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Chapter

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The Honorable Brian Kemp  
Governor, State of Georgia  
203 Capitol Place SW  
Atlanta, GA 30334

Re: Public Comments Proposed Waivers 1115 & 1332

Dear Governor Kemp,

The American College of Physicians Georgia Chapter (ACP GA) is pleased to provide the following comments on the waivers recently submitted by your office to the Centers for Medicare and Medicaid Services to expand health coverage in Georgia. We look forward to a collaborative working relationship with you and your staff going forward as we collectively address the barriers to access health care that face many of our fellow Georgians.

As you know, the Georgia Chapter of the American College of Physicians is a diverse community of internal medicine primary care specialists and subspecialists united by a commitment to excellence. With 159,000 members internationally and 3800 in Georgia, ACP is the largest medical-specialty society in the world.

Our Chapter wants to thank you for assembling a talented and hard-working team and taking an in-depth approach into evaluating the healthcare landscape in Georgia. We are very sensitive to the political, financial and human dimensions that you and your staff must contemplate in producing a balanced approach to healthcare. We are also very mindful of the fact that your team has had limited time to assemble an extensive application submission to CMS in the form of 1115 and 1332 State Innovation waiver. We appreciate the efforts of the administration on these very important waiver applications.

Our leadership has carefully reviewed the 1115 and 1332 waivers that your administration has proposed to address Georgia's unique healthcare challenges. We want to share with you some of the concerns and opportunities for improvement that have emerged in discussions with our members. Importantly, as a patient centered organization, this feedback is rendered primarily through the lens of the patients we serve, although the impact it may have on physician practices and members is important.

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We hope that this feedback will be received as constructive, candid and apolitical. Additionally, we would welcome an opportunity to meet with you or your staff to discuss our position.

Below are areas of improvement that we have identified:

- 1) **Number of Georgians Covered:** Given Georgia's poor ranking in the category of uninsured population, we are concerned that the proposed 1115/1332 waivers fall well short in covering more Georgians; Especially relative to existing alternatives available to Georgia. The total projected number of Georgians likely to gain insurance coverage (80-90,000) as a result of the 1115/1332 is not only unlikely to dislodge our state from its woeful third from last uninsured ranking nationally (a ranking that we have long regarded as unacceptable) but it may actually cement our status in such rankings for years to come.

As physicians actively engaged in providing care to our patients, we know firsthand that the uninsured are far less likely to seek medical care, which often leads to substantially poorer health outcomes, and cost shifting, as such patients often seek care in higher cost environments, such as emergency rooms. Additionally, the high rate of uninsured Georgians often conspires with our low Medicaid provider rates (also languishing in the bottom quartile nationally), to produce a patient mix that makes medical practice unsustainable in many areas of Georgia, specifically, rural areas. In the end, insuring another 80-90,000 Georgians is a positive step, but unfortunately, this waiver may be more accurately characterized by the 1.3 million Georgians who are still left uncovered. As such, when compared to other options available to Georgia, we regard this proposal as a significant missed opportunity to meaningfully improve the healthcare coverage across urban, suburban and rural communities in our state. We urge you to consider investing in a plan that can in a meaningful way support and incentivize coverage for many more Georgians, even if such a plan must be implemented incrementally over the course of your first and second terms.

- 2) **Federal/State Funding Ratio:** While we remain hopeful that your team can secure the 9/1 match previously limited to full expansion states, we are concerned that the rejection of a similar partial expansion plan in Utah may bode poorly for Georgia's prospects. If the more robust match is in fact denied, we seem poised to spend similar amounts of state revenue for dramatically reduced coverage rates, and covered services. Though we understand that SB 106 capped eligibility



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at 100% of FPL, we ask that your administration consider earning Georgia a better return on our dollars with a higher match rate, greater opportunities for more Georgians to gain insurance, and creating a broader, more stable market.

- 3) **Covered Services:** In addition to our concerns that fewer Georgians will be eligible for coverage, and at a higher cost, we are also concerned that the covered “essential” benefits may be rolled back as well. Exempting plans from federal mental health parity requirements, diminishing pregnancy and maternal coverage, and reduced prescription drug coverage, to name a few, are of great concern to us. And while moving towards or incentivizing more “bare bones” plans may appear to be more cost effective early on, such gains are routinely eliminated as cost shifting, diminished access and reduced medical efficacy set in. Notably, the “essential health benefits” that were implemented as part of the ACA were heavily evidence-based cost savers---a pre-condition of being included. And while we are sensitive to the political nature of the ACA, the data that supported the 10 essential health benefits pre-dated the ACA. The data is not partisan, and it is indisputable. We regard a rollback of such critical coverage as a setback to many Georgians and urge you to consider reinstating these benefits.
- 4) **Primary Care;** Any health policy should not place limits on the longitudinal physician- patient relationship in primary care. The chapter ‘s request is that Georgia health policies serve to strengthen primary care across Georgia which is paramount to supporting the state’s vision of creating “A Healthy Georgia”. Health Policies that serve to strengthen and sustain primary care practice in Georgia are critical to improving health of Georgians.

Collectively, the concerns enumerated above would underscore Georgia’s status as a highly uninsured state, with diminished services for those that are newly covered, and at a price point that exceeds existing alternatives that offer more robust coverage for literally hundreds of thousands more Georgians. From a business perspective, the proposed waivers are also unlikely to move the needle enough to solve the problem of medical workforce shortages and hospital closures that have plagued rural communities. As such, we anticipate a disproportionately adverse, but avoidable impact on rural communities.



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Lastly, we want to underscore our sensitivity to the task that you and your administration has embraced in tackling the very complex healthcare issues that face our state and country. We appreciate your efforts and sensitivity to the balancing act that these complex issues require. We stand ready to work with you and your administration in any way that you deem useful. We all share the overarching concern of making Georgia a healthier state and offer this feedback as we look forward to working together with you and your administration to achieve that common and critically important goal.

A handwritten signature in black ink, which appears to read "G. Waldon Garriss, III". The signature is fluid and cursive.

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