

American Academy of Pediatrics



Georgia Chapter

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December 4, 2019

Ms. Lavinia Luca
c/o Georgia Board of Community Health
PO Box 1966
Atlanta, GA 30301-1966

Dear Ms. Luca:

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 Georgia's infants, children, adolescents and young adults. We appreciate the opportunity to provide comments on the proposed Section 1115 Demonstration Waiver Application, *Georgia Pathways to Coverage*.

As pediatricians, we understand acutely the connection between parent health and well-being and that of children. Healthy parents have healthier children, and healthier parents are better equipped to care for and meet the needs of their children. Conversely, parents in poor physical or mental health may not be able to meet their children's needs, and increased family stress caused by ill health or unpaid medical bills can directly affect children. Increasingly pediatricians are focusing on two-generational health—the health of both children and their parents—recognizing that this interconnectedness offers the potential for children to also benefit from their parents' health improvements.

Additionally, there is growing evidence to support the significance that *parental health insurance coverage* has for children. We know that parents who are enrolled in insurance coverage are more likely to have children enrolled in coverage, and parents with coverage are also more likely to maintain their children's coverage over time. Research shows the positive effects that Medicaid coverage of adults is having in other states in terms of coverage, access to care, utilization, affordability, health outcomes, and many economic measures. Additional research also demonstrates that coverage of parents has spillover effects in terms of increased use of preventive services by children.

With recognition of this interconnectedness, we commend the state's efforts to expand coverage here in Georgia to uninsured parents, caregivers, and other adult family members. Expanding coverage to 100% of the federal poverty level (FPL) will allow more parents and caregivers the opportunity to gain much needed health coverage. This comes at an important time as children's health insurance coverage in Georgia is moving in the wrong direction, with a children's uninsured rate of 8.1%, significantly higher than the national average of 5.2%, and 1.4% higher than in 2016. We look forward to the state building on this initial coverage expansion to ensure that all low-income parents, caregivers, other adults, and children have access to robust Medicaid coverage.

We also want to applaud the state's maintenance of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for 19- and 20-year-olds in the Section 1115 waiver proposal. EPSDT is a critical benefit for children and young adults and ensures they receive all early screenings and medically necessary treatments they are found to need.

However, we do have concerns with other provisions of the 1115 waiver and how implementation of these provisions may create unintended barriers to affordable coverage for low-income parents—and therefore, impact their children.

First, we are concerned there is no stated exemption for at least one parent per household from the work reporting requirement. Without such an exemption, parents in low-income jobs will be forced to choose between working to meet the work reporting requirement and providing childcare for their children--which is often prohibitively expensive for those at low incomes. We note that the several other states that have proposed similar Medicaid work requirement policies have included a parental exemption to ensure children are cared for in the home and after school. In particular, parents/caregivers of children with special health care needs should be specifically exempt from the work requirement due to their unique situation and the child's needs so the child's health is not put at additional risk.

We are also concerned as to how Medicaid beneficiaries will receive notice that they are to report work hours and the means by which they will do so. The experience of Arkansas, the only state to have implemented a Medicaid work reporting requirement, can be instructive here. As Arkansas rolled out its work reporting requirement policy, there were many issues with effective outreach and beneficiary reporting. It has been noted that a majority of enrollees subject to the new requirement were simply unaware of it. State outreach via telephone had limited effectiveness, while written notices were confusing and did not account for lower levels of literacy or a lack of English proficiency. Social media and other online outreach had limited impact in Arkansas due to lack of access to the Internet. The work requirement resulted in more than 18,000 people losing coverage in the state. Studies have revealed that 26% of Medicaid adults report never using a computer, 28% do not use the internet, and 41% do not use e-mail. Without assuring meaningful methods of reporting such compliance, parents may lose coverage because they simply are not aware of the requirement or are unable to report their compliance. Having a specific and multifaceted plan for outreach to beneficiaries, as well as multiple pathways for reporting compliance, could help to alleviate some of these issues.

Finally, we encourage Georgia to implement an active monitoring system to determine whether the policies outlined in the Section 1115 waiver proposal unduly lead potential enrollees from similarly losing (or never obtaining) coverage; and adjusting or eliminating those policies as necessary—as was the case in Arkansas.

Thank you for the opportunity to provide comments on this proposed waiver. We hope you will consider the thoughts and concerns of Georgia's pediatricians as the state contemplates the final version of the waiver proposal. If you have questions, please

contact the Chapter executive director, Rick Ward, CAE, at rward@gaaap.org or 404-881-5090.

Sincerely,

A handwritten signature in black ink that reads "Terri McFadden MD". The signature is written in a cursive style with a large, prominent "T" and "M".

Terri McFadden, MD, FAAP
President