prevalence-for-individuals-and-families/>.

<sup>8</sup> NWLC Factsheet: Women and Health Reform: An Introduction to the Issues, <https://www.nwlc.org/sites/default/files/pdfs/WomenandHealthReform.pdf>

<sup>9</sup> Christen Linke Young and Jason Levitis, "Georgia's latest 1332 proposal continues to violate the ACA," Brookings.edu, September 1, 2020, <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

<sup>10</sup> Tara Straw, "'Direct Enrollment' in Marketplace Coverage Lacks Protections for Consumers, Exposes Them to Harm," Center on Budget and Policy Priorities, March 15, 2019, <https://www.cbpp.org/research/health/direct-enrollment-in-marketplace-coverage-lacks-protections-for-consumers-exposes>

## Georgia Could Better Address the Waiver's Purported Goals by Expanding Medicaid

Instead of seeking this harmful 1332 waiver, Georgia should focus on expanding Medicaid. Medicaid expansion would result in significant benefits to the state's residents, including fewer premature deaths and improved access to care and financial security for people gaining coverage.<sup>11,12</sup>

Increasing Medicaid access is essential to the well-being of women and families in Georgia. In 2018, 568,600 women in Georgia lack any type of health coverage.<sup>13</sup> Of these, an estimated 137,000 women were without coverage because of Georgia's refusal to expand Medicaid. Right now, these women face a harmful coverage gap. Their incomes are too high to qualify for Georgia's current Medicaid program, but too low to qualify for financial assistance under the federal health insurance marketplace. Because uninsured Georgia women, especially those with low incomes, are more likely to go without health care because of cost, this coverage gap has significant implications for women's health and participation in the workforce. Expanding Medicaid would give women access to range of services needed throughout their lives – birth control, maternity care, mental health care, prescription drugs, hospitalization, long-term care, and more.<sup>14</sup>

Medicaid expansion would also help address the staggering health disparities among women of color in Georgia. For example, Georgia has the highest maternal mortality rate in the country, the rate is alarmingly high for Black women, 66.6/100,000 compared to 43 for white women.<sup>15</sup> At the same time, uninsured women are four times more likely to die of pregnancy-related complications. Based on the Law Center's calculations, among the approximately 252,000 women who could gain coverage after Medicaid expansion, 36% are Black women, 24% are Latinas, 3% are Asian American and Other Pacific Islander women, and 0.7% are Native women.<sup>16</sup>

## The Proposal Violates Statutory Requirements

Under the proposed waiver, more Georgians would be without coverage or have substandard, higher costs coverage than would be the case without the waiver. The waiver would likely have an even greater impact on women in Georgia since they are the majority using Healthcare.gov to apply

---

<sup>11</sup> Matt Broaddus and Aviva Aron-Dine, "Medicaid Expansion Has Saved at Least 19,000 Lives, New Research Finds," Center on Budget and Policy Priorities, November 6, 2019, <https://www.cbpp.org/research/health/medicaid-expansion-has-saved-at-least-19000-lives-new-research-finds>

<sup>12</sup> Center on Budget and Policy Priorities, "Chart Book: The Far-Reaching Benefits of the Affordable Care Act's Medicaid Expansion," Updated November 6, 2019, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>

<sup>13</sup> Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2018. <https://www.kff.org/uninsured/state-indicator/rate-by-gender/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>14</sup> Mara Gandal-Powers, NWLC Blog: Wins for Medicaid Are Wins for Women, November 8, 2018, <https://nwlc.org/blog/wins-for-medicaid-are-wins-for-women/>

<sup>15</sup> Alex Camardelle, "Women-Powered Prosperity," Georgia Budget & Policy Institute, September 10, 2019, <https://gbpi.org/women-powered-prosperity-report/>

<sup>16</sup> NWLC calculations based on 2018 American Community Survey 1-Year Estimates using IPUMS.



11 DUPONT CIRCLE NW  
SUITE 800  
WASHINGTON, DC 20036  
202-588-5180  
NWLC.ORG

for coverage, are generally subject to higher costs and worse coverage, and more likely to depend on Medicaid for their health coverage than men.<sup>17</sup> Section 1332(b)(1) of the ACA requires that ACA waivers cover as many people as without the waiver and with coverage that is as affordable and comprehensive as without the waiver. Here, the proposed 1332 waiver violates this statutory requirement because Georgians, especially women, would be worse off than they would be without the waiver.

In addition to our concerns about the impact of the waiver on Georgians, we are deeply concerned about the precedent set by approving a waiver that is expected to result in more people without coverage and more people enrolled in plans that do not provide comprehensive coverage, directly violating the statutory requirements.

### **Conclusion**

Women are essential to the prosperity of Georgia and centering women in policy considerations is key to the overall wellbeing of the state. Thus, if Georgia is committed to reducing the state's uninsured rate and improving the lives of women and families, they should reject this 1332 proposal and instead expand Medicaid.

Sincerely,

Theresa Lau  
Senior Counsel  
The National Women's Law Center

---

<sup>17</sup> Alex Camardelle, "Women-Powered Prosperity," Georgia Budget & Policy Institute, September 10, 2019, <https://gbpi.org/women-powered-prosperity-report/>





September 23, 2020

Honorable Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Honorable Steve Mnuchin  
Secretary  
Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

**Re: Georgia Section 1332 State Empowerment and Relief Waiver Application**

Dear Secretary Azar and Secretary Mnuchin:

Thank you for the opportunity to comment on Georgia's State Empowerment and Relief Section 1332 State Innovation Waiver, also known as the Georgia Access Model. The Leukemia & Lymphoma Society's (LLS) mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and to improve the quality of life of patients and their families. More than 1.3 million people in the United States live with a blood cancer today and over 21,000 will be diagnosed in Georgia this year.<sup>i</sup> We advance our mission by ensuring that blood cancer patients have access to high quality, stable coverage to ensure that they are able to receive appropriate and timely care. It is in service of this mission that we write to express our deep concerns with Georgia's proposal.

LLS evaluates all health care policy proposals through the lens of our *Principles for Meaningful Coverage*.<sup>ii</sup> These principles give us an objective and constructive means of evaluating health care policies impacting the patients we serve. While we support Georgia's plan to establish a reinsurance program, we strongly oppose the state's proposal to eliminate access to Healthcare.gov by immediately redirecting patients and consumers to insurance brokers who may be incentivized to encourage enrollment in non-comprehensive plans. If approved, the Georgia Access Model would likely jeopardize quality and affordable healthcare coverage for Georgians with acute and chronic health conditions and reduce enrollment in comprehensive coverage.

The state's creation of a reinsurance program in this application is laudable; however, as currently proposed, the entirety of the 1332 waiver fails to meet LLS' principles for meaningful coverage. LLS urges CMS to reject the Georgia Access Model and advance only the reinsurance portion of the waiver. We offer the following comments on the waiver application.

Phase 1: Reinsurance

LLS is pleased that Georgia has included a reinsurance program as part of its waiver application. Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10% to 14% in its first year.<sup>iii</sup> A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9% in the first year.<sup>iv</sup>

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10% and increase the number of individuals obtaining health insurance through the

individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

### Phase 2: Georgia Access Model

While we support Georgia's plan to establish a reinsurance program, we strongly oppose the state's proposal to eliminate the Georgia's use of Healthcare.gov and move to a decentralized model of enrollment that relies on insurers and brokers. The Georgia Access Model would complicate the enrollment pathway currently available to Georgians, complicate consumers' choices by offering both ACA- and non-compliant plans, and reduce the overall number of individuals with comprehensive coverage (including Medicaid) in the state. For these reasons, LLS strongly urges CMS not to approve the Georgia Access Model portion of this waiver.

### *Impact on Coverage*

If approved, this approach would likely reduce enrollment in comprehensive coverage and jeopardize quality and affordable healthcare coverage for patients with blood cancer. The state's decision to fragment its market, while depriving Georgians of their most commonly used pathway to individual market coverage, makes it likely that the 450,000 Georgians who currently purchase comprehensive coverage through the marketplace could face losing the comprehensive coverage and consumer protections that they currently have. This could have a serious impact on the health of patients who are in the middle of treatment and rely on regular visits with healthcare providers or daily medications to manage or treat their condition. Patients, including those with blood cancers, cannot afford unexpected gaps in care and therefore we urge CMS not to approve a model that would complicate the enrollment process and potentially delay care and treatment for patients with blood cancer.

The state asserts that enrollment will increase, on net, by 25,000 due to "increased web-broker marketing" and the ability of individuals to shop for coverage "through multiple channels." These assertions are vague and lack the analytical rigor necessary. To arrive at this figure, the state notes that the share of individual market enrollment in Georgia via private vendors has increased by about 4 percentage points a year from 2018-2020. By extending this trend to 2022, the state suggests there will be 33,000 additional private vendor enrollments, offset by an approximately 2% (8,000 people) decrease in market-wide enrollment during the transition. However, this trend on which the state relies for its projections (4 percentage point yearly growth in private enrollments) describes changes in the *share* of enrollment via private vendors, not the changes in total enrollment. There is no basis to assume that a trend in the share of private enrollments would be predictive of changes in total enrollment in a waiver scenario. Similarly, the application offers no explanation for why total enrollment would be predicted to increase as result of private enrollments increasing from 20% to 100%, with the functional elimination of Healthcare.gov except as a pass through portal. The waiver offers no explanation of where the estimated new coverage take ups would originate and fails to indicate the impact of the waiver on total coverage take-up. This analysis is insufficient to support waiver approval.

Similarly, the trend on which the state is focused occurred *in the absence of the waiver*. The state does not, and presumably cannot, explain why, going forward, such growth will continue *only* if the waiver is implemented. Because the growth trend is not contingent on the waiver, it cannot be attributed to the waiver for purposes of evaluating federal law compliance.<sup>v</sup>

Georgia's assertion that only about 2% (8,000 enrollees) of the market will lose coverage under its proposal is also not supported by underlying data and is insufficient. The state claims that this projection "is based on experience seen in other states when transitioning" from the federal marketplaces. Yet recent marketplace transitions do not support this claim. For example, when Nevada transitioned from the federal marketplace to its own enrollment platform, a transition years in the making that by all accounts went smoothly, the state still saw an enrollment decline of 7%.<sup>vi</sup> Georgia, for its part, seeks to initiate an

unprecedented transition — likely occurring while the country continues to suffer from the pandemic — that is likely to place greater strain on state resources and create confusion for current enrollees than what was experienced in these states. Under the circumstances, it is reasonable to expect enrollment declines in excess of those seen in Nevada and other states that have shifted enrollment platforms.

Estimates of enrollment declines must also take into account the loss of features currently offered through the Healthcare.gov platform. These features, include the screening of individuals for eligibility for premium tax credits, eligibility for Medicaid coverage and referral to the state's Medicaid agency help to facilitate enrollment in quality and affordable healthcare coverage. The loss of access to these features would have a negative impact on consumers and would likely contribute to enrollment losses that are not addressed in the waiver. Indeed by rendering Healthcare.gov a pass-through portal the waiver would appear to seriously undermine the increase in enrollment that it seeks.

Furthermore, insurers and brokers are already able to enroll Georgia consumers through the marketplace today. As the waiver application observes, about 20% of marketplace enrollees enrolled directly in 2020. Given the ability for insurers and brokers to already reach enrollees through Healthcare.gov, Georgians do not need Georgia Access to take advantage of “multiple channels” of enrollment. Under the Georgia Access Model, brokers and other private entities would have few, if any, incentives to provide assistance that is currently built in to Healthcare.gov, and could be instead be motivated to enroll Medicaid-eligible individuals in non-compliant plans that would not provide comprehensive coverage, but for which they earn a significant commission. Recently, GAO conducted a covert study of brokers and insurance representatives where non-compliant plans are readily available to consumers. In almost 25% of cases, GAO representatives posing as consumers with significant healthcare needs were inappropriately directed to a form of coverage that would not cover their condition. Of those that misdirected the consumer to a form of coverage that was not adequate, GAO concluded that only 2 did not engage in deceptive marketing practices.<sup>vii</sup>

Additionally, Healthcare.gov can automatically re-enroll individuals who signed up for coverage last year but do not select a new plan into coverage for the following year. However, under the Georgia Access Model, every one of the 80,000 Georgians who re-enrolled for healthcare coverage for 2020 would lose access to the auto-enrollment function of Healthcare.gov.<sup>viii</sup>

Ultimately the Georgia Access Model eliminates the enrollment channel on which the majority of the state's individual market consumers have chosen to rely. LLS strongly supports Georgia's goals of increasing overall enrollment in coverage, but urges the state to do so by pursuing the reinsurance provisions of this waiver in addition and to support efforts to expand Medicaid. Indeed, more than 500,000 Georgians could access coverage if the state fully expanded its Medicaid program to 138% of the federal poverty level.<sup>ix</sup>

#### *Impact on Comprehensiveness*

Today, patients who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that lack comprehensive coverage, discriminate against people with pre-existing conditions, and leave enrollees at financial risk should they become ill. The waiver is almost certain to create confusion for patients both by obscuring eligibility for premium tax credits and Medicaid, as well as placing consumers in the hands of brokers who are financially incentivized to sell plans that may not cover preventive and primary care, hospitalizations, emergency room visits, prescription medications and other treatments and services needed to maintain their health. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwittingly enroll in coverage that lacks key patient protections.<sup>x</sup> This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options, and they may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with chronic and acute health conditions to compare plan price and benefit design in an unbiased manner—decreasing their opportunity to choose the right plan for them and ultimately harming patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients and people with pre-existing conditions from risk is unacceptable.

#### *Impact on Affordability*

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. However, LLS anticipates the opposite could happen. The state's claims are premised on the assumption that the waiver will significantly increase enrollment. As discussed above, we believe these assumptions are unsupported by the evidence. Contrary to its analysis, the market fragmentation and consumer confusion caused by the Georgia Access Model has the potential to make the individual market risk pool sicker and coverage options more expensive. With this waiver, some individuals are likely to drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. As non-compliant, non-comprehensive plans are less attractive — and often, because of medical underwriting practices, inaccessible — to people with preexisting conditions, it is likely that those who shift out of the ACA-compliant market will be disproportionately healthy. By contrast, those who remain in the individual market are likely to have more complex health conditions, causing premiums for comprehensive coverage to be higher than they would be in the absence of the waiver.

In addition, the application fails to account for the costs to consumers of increased broker commissions. By forcing consumers to enroll via an insurer or broker, the Georgia Access Model necessarily will drive up the share of enrollments effectuated through these pathways. In the state's view, this should result in an increase in the total volume of broker commissions. Such commissions are, of course, paid for by premiums. Yet Georgia fails to account for any increase in premiums due to these foreseeable costs.

#### Notice & Comment Process

LLS joined 15 other state and national patient and consumer organizations sending a letter to Governor Kemp on July 17, 2020.<sup>xi</sup> The letter expressed our serious concerns regarding the state's fifteen-day comment period which we feel was not sufficient to solicit meaningful comments on a proposal that has the potential to substantially impact patients' ability to access care in Georgia. At a minimum, the state should have engaged state and national stakeholders in a full 30 day comment period to ensure that all interested parties, including the healthcare industry, patients, and consumers, had adequate time to offer input to the state. We therefore urge CMS to require Georgia to reopen a comment period of at least 30 days to allow additional time to facilitate public review of and input on these important proposals.

Federal statute also requires that Georgia include in its application a comprehensive description of the program it will use to implement the waiver. Despite this mandate, this critical information and analysis is absent in the waiver. While the state is clear that it wants to stop utilizing Healthcare.gov, the waiver application fails to include any information about how it will manage this transition or how it might negatively impact consumers who currently rely on it. While a brief outline of how it hopes to implement is mentioned, Georgia acknowledges that it "will develop a robust implementation plan" in the future.

The waiver also requests a partial waiver of Section 1311 of the ACA "only to the extent that it is inconsistent with the operation" of the Georgia Access Model, however, the state does not specify which provisions it seeks to waive. Section 1311 is a substantial part of the ACA and encompasses many critically

important provisions including mental health parity mandates, marketplace standards, and plan certification, amongst many others. Without a comprehensive understanding of what the state proposes to waive under Section 1311, it is impossible for LLS to fully understand and evaluate the potential impacts of the waiver on those we represent.

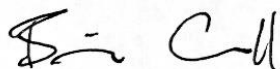
LLS is also concerned that CMS has marked the application as “complete.” Without access to the information mentioned above, it appears impossible for CMS to accurately and completely evaluate if the waiver fully complied with the statutory guardrails governing budget neutrality, coverage numbers, and quality. In addition to failing to meet the statutory requirements of the waiver, without access to this information during the comment period, LLS is unable to holistically evaluate the impact of this waiver on our patients. This approach is inadequate and places an inappropriate burden on consumers and stakeholders as they attempt to understand and provide input on this proposal.

### Conclusion

For the reasons outline above, LLS strongly opposes the “Georgia Access Model” proposal and urges CMS to reject it. While we support Georgia’s reinsurance program, the approval of both proposals at the same time would outweigh any potential benefits of a reinsurance program by eroding patient access to high-quality care, exposing consumers to non-compliant insurance products, and potential premium increases that could result in dangerous disruptions in care. Instead, we urge CMS and the state of Georgia to focus on solutions that promote adequate, affordable and accessible coverage, including a full expansion of the state’s Medicaid program.

Again, we thank you for the opportunity to provide comment on Georgia’s Section 1332 demonstration waiver. If you have any questions regarding LLS’ comments, please contact Katie Berge, Director of Federal Government Affairs at [katie.berge@lls.org](mailto:katie.berge@lls.org) or 319-541-7540.

Sincerely,



Brian Connell  
Executive Director, Federal Affairs  
The Leukemia & Lymphoma Society

---

<sup>i</sup> *Leukemia & Lymphoma Society. Fact 2018-2019: Updated Data on Blood Cancers.* 2019. Available at : [https://www.lls.org/sites/default/files/file\\_assets/PS80\\_Facts\\_Book\\_2018-19\\_FINAL.pdf](https://www.lls.org/sites/default/files/file_assets/PS80_Facts_Book_2018-19_FINAL.pdf).

<sup>ii</sup> *The Leukemia & Lymphoma Society. Principles for Meaningful Coverage.* Retrieved from: <https://www.lls.org/cancercost/principles>.

<sup>iii</sup> American Academy of Actuaries, Individual and Small Group Markets Committee. *An Evaluation of the Individual Health Insurance Market and Implications of Potential Changes.* January 2017. Retrieved from [https://www.actuary.org/files/publications/Acad\\_eval\\_indiv\\_mkt\\_011817.pdf](https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf).

<sup>iv</sup> Avalere. *State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average.* March 2019. Retrieved from <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>.

<sup>v</sup> Cristen Linke Young and Jason Levitis, “Georgia’s latest 1332 proposal continues to violate the ACA,” September 1, 2020, The Brookings Institution. <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

<sup>vi</sup> Nevada health insurance marketplace: history and news of the state’s exchange. Louise Norris, HealthInsurance.org. June 11, 2020. Available at: <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>

---

<sup>vii</sup> U.S. Government Accountability Office, “Private Health Coverage: Results of Covert Testing for Selected Offering,” August 24, 2020, GAO. Available at: <https://www.gao.gov/products/GAO-20-634R>

<sup>viii</sup> Cristen Linke Young and Jason Levitis, “Georgia’s latest 1332 proposal continues to violate the ACA,” September 1, 2020, The Brookings Institution. <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

<sup>ix</sup> Georgia Department of Audits and Accounts, Fiscal Note Analysis for LC 46 0015 – Medicaid Expansion – HB37, Jan. 18, 2019. Available at: <https://opb.georgia.gov/document/fiscal-notes-2019-health-and-human-services/lc-46-0015-medicaid-expansion-hb-37/download>.

<sup>x</sup> Seeing Fraud and Misleading Marketing, States warn Consumers About Alternative Health Insurance Products. The Commonwealth Fund, Dania Palanker, JoAnn Volk, and Maanasa Kona. October 30, 2019. Available at: <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>, and The Marketing of Short-Term Health Plans, The Robert Wood Johnson Foundation, January 31, 2019. Available at: <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>

<sup>xi</sup> Letter from Health Partners to Governor Kemp re: Section 1332 Waiver Application, July 17, 2020.



1101 14 St., NW, Suite 300  
Washington, DC 20005  
(202) 408-4848  
[www.aidsunited.org](http://www.aidsunited.org)

September 23, 2020

Administrator Seema Verma  
Centers for Medicare and Medicaid Services (CMS)  
7500 Security Blvd, Baltimore, MD  
Baltimore, MD 21244

Re: Georgia Section 1332 Waiver

Submitted via electronic mail

Dear Administrator Verma,

AIDS United's mission is to end the HIV epidemic in the United States. Our work is always guided by the voices of people living with and communities most vulnerable to HIV. AIDS United envisions a time when all people, organizations and governments commit to ending the HIV epidemic and strengthening the health, well-being, and human rights of everyone impacted by HIV. We are writing in response to the proposed waiver of Section 1332 that the State of Georgia has applied for. We are submitting our opposition to the granting of this waiver due to our concerns that it would violate the Affordable Care Act (ACA) and cause tens of thousands of Georgia residents to lose vital health insurance coverage.

### **The proposed waiver would cause Georgia residents to lose vital health coverage**

Currently, half a million Georgians are enrolled in health insurance through the ACA-established marketplace in HealthCare.gov.<sup>1</sup> This proposal would, instead of replacing the federal marketplace with a state-run exchange such as is the case in twelve states and the District of Columbia,<sup>2</sup> simply take away the federal exchange in favor of a fragmented system of private brokers. This would discourage and make it harder for residents to access health insurance. It should be noted that these private brokers often already operate in Georgia, so this waiver would simply take away the exchange network as an option, thus depriving residents of these options.

Ultimately, such brokers are more likely to offer and direct consumers to substandard "junk" plans that are much costlier should the person get sick, and in the process raise the costs of more appropriate plans.

---

<sup>1</sup>

<https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>2</sup> <https://www.healthinsurance.org/faqs/what-type-of-health-insurance-exchange-does-my-state-have/>

Eliminating the HealthCare.gov exchange access would also significantly reduce access to Medicaid for qualified residents. In this year, at least 38,000 people in Georgia enrolled into Medicaid through the marketplace<sup>3</sup>, as it provides a simple way to screen those eligible for coverage into being able to apply for and receive Medicaid coverage.

Most alarmingly, the federal tax credit that subsidizes health insurance for low-income recipients, would be turned into a state-administered fixed amount of money that would place applicants into a waitlist once the money has run out. This would by definition reduce access to healthcare for low-income applicants as the “pot” of money would run out at some point in the fiscal year.

### **The impacts of the waiver would be disproportionately harmful to people living with HIV, creating public health issues**

Nationally, Medicaid is the largest source of insurance coverage for people living with HIV, at 42%, compared to 13% of the general population.<sup>4</sup> The reduced ease of access to Medicaid in the state of Georgia by the granting of this waiver would make it harder to access for a population that already desperately needs this safety net healthcare coverage. For people living with or at risk of contracting HIV, access to quality health insurance as promised by the ACA is essential to being able to access treatment to stay safe and healthy.

Such a reduction in access to Medicaid and private health insurance coverage by people living with HIV or at risk of it, will cause a higher incidence of new HIV infections as fewer people can get Pre-Exposure Prophylaxis (PrEP) covered, and greater burden on the state’s Ryan White programs.

### **Conclusion**

We believe that due to the reasons stated above, this proposed waiver will harm the communities we serve, and will also undermine the Administration’s goals to end the HIV epidemic. We urge CMS to not grant this waiver.

Should you have any questions or concerns, please contact either Victoria Rodríguez-Roldán, Senior Policy Manager, at [vrodriguezroldan@aidsunited.org](mailto:vrodriguezroldan@aidsunited.org), or Carl Baloney, Jr., Vice President of Policy & Advocacy at [cbaloney@aidsunited.org](mailto:cbaloney@aidsunited.org).

Cordially,

Carl Baloney, Jr.  
Vice President for Policy and Advocacy  
AIDS United

---

<sup>3</sup>

<https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>

<sup>4</sup> <https://www.kff.org/hiv/aids/fact-sheet/medicaid-and-hiv/>



September 23, 2020

The Honorable Alex M. Azar, Secretary, Department of Health and Human Services  
The Honorable Steven Mnuchin, Secretary, Department of the Treasury  
The Honorable Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Submitted by email to: [StateInnovationWaivers@cms.hhs.gov](mailto:StateInnovationWaivers@cms.hhs.gov)

Subject: Georgia Section 1332 Waiver Comments

Dear Secretary Azar, Secretary Mnuchin, and Administrator Verma,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). The Legal Action Center ("LAC") is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS or criminal records, and to advocate for sound public policies in these areas. We write to express deep concern with Georgia's proposed Section 1332 Medicaid waiver. As an organization that works to improve access to life-saving mental health and substance use disorder (MH and SUD) care, including for those who are currently or have previously been involved in the criminal legal system, LAC opposes the proposed waiver and urges HHS to deny its approval.

We are extremely concerned that, if Georgia's proposed Section 1332 waiver is approved, thousands more Georgians, including those who need life-saving MH and SUD services, will become uninsured. Under the proposed waiver, Georgia would exit the federal marketplace with no substitute. This would eliminate the central source of help for the roughly 500,000 Georgians who enroll in private health plans or Medicaid through [HealthCare.gov](http://HealthCare.gov). Georgia's waiver would eliminate the one-stop shop of HealthCare.gov, *requiring* people in the state to use private insurance companies and brokers to compare plans, apply for financial assistance, and enroll in coverage. This would undoubtedly increase confusion about where and how to access good-quality health coverage, hindering enrollment and prompting many people to give up and become uninsured. Contrary to the promise of expanded choices, this waiver would rob consumers of their only option for a guaranteed, central source of unbiased information on the comprehensive coverage available to them. If approved and implemented, this waiver would have a significant and disproportionately harmful effect on rates of un- and underinsurance for Georgians with chronic health conditions, especially those struggling with substance use disorders and mental health disorders, as well as those with conviction and arrest records.

By weakening coverage to comprehensive evidence-based care, the proposed waiver would significantly jeopardize health care access provided by Medicaid or private insurance to Georgians who struggle with mental health and substance use disorders. Georgia's waiver proposes that substandard plans, such as short-term plans, would be presented alongside comprehensive insurance. People enrolled in subpar plans are often subject to punitive exclusions of their pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose them to potentially high out-of-pocket costs. A study of short-term plans in Atlanta earlier this year showed that even though people would pay lower premiums up-front, they could be responsible for out-of-pocket costs several times higher for common or serious conditions, such as diabetes or a heart attack. The most popular plan in Atlanta refused to cover prescription drugs, mental health services, or maternity services, had pre-existing condition exclusions, and had a deductible three

times as high as an ACA-compliant plan.<sup>1</sup> Weakening coverage protections and benefit requirements as proposed in the Section 1332 waiver application would make it even more difficult for low-income Georgians to access the vital MH and SUD treatment services, medications and supports that help people become and remain well. This is deeply troubling given the devastating twin crises of drug overdose and suicide that persist during the COVID-19 pandemic.

People with mental health and substance use disorders who are reentering the community from incarceration would be particularly harmed under this proposal; in the first two weeks of reentry, people are 129 percent more likely to die from a drug overdose and are at significantly higher risk to die by suicide. In this time of heightened stress, isolation, and hardship, rates of mental health and substance use disorder-related crises are increasing. Disrupting coverage in Georgia by approving the proposed Section 1332 waiver would be particularly damaging to people transitioning home from incarceration, their families and their communities.

This proposal would also continue to perpetuate health disparities, as states consider ways to promote greater racial justice and equity in access to health care. Due to systemic racism, Black and Brown people face significant disparities in health care coverage and access. As a result, they experience poorer health outcomes. Untreated mental health and substance use disorders, coupled with racism in the criminal justice system, have driven the overrepresentation of Black and Brown people in jails and prisons. Weakening Georgians' insurance coverage would restrict their ability to access comprehensive, high quality, community-based health care, including MH and SUD care to communities of color, and would continue to foster inequity.

For the above reasons, we urge HHS not to approve Georgia's proposed Section 1332 waiver application. We instead continue to urge Georgia to adopt the Medicaid expansion, which would significantly reduce the state's uninsured rate, help with responding to the ongoing pandemic, strengthen health outcomes, and improve access to life-saving MH and SUD care. Thank you for your consideration of our comments.

Gabrielle de la Guéronnière

Policy Director, Legal Action Center

---

<sup>1</sup> Dane Hansen and Gabriela Dieguez, "The impact of short-term limited-duration policy expansion on patients and the ACA individual market," Milliman, February 2020, <https://www.lls.org/sites/default/files/National/USA/Pdf/STLD-Impact-Report-Final-Public.pdf>; Kelsey Waddill, "Do Short-Term Limited Duration Plans Deserve Industry Skepticism?," HealthPayerIntelligence, March 4, 2020, <https://healthpayerintelligence.com/news/do-short-term-limited-duration-plans-deserve-industry-skepticism>.

**Congress of the United States**  
**Washington, DC 20515**

September 16, 2020

The Honorable Alex M. Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Steven T. Mnuchin  
Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue, NW  
Washington, DC 20220

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

The Honorable Charles Rettig  
Commissioner  
Internal Revenue Service  
1111 Constitution Avenue, NW  
Washington, DC 20224

Dear Secretary Azar, Secretary Mnuchin, Administrator Verma, and Commissioner Rettig:

We write to express strong concerns about the State of Georgia’s proposed waiver under Section 1332 of the Affordable Care Act (ACA).<sup>1</sup> The state’s waiver application proposes eliminating Healthcare.gov without replacing it with a State-based Marketplace (SBM).<sup>2</sup> The proposed waiver is unlawful, will significantly reduce access and enrollment in comprehensive health insurance, and will expose consumers to greater financial risk by encouraging enrollment in junk plans. We urge you to reject the waiver and encourage the State of Georgia to resubmit a waiver proposal that comports with federal law and does not deprive thousands of the state’s residents of comprehensive health insurance coverage.

Congress enacted Section 1332 (State Innovation Waivers) of the ACA to provide states flexibility to experiment with health insurance reforms that could improve the well-being of their residents, but with a clear statutory directive to maintain the levels of benefits, affordability, and coverage provided to state residents by the ACA. To ensure that any waiver achieves these goals, Congress enacted four strict statutory “guardrails” that waiver applications must meet in order to be approved by the Secretaries of the Department of Health and Human Services (HHS) and the Department of the Treasury (Treasury) (jointly, Secretaries). Under Section 1332, states must demonstrate to the Secretaries that their waivers:

1. “will provide insurance coverage that is at least as comprehensive as the coverage defined in section 1302(b) [essential health benefits] and offered through Exchanges...;”

---

<sup>1</sup> Patient Protection and Affordable Care Act, Pub. L. No. 111-148.

<sup>2</sup> The Georgia Department of Community Health, *Georgia Section 1332 State Empowerment and Relief Waiver Application* (July 2020) ([www.medicaid.georgia.gov/patientsfirst](http://www.medicaid.georgia.gov/patientsfirst)).

2. “will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of this title would provide;”
3. “will provide coverage to a comparable number of its residents as the provisions of this title would provide; and”
4. “will not increase the Federal deficit.”<sup>3</sup>

The statutory text is clear that coverage provided under a state waiver must meet all four guardrails simultaneously: comprehensiveness, affordability, number of people covered, and deficit neutrality.

Georgia’s proposed 1332 waiver fails to meet these statutory criteria because it would clearly result in a massive loss of health insurance coverage for its residents. The waiver seeks to eliminate state residents’ access to Healthcare.gov without replacing it with a SBM.<sup>4</sup> Georgia consumers would be required to seek coverage through the websites of private vendors who already exist and currently sell health plans in Georgia.<sup>5</sup> Thus, the waiver seeks to eliminate a pathway to enrollment while creating no new options for consumers to enroll, nor any new incentives or mechanisms to facilitate enrollment. Despite these barriers to coverage, the state makes the unsubstantiated claim that 33,000 additional consumers will enroll as a result of the waiver based on a flawed baseline and entirely unsupported assumptions.

Georgia’s assertion that only 8,000 people will lose health insurance coverage as a result of the waiver proposal is also unsupported by any evidence. The state fails to provide any plausible explanation of how a vast majority of the more than 80,000 individuals who enrolled in the Marketplace in the most recent enrollment period would avoid a loss of coverage once the state eliminates residents’ access to Healthcare.gov.

Moreover, the waiver proposal does not address how the state would address new potential barriers to Medicaid enrollment. In recent years, roughly 40,000 Georgia consumers have visited Healthcare.gov during open enrollment season and have been determined eligible for Medicaid.<sup>6</sup> Thousands more likely found Medicaid coverage outside of the open enrollment season through Healthcare.gov. The elimination of Healthcare.gov access would be catastrophic

---

<sup>3</sup> Section 1332(b)(1) of Pub. L. No. 111-148.

<sup>4</sup> *See* note 2.

<sup>5</sup> *Id.*

<sup>6</sup> The Brookings Institution, *Georgia’s Latest 1332 Proposal Continues to Violate the ACA* (Sept. 2020) ([www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca](http://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca)).

for thousands of consumers who access Marketplace and Medicaid coverage through the site each year. One estimate by the Brookings Institution concludes that the waiver proposal would cause 35,000 to 90,000 people to lose coverage in the first year.<sup>7</sup> The low-end estimate of a 35,000-person coverage loss would still require the state to somehow retain 97 percent of active re-enrollees in Marketplace coverage, 70 percent of Marketplace enrollees through automatic re-enrollment, and 90 percent of all Medicaid enrollees, all without a mechanism to facilitate such enrollment.<sup>8</sup> HHS and Treasury must reject the state's assertions of minimal coverage losses as they are unsupported by any meaningful economic or actuarial analyses.

The state's waiver application also makes clear the intent to drive consumers into substandard, junk coverage, such as short-term, limited duration plans (STLDI), as well as potentially other plans such as indemnity plans, critical illness plans, and other plans that lack the ACA's consumer protections.<sup>9</sup> These plans discriminate against individuals with pre-existing conditions, fail to provide consumers with meaningful protection against unexpected health care costs, and often result in consumers being saddled with thousands of dollars in unpaid medical claims.

An investigation of STLDI plans by the House Committee on Energy and Commerce found that STLDI insurers systematically exclude coverage for most major medical conditions resulting from pre-existing conditions, as well as coverage of basic medical services that consumers would reasonably expect to be covered by health insurance.<sup>10</sup> The Committee's investigation also found that most STLDI plans often deny claims for medical care after putting consumers through an extensive and invasive claims review process, and also often rescind coverage, leaving consumers uninsured and with large medical bills.<sup>11</sup> Indemnity plans also offer bare-bones coverage and impose significant limitations on the benefits covered.<sup>12</sup> Any waiver application that increases enrollment in substandard coverage at the expense of comprehensive coverage clearly violates the statutory requirement that a 1332 waiver must "provide insurance coverage that is at least as comprehensive as the coverage defined in section

---

<sup>7</sup> *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> The Georgia Department of Community Health, *Patients First Act Portal* (July 2020) ([www.medicaid.georgia.gov/patientsfirst](http://www.medicaid.georgia.gov/patientsfirst)).

<sup>10</sup> Majority Staff, House Committee on Energy and Commerce, *Shortchanged: How the Trump Administration's Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk* ([www.drive.google.com/file/d/1uiL3Bi9XV0mYnxpyaIMeg\\_Q-BJaURXX3/view](http://www.drive.google.com/file/d/1uiL3Bi9XV0mYnxpyaIMeg_Q-BJaURXX3/view))

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

The Honorable Alex M. Azar II  
The Honorable Steven T. Mnuchin  
The Honorable Seema Verma  
The Honorable Charles Rettig  
September 16, 2020  
Page 4

1302(b) [essential health benefits] and offered through Exchanges.”<sup>13</sup> Additionally, the state entirely fails to account for the reality that increased enrollment in these plans necessarily will result in higher premiums in the market for comprehensive coverage, thereby failing the statutory requirement that coverage must be “at least as affordable” as it is under current law.<sup>14</sup>

We previously wrote raising concerns about the Departments’ 2018 guidance on 1332 waivers, which disregards both the plain text of the statute as well as clear congressional intent behind Section 1332 of the ACA.<sup>15</sup> The 2018 guidance allows states to simply show that a comparable number of residents have *access* to “meaningful” coverage, regardless of whether they actually have it or not, thereby allowing the Secretaries to approve waivers that do not provide coverage that is as affordable or as comprehensive as under the ACA.<sup>16</sup> Having “access” to coverage is not the same thing as having coverage, and as we wrote in 2018, “the Administration’s attempt to read ‘access’ into the statute is transparently motivated by an ideological opposition to the benefits and protections afforded by the ACA.”<sup>17</sup> But even under the agencies’ “reinterpretation” of Section 1332 in their 2018 guidance, the application fails to meet the statutory guardrails because it will clearly result in a significant coverage loss.

We also note that Georgia has not satisfied the federal criteria for a complete waiver application under Section 1332’s final regulations.<sup>18</sup> Federal regulations require a state to enact authorizing legislation that would provide the state with the authority to implement a 1332

---

<sup>13</sup> See note 3.

<sup>14</sup> *Id.*

<sup>15</sup> Letter from Sen. Ron Wyden, Ranking Member, Senate Committee on Finance, Sen. Patty Murray, Ranking Member, Senate Committee on Health, Education, Labor and Pensions, Sen. Robert P. Casey, Jr., Senate Special Committee on Aging, Rep. Frank Pallone, Jr., Chairman, House Committee on Energy and Commerce, Rep. Richard Neal, Chairman, House Committee on Ways and Means, to Secretary Alex M. Azar, Department of Health and Human Services et. al (Nov. 16, 2018); Letter from Rep. Frank Pallone, Jr., Chairman, House Committee on Energy and Commerce and Rep. Richard Neal, Chairman, House Committee on Ways and Means, to Secretary Alex M. Azar, Department of Health and Human Services et. al (Nov. 29, 2018).

<sup>16</sup> Department of Health and Human Services and Department of the Treasury, *State Relief and Empowerment Waivers*, 83 Fed. Reg. 53575 (Oct. 22, 2018).

<sup>17</sup> Letter from Rep. Frank Pallone, Jr., Chairman, House Committee on Energy and Commerce and Rep. Richard Neal, Chairman, House Committee on Ways and Means, to Secretary Alex M. Azar, Department of Health and Human Services et. Al (Nov. 29, 2018).

<sup>18</sup> Department of Treasury and Department of Health and Human Services, *Application, Review, and Reporting Process for Waivers for State Innovation*; Final Rule, 77 Fed. Reg. 38, Part 155 (February 27, 2012).

The Honorable Alex M. Azar II  
The Honorable Steven T. Mnuchin  
The Honorable Seema Verma  
The Honorable Charles Rettig  
September 16, 2020  
Page 5

waiver.<sup>19</sup> However, Georgia has not enacted any legislation that would allow the state to implement the proposed waiver. Federal regulations also require that the state provide “actuarial analyses and actuarial certifications to support the state’s estimates that the proposed waiver will comply with the comprehensive coverage requirement, the affordability requirement, and the scope of coverage requirement.”<sup>20</sup> However, Georgia’s assertion that 33,000 new individuals will enroll in coverage is based on entirely unsupported assumptions and the state fails to provide sound actuarial analysis. Lastly, federal regulations require a state to specify a “list of the provisions of law that the state seeks to waive including a description of the reason for the specific requests.”<sup>21</sup> Georgia’s waiver proposal fails to make specific requests for the provisions it seeks to waive, nor does it demonstrate how the state will be in compliance with other provisions of the law. Therefore, Georgia’s application is incomplete based on the criteria specified by the final regulations, and as such the decision by your Departments to deem the application complete was inappropriate.

A decision to approve this waiver based on unsupported assertions that are not based on any realistic actuarial analysis and by relying on claims that defy both logic and common sense would represent a gross abdication of the agencies’ responsibility. We urge you to reject this unlawful waiver proposal as it fails to meet the statutory requirements of Section 1332 of the ACA and is woefully inadequate to meet the health care needs of Georgia’s residents.

Sincerely,



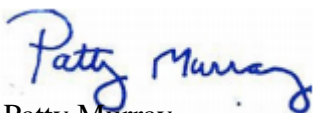
Frank Pallone, Jr.  
Chairman  
Committee on Energy and Commerce



Robert C. “Bobby” Scott  
Chairman  
Committee on Education  
and Labor



Richard E. Neal  
Chairman  
Committee on Ways and Means



Patty Murray  
Ranking Member  
Senate Committee on Health, Education,  
Labor, and Pensions



Ron Wyden  
Ranking Member  
Senate Committee on Finance

---

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*