

STATE OF GEORGIA

IN THE MATTER OF: )  
 )  
 PUBLIC HEARING ON THE )  
 REINSURANCE OF GEORGIA ACCESS )  
 MODEL 1332 DEMONSTRATION )  
 WAIVER )  
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Public hearing on the reinsurance of Georgia Access Model 1332 Demonstration Waiver taken pursuant to notice under the Georgia Civil Practice Act, reported by Elise M. Napier, CCR-2492, at the Mercer School of Medicine, 1250 East 66th Street, Savannah, Georgia, on Thursday, November 7, 2019, commencing at 1:00 p.m.

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Transcript Prepared By:

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(Reporter's disclosure statement attached to back of transcript.)

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E X H I B I T S

(No Exhibits were marked.)

1 MR. KRULL: Good afternoon. I'm Matthew  
2 Krull, Health Policy Counsel with the Department  
3 of Community Health in the Office of General  
4 Counsel. Today is November 7th, 2019, it is now  
5 1:00 p.m. This is a public hearing on the  
6 reinsurance of Georgia Access Model 1332  
7 Demonstration Waiver. This public notice was  
8 issued by Governor Brian P. Kemp on November 4th,  
9 2019. This notice is incorporated into this  
10 proceeding. Thank you.

11 Pursuant to 31 CFR section 33.112 and 45  
12 CFR section 155.1312. The state must provide a  
13 public notice and comment period prior to  
14 submitting application for a new section 1332  
15 Waiver. On November 4th, 2019 the Governor issued  
16 a press release of this notice. Public comment  
17 period will expire on December 3rd, 2019.  
18 Individuals wishing to provide written comments on  
19 or before December 30, 2019 may submit comments  
20 through an online web forum located at  
21 [Medicaidgeorgia.gov//patientsfirst](https://medicaidgeorgia.gov/patientsfirst) or to Ryan  
22 Loke, care of the Office of the Governor at 206  
23 Washington Street, Suite 115, State Capital,  
24 Atlanta, Georgia 30334. Comment letters must be  
25 postmarked by December 3rd, 2019 to be accepted.

1           At the conclusion of the comment period  
2           all oral comments presented today will be  
3           transcribed included in the final waiver  
4           application. If you wish to make oral comments  
5           today, please be sure to a sign on the appropriate  
6           roster in the hobby.

7           At this time I'm going to turn it over  
8           to Brian Loke, Special Projects Coordinator for  
9           the Office of the Governor, who is Brian Kemp, to  
10          give a presentation on the 1332 Waiver.

11          MR. LOKE: Thank you. Does anybody need  
12          of services of our hearing impaired interpreter?  
13          No? Thank you, sir. Well, thank y'all for  
14          joining us this afternoon. As Matt mentioned, my  
15          name is Ryan Loke, I'm Health Policy Advisor and  
16          Special Project Coordinator for Governor Brian  
17          Kemp and I'm joined today by Blake Fulenwider,  
18          Chief Health Policy Officer of the Department of  
19          Community Health.

20          I'll be discussing giving a brief  
21          presentation on Georgia Section 1332 draft waiver  
22          application both the reinsurance function and the  
23          Georgia access models. Earlier this morning we  
24          had our first public hearing on Georgia Pathways  
25          our section 1115 demonstration and held public

1           comments for that. This afternoon we will be  
2           focusing on Georgia Section 1332 draft waiver  
3           application.

4                       As Matt mentioned, we are accepting  
5           public comments and the full comments today and  
6           also written and online comments through December  
7           3rd of this year and we will respond to all  
8           comments received in both of our waiver  
9           applications for both Section 1115 and Section  
10          1332 authority.

11                      A little bit of background information  
12          on the Patients First Act. The Patients First Act  
13          106 was signed into law on March 27th, 2019 after  
14          passing general assembly during this past  
15          legislative session. The Patients First Act  
16          granted the Governor the authority to submit one  
17          or more section 1332 waivers from the Affordable  
18          Care Act to the United States Department of Health  
19          and Human Services and the United States Treasury.

20                      We have a timeline of submitting both or  
21          any of those waivers by December 31st of 2021 and  
22          the legislation granted us approval to implement  
23          the waivers once approved by the federal  
24          government.

25                      The purpose of 1332 waivers are to

1 pursue innovative strategies to provide access to  
2 high quality affordable health insurance under the  
3 auspices of the Affordable Care Act. We have four  
4 statutory guardrails that are in place that CMS  
5 and the Treasury will evaluate our draft waiver  
6 application again and those are comprehensive  
7 affordability coverage and deficit neutrality.

8 And quite simply what those means is the  
9 comprehensiveness we have to provide coverage  
10 that's at least as comprehensive as provided  
11 absent the waiver application. The coverage that  
12 we provide has to be at least as affordable if not  
13 more affordable as the waiver application and the  
14 coverage has to be the same if not better, and  
15 then probably most importantly it has to be  
16 deficit neutral to the federal government.

17 As Blake mentioned this morning for  
18 those of you that were in attendance, we have been  
19 engaged in the labor development process since  
20 late June/early July of this year and early July  
21 after contracting with our consulting team we who  
22 on the Department of Community Health website of  
23 both in Georgia environmental scan and a national  
24 environmental scan focusing on both Section 1115  
25 and 1332 waiver authorities and their potential

1 impacts across the nation what's already done.

2 Following those environmental scans  
3 being released we have engaged a stakeholder group  
4 that met in July and then like once again earlier  
5 this week and have worked with them throughout  
6 this process as well as the federal government to  
7 begin exploring the possibility of waiver options  
8 under Section 1332 authority.

9 And then finally we have drafted and  
10 posted the draft Section 1332 Waiver on the  
11 Department of Community Health website and the  
12 office of the Governor's website on Monday,  
13 November 4th and those are both the public notice,  
14 the 1332 application and the 1115 application are  
15 available to view on the Governor's website and  
16 the DCH website as well.

17 We've been, like I said, in constant  
18 communication and contact with our federal  
19 partners at CMS United States Treasury. We intend  
20 to hold six public hearings across the state over  
21 the course of the next 30 days, this being our  
22 first and then, like I said earlier, we'll be  
23 accepting public comments online or by mail  
24 through December 3rd of this year.

25 So just walk you through a little bit of



1 our Section 1332 Waiver application, we'll start  
2 with the goals, which are, again, fairly  
3 straightforward and have to meet the statutory  
4 guardrails comprehensiveness, supportability  
5 coverage and deficit neutrality that I discussed  
6 earlier, but our goals with this program are to  
7 reduce premiums particularly in high cost regions  
8 across the state and to advise carriers to offer  
9 plans in more counties across the state.

10 Be able to foster some innovation to  
11 provide better access to healthcare coverage,  
12 expand choice and affordability of options for  
13 consumers purchasing individual market coverage,  
14 attract uninsured individuals to the market,  
15 maintain access to the existing midlevel QHTs and  
16 catastrophic plans, your ACA plans, if you will,  
17 and then finally we intend to maintain protections  
18 for individuals for pre-existing conditions. I  
19 want to emphasize that that's not a waivable  
20 provision under the ACA and it's spelled out  
21 explicitly in our waiver that we're not seeking to  
22 waive protections for individuals with  
23 pre-existing conditions.

24 Our 1332 Waiver design is in two phases.  
25 The first phase will begin in plan year 2021, that

1 will be the reinsurance program and then plan year  
2 2022 we will undertake the Georgia Access Program.  
3 The reinsurance program is fairly straightforward  
4 and has been tested and certified and approved by  
5 the federal government and 12 other states under  
6 Section 1332 Waiver authority and the goal there  
7 is really to help stabilize a volatile individual  
8 market that exists currently where you have little  
9 competition, incredibly high costs and little  
10 choice for individuals purchasing coverage off the  
11 individual market.

12 The second phase Georgia Access this  
13 will be inducted and we plan to move the state of  
14 Georgia away from the operations of what's known  
15 as the federally facilitated marketplace notice  
16 healthcare, dot, gov and allow for a network of  
17 web brokers, other brokers and insurance carriers  
18 to be the enrollment portals for individuals  
19 seeking individual market coverage and that will  
20 begin in plan year 2022.

21 To discuss the reinsurance program just  
22 briefly, we are proposing a claims based  
23 reinsurance model, which is pretty standard across  
24 the country, with an attachment point beginning in  
25 20,000 and capping at 500,000, and what we are

1 seeking to do is tier out the coinsurance rates by  
2 insurance rates across the state we have tiered  
3 those out in the three categories which are listed  
4 in the waiver application ranging from the lowest  
5 cost regions to the highest cost regions. In the  
6 highest cost regions a higher coinsurance rate  
7 will be applied; therefore, a larger reduction in  
8 year one premiums will be seen as a result.

9 And we are targeting an average of ten  
10 percent reduction in average premiums across the  
11 state. If you look within the locations that  
12 ranges from about five percent in Metro Atlanta to  
13 25 percent in areas like Southwest Georgia,  
14 Northeast Georgia and Northwest Georgia.

15 The Georgia Access model moving the  
16 state away from the operations of the federally  
17 facilitated marketplace healthcare, dot, gov is a  
18 unique model and one that's not been tested before  
19 the eyes of the federal government and we intend  
20 to be the first state to submit such an  
21 application.

22 you can see up there how we bifurcated  
23 the draft operations for the Georgia Access model.  
24 We intend to rely on the private sector heavily  
25 for things that they are doing incredibly well and

1 allowing them basically to provide for consumers  
2 to be able to shop, compare and purchase plans  
3 through web brokers or the insurance carriers  
4 themselves and then leverage mechanisms and  
5 incentives in the commercial market to provide  
6 education, outreach and customer service, things  
7 that they are already doing incredibly well and  
8 are already operating under today just not under  
9 the auspices of the Affordable Care Act.

10 The state will maintain several back end  
11 operations in terms of oversight the state will be  
12 tasked with certifying plans eligible for  
13 subsidies both the existing health plans and then  
14 what we're referring to as eligible nonqualified  
15 health plans.

16 In order for a subsidy under the  
17 Affordable Care Act to be applied in this case  
18 plans must maintain protections for individuals  
19 who have pre-existing conditions and can't  
20 medically underwrite. The state will also be  
21 responsible for calculating the eligibility for  
22 subsidies for individuals seeking coverage. It is  
23 our intend to model the federal subsidy structure  
24 in the first year of the Georgia Access model.

25 The state will also be responsible for

1 issuing the subsidies to the plans on behalf of  
2 individuals just like the ACA, allowed for today  
3 and then we will have the program oversight  
4 compliance function through the Governor's office  
5 to health strategy and coordination.

6 Talking a little bit about the benefits  
7 and what stays the same and what is different.  
8 What stays the same, access to current ACA  
9 compliant plans, qualified health plans and high  
10 deductible plans, again, the protections for  
11 individuals with pre-existing conditions and then  
12 the subsidies that are available today under the  
13 ACA will now be captured and administered by the  
14 state but will still be utilized for individuals  
15 purchasing coverage in the state if you're  
16 eligible for subsidy between 100 percent of  
17 poverty and 400 percent of poverty.

18 Some of the benefits to the Georgia  
19 Access model that we've identified is the ability  
20 for consumers to view all of the insurance options  
21 available to them and not just be locked into  
22 going into healthcare.gov and seeing the qualified  
23 health plans and having to go to other brokers,  
24 other websites to see the rest of the options  
25 available to them. They will be able to see all

1 of the options in one shopping experience in front  
2 of them.

3 Also allowing for the carriers to act as  
4 enrollment portals, which they are prohibited  
5 under the ACA today. If an individual likes their  
6 health plan and like their carrier, they can now  
7 under this model enroll direct with that health  
8 plan rather than having to go through a shopping  
9 experience.

10 We hope to expand consumer choice with  
11 affordable options through the eligible nonQHTs,  
12 again, to be eligible for a subsidy for the  
13 eligible nonQT we have to maintain or the state  
14 will require that those plans maintain protections  
15 for individuals pre-existing conditions and cannot  
16 medically underwrite, and then ultimately provides  
17 the state flexibility to adjust program structure  
18 best meet the needs of Georgians in the future and  
19 not be locked into a one size fits all federal  
20 government approach.

21 That concludes my presentation. I'll  
22 turn it back to Mr. Krull for the public comment  
23 portion.

24 MR. KRULL: Thank you, Mr. Loke. At  
25 this time I'll go down the roster and give each

1 person who signed an opportunity to speak. Please  
2 limit your comments to ten minutes and keep your  
3 comments limited to the issues that directly  
4 relate to the proposed public notice. I'll remind  
5 that we're talking about the 1332 state relief and  
6 empowerment waiver.

7 At the end of your ten minutes if you've  
8 not completed your presentation, I may ask for a  
9 brief closing statement and you'll be able to  
10 submit the other comments in writing. With that  
11 said I'll call the first person who signed to  
12 speak and I call Mr. Henry Criss. Mr. Criss,  
13 please approach the microphone. Thank you for  
14 coming today.

15 MR. CRISS: Yes, sir. Thank you. Good  
16 afternoon. My name is Henry Criss, C-r-i-s-s.  
17 I'm the director of financial security for Step Up  
18 Savannah. Step Up Savannah is a local nonprofit  
19 organization that works collaboratively with  
20 partners here locally throughout the state and  
21 across the country to serve low income individuals  
22 and to promote economic opportunities and  
23 equitable prosperity throughout the city of  
24 Savannah as well as throughout Chatham County,  
25 Georgia.

1                   This work often takes the form of two  
2                   main approaches. One of them is work force  
3                   development, the other one is asset development  
4                   and access to affordable healthcare is a very  
5                   important part of asset building and developing a  
6                   work force that can get to work, that is  
7                   sustainable and it would support economic  
8                   development and growth here in our community.

9                   It's our understanding, it's my  
10                  understanding that the intended purpose of 1332  
11                  Waivers are to be innovative and building progress  
12                  made by the Affordable Care Act. The proposal put  
13                  forward by the state moves in the opposite  
14                  direction of this intended purpose.

15                 Any 1332 Waiver in Georgia to be  
16                 innovative to meet those expectations should meet  
17                 the principal of preserving critical consumer  
18                 protections like those that protect consumers with  
19                 pre-existing conditions should maintain  
20                 comprehensive quality health coverage including  
21                 this requirement that all insurance plans covered  
22                 with ten essential health benefits.

23                 It should insulate consumers from rising  
24                 healthcare costs by building a stable robust  
25                 health insurance marketplace and investing in



1 policies that increase marketplace enrollment. It  
2 should also disallow increases and financial  
3 liabilities for low and middle income consumers  
4 those between 100 and 400 percent of the federal  
5 poverty line. In my estimation the Georgia Access  
6 Waiver violates all of these principles and,  
7 again, is not innovative working in the opposite  
8 direction.

9 Specifically to this proposal there is  
10 several years of concern. One of them is  
11 expanding access to substandard plans that do not  
12 meet the minimum standards put forth by the  
13 Affordable Care Act. These plans don't cover the  
14 ten essential health benefits putting people at  
15 risk of not having the coverage they need when  
16 they need it.

17 These substandard plans frequently don't  
18 cover prescription drugs, no healthcare services  
19 and maternity care. Half of all pregnancies are  
20 unexpected so it's important for adults and  
21 families to have coverage of services that they  
22 might not think they need.

23 Also these kinds of plans use marketing  
24 tactics that obscure the benefits of the plans.  
25 Consumer testing has shown that even with printed

1 brochure to review these substandard plans,  
2 consumers have a hard time understanding what the  
3 plan doesn't cover those essential health  
4 benefits. People may enroll in these substandard  
5 plans without knowing it putting their access to  
6 needed care and their financial position at risk.

7 The waiver is unclear if the new  
8 accessible plans will be able to charge more to  
9 women or seniors putting these populations  
10 potentially at greater financial risk. The  
11 Georgia Access Waiver is also unclear if these  
12 plans will cover people with conditions, delaying  
13 coverage or not covering people, but as you poured  
14 out, will cover people with pre-existing  
15 conditions but make delayed coverage for  
16 pre-existing conditions for some period of time.

17 Many of these substandard plans also  
18 leave enrollees in great financial risk because of  
19 very high out of pocket maximums. Annual lifetime  
20 coverage limits and the Affordable Care Act limits  
21 these out of pocket liabilities for consumers and  
22 while that limit would likely be higher than most,  
23 there has got to be a limit there and it's unclear  
24 with the Georgia Access Waiver if plans eligible  
25 for subsidies would have to meet the same out of

1 pocket guidelines as for the maximums.

2 It's also unclear if these plans are  
3 eligible for subsidies or are these plans eligible  
4 for subsidies will be able to include annual or  
5 lifetime coverage limits, which put people with  
6 chronic conditions such as cancer or victims with  
7 catastrophic accidents at the greatest financial  
8 risk.

9 Another area of concern is waiving the  
10 part of the Affordable Care Act that applies to  
11 federal mental health parity protection to  
12 marketplace plans means that insurers have is to  
13 cover mental health in the same way or removes the  
14 requirement for parity meaning the insurance would  
15 not have to cover mental health the same way that  
16 they physical health. By waiving parity for all  
17 marketplace plans not just the substandard ones,  
18 even those that cover mental health, may do so in  
19 an unequitable way.

20 Also of concern is the idea of capping  
21 financial assistance. It's supposed to take  
22 control of the subsidies available to low and  
23 middle income families and apply them to ACA  
24 compliant and substandard plans. But to limit the  
25 state's financial liability Georgia is capping the

1 amount of financial assistance available.

2 Under the current system financial  
3 assistance is open ended so everyone who qualifies  
4 gets subsidies. But under the proposed rule some  
5 low to middle income consumers and families may  
6 not have any financial help if they sign up after  
7 the state budget has been exhausted. Instead they  
8 have to pay the full cost of their plan, which may  
9 be much higher than the current limits set by the  
10 Affordable Care Act.

11 For instance, Savannah area consumer  
12 making approximately 1,200 -- I'm sorry \$12,700  
13 annually just over the poverty line, would pay  
14 under the current system a \$35 a month premium  
15 with a \$420 deductible for a silver level plan,  
16 which is about six percent of their income. Under  
17 the proposed system this same individual could end  
18 up paying more than \$438 a month in premiums and  
19 have up to a \$5,700 deductible, which would be  
20 upwards around 77 percent of their income, again,  
21 placing their financial security at risk. Thank  
22 you.

23 MR. KRULL: Thank you, Mr. Criss, for  
24 your comments. I'll call Karen Gainey.

25 MS. GAINEY: I'm just going to submit

1 written comments.

2 MR. KRULL: That's fine. I appreciate  
3 that. We'll go to Rosemary Mackey. Thank you for  
4 coming.

5 MS. MACKEY: Thank you. Thank you for  
6 inviting us. I'm Rosemary Mackey together with my  
7 colleagues Dr. Diane Weams and Dr. Blake Caldwell,  
8 we are volunteers for the Atlanta based Not For  
9 Profit Georgians for a Healthy Future. Its goal  
10 is to partner with advocates, community  
11 organizations and consumers to build and mobilize  
12 the unified voice, vision and leadership to  
13 achieve a healthy future for all Savannah, all  
14 Georgians.

15 I want to say first off that I'm not  
16 going to talk about the reinsurance components of  
17 this because we thoroughly are supportive of  
18 regional reinsurance program and our  
19 recommendation is that the state limit its waiver  
20 to that reinsurance program.

21 What I'm really going to focus on is the  
22 Georgia Access model. A healthy population is  
23 good economics. Our legislature thinks that  
24 saving money by not expanding Medicaid to cover  
25 all who need it. Well, in fact, we are all

1 picking up the financial shortfall as the  
2 uninsureds are forced to seek care in our already  
3 stress safety net medical facilities for acute and  
4 chronic healthcare problems that could have been  
5 avoided if they had access to appropriate basic  
6 preventive care.

7 The 1332 plan proposed by state leaders  
8 presents another lost opportunity to do right by  
9 Georgians in building and ensuring a healthy  
10 future. This proposal seeks to rollback the gains  
11 we've made in stabilizing Georgia's healthcare  
12 insurance marketplace and favors insurance over  
13 consumers. Insurers stand to benefit from each  
14 part of the proposed plan while consumers shoulder  
15 all of the risks.

16 As most people know, the federal  
17 government is a far more efficient manager of  
18 healthcare through its Medicare program where its  
19 administrative costs are somewhere between six and  
20 eight percent where the average insurer that  
21 you're proposing we use, theirs range anywhere  
22 upwards from 16 to 18 percent. That makes no  
23 sense.

24 This plan means that the Georgians who  
25 struggle to shop for the right healthcare coverage

1 and that consumers will be at the disadvantage  
2 when choosing the plan that's right for them. The  
3 Governor's plan introduces the reinsurance  
4 program, which could lower premium costs and  
5 attracts more insurers on the individual market,  
6 which we applaud; however, allowing tax credits to  
7 be used for nonACA compliant plans will further  
8 destruct the market by putting more consumers out  
9 of a comprehensive health plan.

10 The marketplace waivers dismantle  
11 Georgia's health insurance marketplace also called  
12 healthcare.gov, leaving consumers with no central  
13 unbiased platform where they can compare and  
14 purchase comprehensive insurance plans. Under  
15 this plan Georgians will have to rely on  
16 information provided by insurers and e-brokers who  
17 are looking to increase their profit margin rather  
18 than looking at the best interests of the  
19 consumer. Sounds like fox in the hen house to me.

20 Allowing premium tax credits to be  
21 applied to plans that are nonACA compliant means  
22 that many health consumers, healthcare consumers  
23 will be drawn to plans that are deceptively cheap  
24 but do not cover the services they need or  
25 expected.

1                   These health plans do not cover basics  
2                   like prescription drugs or mental healthcare but  
3                   they are marketing tactics to obscure these  
4                   shortcomings. This perilous combination puts  
5                   consumers health and finance at risk. The 1332  
6                   State Innovation Waiver undermines the ACAs  
7                   protection for people with pre-existing conditions  
8                   and leaves thousands of Georgians at risk.

9                   Consumers who need comprehensive  
10                  coverage may find that they are stocked with  
11                  higher overall costs because healthier consumers  
12                  are able to purchase these plans. Please tell  
13                  Governor Kemp that his plan worked for insurance  
14                  not for Georgia families and individuals.

15                  If you're worried, if you're stressed,  
16                  if you're health and finances are at risk is  
17                  because your state leaders choose insureds over  
18                  your wellbeing. Remind Governor Kemp that closing  
19                  the coverage gap by expanding Medicaid would bring  
20                  in \$3 billion federal dollars to Georgia each  
21                  year.

22                  For every dollar the state spends on  
23                  closing the coverage gap Georgia receives up to \$9  
24                  in federal funding. As taxpaying Georgians have  
25                  already invested in closing the coverage gap



1 nationwide, if we don't accept this opportunity in  
2 Georgia, the federal government gets to keep our  
3 tax dollars. Georgia is turning down \$8 million a  
4 day, three billion per year in money we could  
5 otherwise be spending to give hard working  
6 Georgians access to the coverage they need.

7 Closing the coverage gap would support  
8 Georgia for rural hospitals, economic institutions  
9 for rural communities across the state. Thank  
10 you.

11 MR. KRULL: Thank you, Ms. Mackey, for  
12 your comments. Mr. Robert Bush. Good afternoon,  
13 Mr. Bush. Thank you for coming.

14 MR. BUSH: Good afternoon. Thank you  
15 and thank you for listening today. My name is  
16 Robert Bush and just to repeat to make sure it  
17 gets in the perfect places. I'm a senior staff  
18 attorney for the Georgia Legal Services program,  
19 Savannah office, and we are a nonprofit law firm  
20 that represents low income individuals in civil  
21 and legal cases, and one of the reasons that I  
22 wanted to return this afternoon to make just some  
23 short comments is that, you know, I have been  
24 representing low income Georgians on healthcare  
25 matters for several years and I've represented

1       them in 1332 world and in the 1990s and into the  
2       2000s for several years I ran an HIV/AIDS legal  
3       project and represented, you know, many people in  
4       healthcare matters and now I represent  
5       particularly seniors and often health matters are  
6       the center of what we do.

7                But I've seen what you have created a  
8       curb before and what happened from the operation  
9       of a situation where insurance companies were  
10      allowed to make -- to create policies that had  
11      very actually limited coverage under the policies  
12      and they were able to sell these policies without  
13      regulation to individuals.

14             In the 80s class I was presented to my  
15      office with these policies and they would be  
16      seeking help because they would not be able to  
17      receive the healthcare services that were supposed  
18      to be guaranteed to be covered under the policies  
19      but they would be terminated for pre-existing  
20      conditions, which thankfully won't be happening  
21      here, whether by prescription or by will that they  
22      would be informed that coverage for HIV, for  
23      example, is capped at 10,000 per lifetime.

24             Necessary prescriptions and treatments  
25      weren't covered. Too ladies clients found out

1           that these policies didn't cover what they needed  
2           because the marketing was often not done in the  
3           best faith and these limitations were obscured.  
4           The private industry with risks of protections and  
5           because of the lack of the regulation, it came to  
6           be seen as an unlikely source of reliable  
7           healthcare coverage that it was paid to provide as  
8           advocates because of the legal protections of the  
9           industry at the time and because there were not  
10          legal protections, we've turned away from seeking  
11          them to fulfill the responsibility they were paid  
12          for and we started representing clients of Social  
13          Security Disability hearings at trying to get them  
14          qualified for some sort of healthcare coverage so  
15          that they will be able to receive medical care  
16          that would save their lives.

17                        The insurance exchanges that this waiver  
18          seeks to dissolve address many of these issues and  
19          the rules forced companies to actually provide the  
20          healthcare that they were being paid in good faith  
21          to provide. The guarantee of essential benefits  
22          and the education and counseling requirements  
23          provided to individuals to make sure that their  
24          policies actually met their needs were steps  
25          towards requiring accountability from the

1 insurance industry.

2 This waiver will remove those  
3 protections for the individual, add campaigns once  
4 again how price and obvious indigence goes  
5 definitive. People will be denied cancer  
6 treatment, medication for chronic conditions and  
7 face termination of their policies when insurance  
8 companies determines that they have become too  
9 expensive.

10 This reinsurance program is budgeted at  
11 \$110 million, which is millions more than the  
12 expansion waiver. Is that effect would be to take  
13 money out of the healthcare delivery system and  
14 put it into the pockets of the insurance  
15 companies. It at the same time relaxes  
16 requirements which ensure that these companies  
17 provide the healthcare that they are receiving all  
18 this money to provide.

19 With this waiver it will be like the  
20 1990s again. Premiums will be concentrated in the  
21 coffers of the insurance companies, cost will be  
22 shifted to individuals, social security, hospitals  
23 and anyone else in the splatter zone and this plan  
24 has been described as delivering high quality  
25 healthcare and has described as making insurance

1 plans more affordable, but in making substandard  
2 policies more affordable, this plan makes  
3 healthcare less available and more costly. Thank  
4 you.

5 MR. KRULL: Thank you for your comments,  
6 Mr. Bush. And at this time I call it Bonnie  
7 Greicco.

8 MS. GREICCO: Thank you, Mr. Loke, for  
9 hearing our comments today. My name is Bonnie  
10 Greicco and I first of all would like to say that  
11 I'm a person in long term recovery, and what that  
12 means to me is it's been 12 years since mental  
13 health and substance abuse concerns prevented me  
14 from being a productive citizen in living my life  
15 to its fullest potential.

16 I'm also here to volunteer for the  
17 Georgia Council on Substance Abuse. To  
18 congratulate the leadership of the Georgia  
19 Assembly for what they see as a sincere attempt to  
20 alleviate the issues with the insurance. This is  
21 an important step to ongoing process to provide  
22 access to safe and effective insurance.

23 But as a consumer of behavioral health  
24 services my personal concerns revolve around the  
25 parity and voice of the ACA, which seems to not be

1 included in the waiver. Behavioral health is not  
2 always considered equally in insurance benefits  
3 and in my belief it should be. Behavioral health  
4 issues are a leading cause of death worldwide. In  
5 one year more people are dying from opioid  
6 overdoses, approximately 70,000 of our citizen,  
7 and that is more than the total amount of death in  
8 the entire Vietnam War, and the figures for the  
9 alcohol is almost double that and it's a great  
10 burden on our system for individuals with  
11 behavioral health needs.

12 So in people with severe and persistent  
13 mental health issues also have a very short life  
14 span compared to the normal population, the  
15 regular population. And the poverty level for  
16 these individuals, I mean, they are unable to gain  
17 services for their issues; therefore, they are not  
18 able to work, they are not able to sustain their  
19 life and it falls back to the state. It falls  
20 back to the Department of Behavioral Health and  
21 the state is picking up the bill anyway, and the  
22 there is a great burden on that. So my concern  
23 about the parity issue is very great.

24 And I believe that the behavioral health  
25 is a medical concern because it is a disease of

1 the brain and we all know that the brain is a  
2 vital organ for us obviously, and so that is --  
3 but the stance of the Georgia Council and my --  
4 and me myself because I do believe that the  
5 Governor is, you know, sincerely trying to  
6 alleviate the issues at hand and that he is doing  
7 his best and appreciate being able to bring our  
8 voice to that and hopefully, you know, the details  
9 will be worked out that where this issue will not  
10 be the case.

11 And the Georgia Council and Substance  
12 Abuse is offering to do their level best to make  
13 sure the details of Georgia Access match the  
14 strong stated support of the Governor for  
15 comprehensive approach those suffering from  
16 behavioral health concerns and looks forward to  
17 partnering with our state leadership to ensure the  
18 details of this first step has zero unintentional  
19 consequences which will negatively impact the  
20 recovering community.

21 It is now time for a constructive  
22 collaboration and productive work and the GCSA is  
23 eager to move forward with Governor Kemp as we  
24 work together for the people of Georgia.

25 MR. KRULL: Thank you, Ms. Greicco, for

1 your comments. That is the last person that has  
2 signed up. Does anyone else wish to make a public  
3 comment? Okay. I want to thank all of you for  
4 coming today to provide all comments. Let me  
5 reiterate public comment period for the propose  
6 changes will expire on December 3rd, 2019, you can  
7 go online to submit comments through the web form  
8 at [Medicaid.ga.gov//patientsfirst](https://www.Medicaid.ga.gov/patientsfirst).

9 As indicated earlier, written comments  
10 will be entered in the official record as well as  
11 the transcription of the oral comments we've heard  
12 this afternoon.

13 Thank you once again for your  
14 attendance. There being no further persons  
15 wishing to make a comment, this public hearing is  
16 adjourned at 1:36 p.m.

17 (Whereupon, the public meeting was  
18 concluded at 1:36 p.m.)

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CERTIFICATE

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STATE OF GEORGIA:

COUNTY OF CHATHAM:

I, Elise M. Napier, Certified Court Reporter for the State of Georgia, do hereby certify:

That the foregoing public meeting was taken before me on the date and at the time and location stated on Page 1 of this transcript made at the time of the public meeting were recorded stenographically by me and were thereafter transcribed by computer-aided transcription; that the foregoing public meeting, as typed, is a true, accurate and complete record of the comments made at the time of the public meeting.

I further certify that I am neither related to nor counsel for any party to the cause pending or interested in the events thereof.

Witness my hand, I have hereunto affixed my official seal this 27th day of November 2019, at Savannah, Chatham County, Georgia.

\_\_\_\_\_  
ELISE M. NAPIER CCR-2492

COURT REPORTER DISCLOSURE

Pursuant to Article 10.B of the Rules and Regulations of the Board of Court Reporting of the Judicial Council of Georgia, I make the following disclosure:

I am a Georgia Certified Court Reporter. I am here as an employee of McKee Court Reporting, Inc.

I am not disqualified for a relationship of interest under the provisions of O.C.G.A. 9-11-28(c).

McKee Court Reporting, Inc. was contacted by GEORGIA DEPARTMENT OF COMMUNITY HEALTH to provide court reporting services for this public meeting.

McKee Court Reporting, Inc. will not be taking this public meeting under any contract that was prohibited by O.C.G.A. 15-14-27(a) and (b).

McKee Court Reporting, Inc. has no exclusive contract to provide reporting services with any party to the case, any counsel in the case or any reporter or reporting agency from whom a referral might have been made to cover the public meeting.

McKee Court Reporting, Inc. will charge its usual and customary rate to all parties in the case, and a financial discount will not be given to any party to this litigation except in circumstances as agreed on a case by case basis.

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ELISE M. NAPIER CCR-2492