In The Matter Of:

Georgia Department of Coummunity Health

Hearing, AM Session

November 21, 2019

Regency-Brentano, Inc.

13 Corporate Square

Suite 140

Atlanta, Georgia 30329

404.321.3333

REGENCY-BRENTANO, INC.

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Min-U-Script® with Word Index

1 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2 PUBLIC FORUM TO DISCUSS

3 GEORGIA SECTION 1115 - DRAFT WAIVER

4 PATIENTS FIRST ACT PUBLIC HEARING

5

6 West-Rome Baptist Church
The Well Building
7 914 Shorter Avenue
Rome, Georgia 30165
8

9 November 21, 2019

10 9:00 a.m. Session

11

12 --

13 Reported by Jane P. Day

14 CCR# 5722-2335-0164-6848

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22 Suite 140

23 Atlanta, Georgia 30329

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1 APPEARANCES

2 MR. MATTHEW KRULL, ESQ.
HEALTH POLICY COUNSEL & GENERAL COUNSEL

3

MR. BLAKE FULENWIDER

4 CHIEF HEALTH POLICY OFFICER

5 MR. RYAN LOKE
SPECIAL PROJECTS COORDINATOR

6

ASL INTERPRETERS

7 ANGIE NIELSEN
STEPHANIE BOYD

8

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1 GEORGIA PATHWAYS TO COVERAGE 1115
2 DEMONSTRATION WAIVER
3 BY MR. MATTHEW KRULL:
4 Good morning. I'm Matthew Krull, Attorney
5 with the Department of Community Health in the
6 Office of General Counsel. Today is
7 November 21, 2019, and it is now 9:00 a.m.
8 This is the public hearing on the Georgia
9 Pathways to Coverage 1115 Demonstration Waiver.
10 This public notice was issued by Commissioner
11 Frank Berry on November 4, 2019. This notice is
12 incorporated into these proceedings.
13 Pursuant to 42 CFR 431.408, the Department
14 of Community Health is required to provide the
15 public the opportunity to review and provide
16 input on the Section 1115 Demonstration Waiver.
17 At the November 4, 2019, DCH Board meeting,
18 the Department received approval to release, for
19 public comment, this notice.
20 The public comment period will expire
21 December 3, 2019. Individuals who wish to
22 provide written comments on or before
23 December 3, 2019, may submit comments through an
24 online webform located at
25 medicaid.georgia.gov/patientsfirst, or to

1 Lavinia Luca, curator of the Board of Community
2 Health at P.O. Box 1966, Atlanta, Georgia
3 30301-1966.
4 Comment letters must be postmarked by
5 December 3, 2019, to be accepted.
6 At the conclusion of the comment period,
7 all oral comments presented today will be
8 transcribed and provided to the Board of
9 Community Health, along with a copy of any
10 written comments received. The Board will be
11 asked to vote on this item for final adoption at
12 its December 12, 2019, meeting.
13 If you wish to make oral comments today,
14 please ask that you sign the roster at the back
15 of the room on the table in the rear and we'll
16 call you at the appropriate time.
17 At this time, I'll ask does anyone need the
18 services of the sign language interpreter?
19 You may be at ease.
20 I'd like to introduce Mr. Blake Fulenwider.
21 He is the Chief Health Policy Officer at The
22 Department of Community Health, to give an
23 overview of the 1115 Waiver.
24
25

1 SECTION 1115 WAIVER PRESENTATION
2 BY MR. BLAKE FULENWIDER:
3 I think we are good. Can everyone hear me
4 okay? Okay. Great.
5 Good morning and welcome to Rome. I'm
6 going to provide a little bit of background
7 information on the 1115 Georgia Pathways
8 Demonstration Waiver. How we got here, and
9 then, we'll dive into some of the core details
10 of the waiver -- draft waiver application today.
11 As you may know, Senate Bill 106, The
12 Patients First Act, was passed by the Georgia
13 General Assembly and signed by Governor Kemp on
14 March 27, 2019. This legislation authorizes The
15 Department of Community Health to draft and
16 submit a Section 1115 Demonstration Waiver to
17 the Centers for Medicare and Medicaid Services
18 at the federal level. The legislation includes
19 the timeframe whereby this authorization will
20 expire on June 3, 2020. It also includes
21 parameters such as a potential increase in the
22 income eligibility thresholds for the Georgia
23 Medicaid Program of up to 100 percent of the
24 Federal Poverty Level.
25 It also authorizes the department to

1 implement the 1150 waiver without further
2 legislative action.
3 1115 waivers are waiving parts of the
4 Social Security Act and grants the U.S.
5 Department of Health and Human Service's
6 secretary the authority to approve waivers to
7 implement projects that promote the objectives
8 of the Medicaid program and testing different
9 delivery approaches.
10 This waiver authority is broad. It's one
11 of several different waiver authorities
12 available to states, but what it must be is -- a
13 core requirement is that it must be
14 budget-neutral for the federal government.
15 These waivers are typically authorized for a
16 five-year period, and we are seeking a five-year
17 authorization under the draft demonstration
18 waiver that has been put out for public notice.
19 It's also based upon revised criteria that
20 the administration released in the fall of 2017,
21 which was aimed at granting additional
22 flexibility for states in terms of how they may
23 seek to pursue 1115 strategies.
24 The waiver development process kicked off
25 in June, as we contracted with our consulting

1 team from Deloitte Consulting, and we completed
2 a state and national-level environmental scan.
3 And this information is located on the DCH
4 website under The Patients First Act link. And
5 if you you have not had an opportunity to review
6 that, I would encourage you to do so. It's
7 about 150 pages worth of information and it's
8 highly valuable and helped form the waiver
9 development, as we've moved through this
10 process.
11 The second part, which began in July,
12 started with convening a work group of roughly
13 55 stakeholders from a broad spectrum of
14 industry interests to begin reviewing that
15 information and helping to formulate strategies
16 for waiver development. We then moved into
17 waiver drafting, and on November 4th of this
18 year, the DCH Board approved, for initial
19 adoption the public notice, which kicked off the
20 public comment period that we are in right now.
21 Throughout the process, and at the
22 encouragement of the Centers for Medicare and
23 Medicaid Services, we have been in touch with
24 their teams to vet ideas and receive guidance
25 along the way.

1 This is the fifth of six hearings that will
2 be held across the state. To date we have been
3 to Savannah, Macon, Bainbridge, Gainesville. We
4 are here in Rome today and we will be in
5 Kennesaw tomorrow.
6 And again, we are accepting public comments
7 online or by mail until December 3, 2019.
8 We identified core goals of the 1115
9 Demonstration Waiver we were seeking to address,
10 and we wanted to improve access, affordability
11 and quality of healthcare with strategies that
12 improve the health of low-income Georgians
13 through encouraging work or other employment
14 related activities.
15 A core goal is to reduce the number of
16 uninsured in the state and nationally. We rank
17 very high in that regard.
18 We wanted to promote member transition to
19 commercial health insurance as economic standing
20 in individuals, economic standing improves, and
21 we wanted to encourage Georgia Pathways
22 participants to be active consumers and
23 decision-makers in their own healthcare.
24 We wanted to support the newly eligible
25 member enrollment and employer-sponsored

1 insurance for those for whom that option exists,
2 and also increase the number of people across
3 the state who are employed and of those who are
4 employed, promote wage growth.
5 And central to all of this, for both the
6 state and federal government, is working to
7 ensure the long-term fiscal sustainability of
8 the Medicaid Program.
9 Couple key features of the 1115 Waiver
10 design include a new pathway for Georgia
11 Pathways participants for Medicaid coverage,
12 which include those who are not eligible today.
13 This is primarily childless adults and
14 low-income parents at the Federal Poverty Level.
15 We reduce concepts of commercial health
16 insurance, such as premiums, copayments and a
17 healthy rewards account to encourage
18 participation and fluency with how commercial
19 health insurance works, and also to provide
20 premium assistance for those below the Federal
21 Poverty Level who have access to
22 employer-sponsored health insurance, so long as
23 it's cost effective for the state to do so.
24 The new Pathways program includes
25 eligibility for Georgians who are not eligible

1 for another category of assistance under the
2 Georgia Medicaid Program. So this would exclude
3 typical categories within low-income Medicaid to
4 include pregnant women or children. It would
5 also not include members of our Aged, Blind and
6 Disabled Medicaid program. Again these are
7 primarily low-income parents and childless
8 adults, who are aged 19 to 24 years old, with
9 incomes below 100 percent of the Federal Poverty
10 Level.
11 In order to qualify, Pathways participants
12 must complete a minimum of 80 hours a month of
13 qualifying activities, which is by definition
14 part-time, and in accordance with federal law,
15 must be a United States citizen or certain legal
16 permanent resident in order to qualify.
17 Qualifying activities include a broad range
18 of options including subsidized and unsubsidized
19 employment, both public and private sector,
20 on-the-job training, job readiness, qualified
21 community service, vocational educational
22 training, as well as a full-time enrollment in
23 an institution of higher education.
24 I want to touch on one particular area
25 which we are seeking to leverage an existing

1 highly successful program through the Technical
2 College System of Georgia. Georgia's high
3 demand career initiative includes a broad array
4 of fields of study, to enter into a training
5 track that moves you to job readiness into an
6 area where there's an identified need across the
7 state.
8 Enrollees in this program would be
9 eligible, so long as the other criteria are met,
10 and their premium requirements and certain
11 copayments requirement will be waived, so long
12 as they are participating as an incentive to
13 moving into that track.
14 Elements of commercial health insurance
15 that we've incorporated into the draft waiver
16 application include premiums, copayments, and a
17 required healthy member, healthy rewards account
18 for members whose income is between 50 and
19 100 percent of the Federal Poverty Level.
20 Premium payments are based on income and are
21 indexed on a sliding scale from $7 to $11 a
22 month. For households where there are two
23 qualifying Pathways participants, premiums will
24 be capped at $18 per month. Copayment amounts
25 would near the existing Medicaid State Plan

1 Copayment structure with the addition of a $30
2 copayment for non-emergency utilization of the
3 emergency department.
4 The member rewards account would also be
5 established whereby people could earn points by
6 engaging in healthy behaviors, such as chronic
7 disease management, biometric screenings,
8 smoking cessation and similar activities.
9 Premium contributions that would be made
10 monthly would be deposited into this account and
11 accessible by a member. Once the account
12 accrues a minimum of $200, then the dollars in
13 that account could be used to cover other
14 medical services that may be needed, but not a
15 covered benefit, including over-the-counter
16 drugs, dental services, eyeglasses and also to
17 help pay copayments at the point of service.
18 Employer-sponsored insurance would also be
19 a mandatory program, which represents an
20 expansion of the existing voluntary health
21 insurance premium payment program under Georgia
22 Medicaid today. If it is cost-effective to the
23 state, whereby the amount it would cost to
24 subsidize the premium and copayment requirements
25 for an individual enrolled in the program are

1 less than the capitation payment that would be
2 required on that person's behalf, they would be
3 required to enroll in their employer-sponsored
4 insurance plan, and the state would provide that
5 premium assistance to reimburse the individual's
6 portion of the premiums.
7 Again, I want to reiterate that comments
8 will be -- are able to be submitted now and will
9 be accepted through December 3, 2019. They can
10 be provided at the link provided on the screen
11 or mailed to:
12 Lavinia Luca.
13 C/O The Board of Community Health.
14 PO Box 1966.
15 Atlanta, Georgia 30301.
16 At this time, I'll now turn it back over to
17 Mr. Krull who will start our public comment
18 period. I want to thank all of you for being
19 here with us this morning.
20 BY MR. KRULL:
21 Thank you, Blake. We will go to the roster
22 to give each person who signed in an opportunity
23 to speak. Please limit your comments to ten
24 minutes and keep your comments limited to the
25 issues that directly relate to the preposed

1 public notice.
2 At the end of your ten minutes if you've
3 not completed your presentation, I may ask for a
4 brief closing statement and you will be able to
5 submit any remaining comments in writing.
6 And I'll ask -- there's a microphone down
7 here, if you'll come down and make your
8 testimony into the microphone. We have a court
9 reporter taking down the testimony to be
10 submitted with the application.
11 First person on the roster is Steven
12 Miracle.
13 BY MR. MIRACLE, REPRESENTING GEORGIA MOUNTAIN HEALTH
14 SERVICES:
15 Thank you for the opportunity. Good
16 morning. I'm Steven Miracle, the CEO of Georgia
17 Mountains Health Services. Our organization is
18 a nonprofit, federally qualified health center
19 with offices in Blue Ridge and other rural
20 locations in North Georgia.
21 On behalf of my organization and my
22 community board, and most importantly, the
23 medically underserved residents of my community,
24 I offer our support of the proposed 1115 Waiver.
25 Founded in 1984, the mission of Georgia

1 Mountains Health was to provide primary medical
2 and dental and behavioral healthcare to the
3 uninsured and underserved in our community,
4 regardless of their ability to pay.
5 In the last year, my organization provided
6 quality healthcare to nearly 15,000 people,
7 these Georgians using our full-time providers as
8 their medical home and dental home. True to our
9 mission, 44 percent of our patients are covered
10 through the Medicaid program. The more striking
11 statistic, however, is that 25 percent of our
12 patients have no insurance coverage.
13 (Pause.)
14 25 percent of our patients have no
15 insurance. The uninsured men and women in that
16 25 percent currently receive quality primary
17 care without the benefit of insurance coverage.
18 And as you well know, however, healthcare needs
19 to not stop with primary care.
20 Where does the uninsured diabetic go who
21 needs specialty care of an endocrinologist?
22 Where does the uninsured cancer victim go, who
23 needs the specialty care of an oncologist? And
24 what about the uninsured person who needs
25 medication to control their high blood pressure

1 or cholesterol; where do they go?
2 We support the proposed 1115 waiver because
3 it will help those individuals and others.
4 My organization is part of the Georgia
5 Primary Care Association, which is a statewide
6 network of primary care offices, with 34
7 independent organizations, operating in 229
8 locations and 112 counties in the state of
9 Georgia.
10 I would like you to know that the Medicaid
11 dollars spent for patient for patient care and
12 community health centers like mine help the
13 state meet its budget challenges. Community
14 health centers actually control healthcare costs
15 through a focus on preventative screenings,
16 chronic disease management and reduction in
17 unnecessary ER visits. I will be happy to
18 provide documentation of this assertion if
19 interested.
20 We appreciate Governor Kemp's leadership in
21 addressing the need for access to healthcare for
22 those Georgians who do not currently have access
23 to insurance coverage.
24 I and my organization stand ready to
25 support the proposed 1115 Waiver and other

1 efforts to help improve access, quality and
2 affordability of healthcare in Georgia.
3 Thank you for your time. I'll be glad to
4 answer any questions.
5 BY MR. FULLENWIDER:
6 Thank you very much.
7 BY MR. KRULL:
8 Thank you Mr. Miracle. Appreciate your
9 time. Next on the list is Laura Colbert.
10 BY MS. LAURA COLBERT, REPRESENTING GEORGIANS FOR A
11 HEALTHY FUTURE:
12 Good morning. I'm Laura Colbert. I am the
13 executive director at Georgians for a Healthy
14 Future. Our organization is working for a day
15 where all Georgians have access to quality,
16 affordable healthcare that they need to live
17 healthy lives and to contribute to the health of
18 their communities.
19 To get to that vision, for the last seven
20 to eight years GHF has lead advocacy efforts to
21 extended healthcare coverage to all of
22 low-income Georgians. As a consumer
23 organization, we spend as much time as possible
24 talking and learning from consumers across the
25 state. And that includes interviewing and

1 speaking with a lot of low-income and uninsured
2 Georgians from areas like Fort Gaines, Georgia,
3 to Gainesville, Augusta, to Albany. We've
4 spent a lot of time in these places speaking
5 with families and individuals, and what we've
6 learned from them is that they are stretched
7 thin in time and money. They are taking care of
8 their families and communities to the best of
9 their ability, and they share a lot of the
10 values that, of course, many of us in this room
11 share around honesty and love, trust and
12 fairness.
13 What we've gathered through those
14 conversations are quotes and stories from
15 Daphne, who is a mother of three in Fort Gaines.
16 She said, "When you don't have any money or any
17 insurance, you have to settle." We've also
18 heard from Susie in Douglasville, she's a
19 grandmother who takes care of her eight year-old
20 granddaughter and her disabled husband. She has
21 a cancer diagnosis and she said, "Sometimes I
22 don't want to have my cancer taken care of
23 because of money." She's uninsured but has
24 managed to find a provider who will let her pay
25 on an ongoing basis.

1 So the plan that has been proposed by the
2 state, the math says it will cover about 50,000
3 people in the course of five years. And while
4 every additional Georgian with coverage is a
5 win, this proposed plan does not meet the needs
6 of the consumers that we've met around the
7 state, and meaningfully move Georgians towards a
8 healthier, equitable future, where everybody has
9 coverage.
10 Instead, this plan largely disregards
11 available data about coverage expansions. It
12 expends state dollars that is three times higher
13 than is necessary and dismisses the inherent
14 value of deservedness of healthcare for all
15 Georgians.
16 There are hundreds of studies that
17 demonstrate how broad coverage expansions
18 benefit low-income Americans, rural communities
19 and the providers that serve them. These
20 studies show improved health outcomes that are
21 housing stability for those with new coverage,
22 better financial outcomes, and fewer medical
23 bankruptcies, improved quality of healthcare,
24 improved financial status for the federally
25 qualified health centers, reduced hospital

1 closures, the list goes on.
2 This plan would restrict those benefits to
3 a much smaller group of Georgians unnecessarily.
4 And it would specifically leave out people who
5 are full-time caregiving, people with mental
6 illnesses who are unable to work without care,
7 people experiencing homelessness, many with
8 limited access to the Internet for reporting
9 purposes. And so the group of Georgians that
10 would benefit from this proposal is quite
11 restrictive.
12 In addition, because the state's decision
13 to expand coverage only up to the poverty line
14 and not to 133 percent of the FPL, the state is
15 foregoing against match available through the
16 Affordable Care Act.
17 Instead of taking the best deal available
18 to the state, the state is proposing to spend
19 three times more per person, which suggests is
20 an ineffective use of our resources.
21 In addition to that, the components of this
22 waiver are needlessly complicated and not based
23 in the best evidence -- the best available
24 evidence and data and are unlikely to meet the
25 state's stated goals.

1 Work requirements, as demonstrated by
2 experiences in other states, only serves as a
3 barrier to enrollment and to continuous
4 coverage. In GHF's experience, talking with
5 consumers from around the state, healthcare
6 facilitates work, rather than the other
7 direction. Data is still, of course, out to
8 prove the directionality of that relationship,
9 but the most promising results really point to
10 healthcare as the most important first step for
11 work.
12 There is little data to support the
13 effectiveness of wellness programs or cost
14 sharing for low-income consumers. Especially --
15 there's a lot of good data around wellness
16 programs, especially, and they do little to
17 improve the health outcomes or health status of
18 those who are enrolled in these programs and are
19 expensive and complicated to run.
20 Instead of -- on the side of cost sharing,
21 instead of giving the Georgia government the
22 dollars that will be needed for premiums and
23 copays, these low-income Georgians wouldn't be
24 much better able to use these dollars toward
25 basic needs. Their budgets are already

1 stretched. Many folks in the income level have
2 trouble affording food, rent, school supplies
3 for their kids. Those dollars would really help
4 facilitate better health if they can spend them
5 on healthier foods, a healthier place to live
6 and getting their kids educated.
7 I also want to touch on the elimination --
8 the proposed elimination of non-emergency
9 medical transportation. GHF has just started to
10 look at transportation as a facilitator or
11 barrier to care. And we've just done a data
12 analysis that demonstrates 3/4 of Georgia's
13 counties are health transportation shortage
14 areas. I am happy to provide that data and an
15 analysis with our written comments. Most of
16 those counties that are health transportation
17 shortage areas are rural counties, and so the
18 elimination of an EMT would add a barrier to
19 care and likely end up costing Georgia more
20 since those folks would have a much harder time
21 getting to healthcare services, especially those
22 that are preventative.
23 In addition, people of color in Georgia are
24 three times more likely to be without a vehicle,
25 so the elimination of -- excuse me, as compared

1 to white Georgians, and so the elimination of
2 transportation as a benefit would likely
3 exacerbate racial inequities in health outcomes.
4 So based on all of that, GHF recommends
5 that The Department work with the Georgia
6 legislature to revisit the authorizing
7 legislation, so that there is an opportunity to
8 expand coverage to all Georgians up to
9 130 percent of the FPL. We also recommend
10 revising the proposal to promote ease of
11 enrollment and continuous coverage and to --
12 with the goal of covering as many Georgians as
13 possible. And we, of course, recommend
14 maintaining non-emergency transportation in the
15 benefit package, as well as maintaining
16 retroactive coverage.
17 And that concludes my comments.
18 BY MR. FULLENWIDER:
19 Thank you.
20 BY MR. KRULL:
21 Thank you, Ms. Colbert, for your comments.
22 Next on the list is Amanda Ptashkin.
23 BY MS. AMANDA PTASHKIN, COMMUNITY CATALYST:
24 Good morning. My name is Amanda Ptashkin.
25 I am a resident of Avondale Estates, Georgia.

1 I've been in Georgia for ten years now, and I
2 work for a national organization, Community
3 Catalyst. We are a health policy and advocacy
4 organization operating in 41 states. And I have
5 the privilege of working with the Southern
6 Health Partner's Project in particular, which
7 works with 13 Southern states, five of which
8 have Medicaid expansion, Kentucky, Louisiana,
9 Arkansas, West Virginia, and Virginia.
10 I'm here today more as a Georgia resident
11 than a national expert, but I did want to
12 provide some insight, particularly since this is
13 a demonstration waiver and is meant to
14 demonstrate that this is actually going to work
15 for people.
16 What we've seen, overwhelmingly, from these
17 states that have tried to either enforce work
18 requirements or other barriers to care, is that
19 they're exactly that, barriers to care. We've
20 seen people in all those states, and those that
21 have gained coverage have shown remarkable
22 outcomes and access to preventative services and
23 other benefits that are wonderful. But at the
24 same time, when their states are trying to
25 implement and put further requirements on them,

1 we see that there have been many people that
2 have lost coverage and have fallen through the
3 cracks. And that is certainly of great concern
4 to myself and to our organization.
5 I'd also like to note that I was previously
6 employed at Georgians for Healthy Future, which
7 our previous speaker just came from, and from
8 2010 to 2014 worked in that organization and was
9 a navigator during the first open-enrollment
10 period, and helped lead the consortium work of
11 Georgia navigators to enroll people in the
12 coverage. So I have first-hand knowledge and
13 certainly understand the complexity of insurance
14 and Medicaid, but have also worked directly with
15 consumers, really hear their concerns and work
16 with them to work through them.
17 As I said, again, this is a demonstration
18 waiver, and what we're seeing in the
19 demonstration is that these are not the right
20 ways to approach coverage expansions. First,
21 I'd like to start with an economic argument.
22 Certainly, this is not the start, this is not a
23 first step, this has been an eight-year battle
24 to encourage the state of Georgia to expand
25 coverage through Medicaid. The decision in the

1 2012 Supreme Court hearing made that an option
2 for the state, and since that time, there've
3 been loud advocates working to expand Medicaid
4 in the state and urge the governors to accept
5 that expansion.
6 In the first few years of that expansion,
7 there was the opportunity for 100 percent
8 coverage of what that expansion population
9 would've been. We've missed that window and now
10 we're down to a 90/10 match, which I certainly
11 still value, but know that we missed an
12 opportunity, for several years, to take
13 advantage of that funding.
14 I'd also note that, while this proposal is
15 recommending that we go up to hundred percent of
16 federal poverty, what we have seen consistently
17 from CMS is that that is not approved. And I
18 hear and understand that there's a general
19 acknowledgment, maybe, that we're not going to
20 get that match, and we're still going to move
21 forward, but I would just like to point out that
22 90/10 is way better than a 60/40 or 70/30, and
23 that's what we're looking at. So we are
24 spending more money to cover fewer people, and
25 that is of great concern.

1 I'd also like to say that, you know,
2 oftentimes that argument over those eight years
3 has been, "Well, we can't trust that the
4 government will continue to keep up its share."
5 To date, it has continued to pay all the shares
6 of the 37 states, including Washington D.C.,
7 that have expanded Medicaid. I'd also like to
8 point to other agreements with the state and the
9 federal government where we are more than happy
10 to accept those federal dollars. Savannah Port,
11 highways, education; we have no problem taking
12 money from the federal government except in this
13 particular instance. We have said we do not
14 trust that it will be paid. There's no evidence
15 to support that.
16 Again, we are spending more money to cover
17 fewer people. We have the potential to cover
18 approximately half a million Georgians, and that
19 we are opting instead to cover 50,000 over five
20 years. That math doesn't make sense, and again,
21 for what the cost is, it certainly doesn't make
22 sense.
23 Again, I'd just like to emphasize that I do
24 not buy into the idea that this is a first step.
25 This has been long coming and it is not enough.

1 Full expansion up to 130 percent of the federal
2 poverty line would accomplish that. This falls
3 very short of that.
4 I'd like to move on to some concerns about
5 the obstacles and barriers put in place.
6 Copays, premiums, and the work requirement, in
7 particular. I find it quite disingenuous to say
8 that we want people to have skin in the game and
9 that this is meant to promote work or get people
10 to work.
11 This is not a work requirement, this is the
12 paperwork requirement. What we've seen in
13 states like Arkansas is about 20,000 people lose
14 coverage because, for whatever reason, they
15 weren't able to get through the portal, get
16 through the portal in the window of time that
17 it's open during the day, make a phone call to
18 make those recording requirements. This is
19 bureaucracy and it is just another step to
20 prevent someone from getting coverage. And what
21 we've seen is that that is ultimately the goal.
22 So less people get coverage and the state has to
23 spend less money on them. That's not
24 acceptable. That is not in line with the
25 proposed purpose of the waiver and is something

1 of grave concern.
2 We've also seen other states like Kentucky
3 try to move forward with the Kentucky Health
4 Waiver and, as you know, in a recent election,
5 their governor that pushed that is now a
6 one-term governor and is out.
7 And what the incoming governor has said is
8 that this will not move forward. And they have
9 immediately started to work to dismantle the
10 obstacles that they put in the way of Kentucky
11 consumers. And it's a great example for us to
12 watch and see how that process worked over the
13 last several years, and now, to see where the
14 state is headed in the new direction.
15 I'd also like to speak a little to the
16 process. Again, I'm very grateful to be here
17 today, and very much appreciate having the state
18 here to listen to the concerns of citizens, but
19 this is not really meant to capture the concerns
20 of citizens. We are here at 9:00 o'clock in the
21 morning, there's a hearing later today at
22 1:00 p.m; that does not work for the average
23 person. If you really care about someone that's
24 going to work, that person would have to take
25 off work. Providers are seeing patients, are in

1 the hospital doing surgeries, this has not been
2 meant to capture the average consumer or the
3 average person's input into the process.
4 And the fact that these were planned in
5 fast succession, understanding that there is a
6 comment period we have to abide by, I think the
7 state could've done better in terms of making it
8 more accessible to people. And certainly will
9 be sure to continue to speak about these
10 concerns through this comment period and into
11 the federal comment period, as well, but I would
12 urge the state to consider other ways to capture
13 that input.
14 I'd just like to close by, again, talking
15 about the fact that Georgia has a 12.9 percent
16 uninsured rate. We are fifth highest in terms
17 of uninsured, and this has been of grave concern
18 for many health advocates for many years. I
19 would like to say, again, that this is falling
20 well short of what we really could see and the
21 potential to cover more people, and it is not
22 really meant to encourage work. It is meant to
23 have less people on the Medicaid rolls, which is
24 not our ultimate goal here.
25 Again, I thank you for the opportunity to

1 be here. Happy to take any questions.
2 BY MR. FULLENWIDER:
3 Thank you.
4 BY MR. KRULL:
5 Thank you for your comments. Next speaker
6 is Dr. Melissa Dillman.
7 BY DR. MELISSA DILLMAN, REPRESENTING HARBIN CLINIC,
8 GASCO, ASCO & NATIONAL ONCOLOGY SOCIETY:
9 Hi. I'm Dr. Melissa Dillman. I am a
10 medical oncologist here at Harbin Clinic. So I
11 take care of cancer patients and I'm very proud
12 I'm part of the Harbin Clinic, which sees all
13 patients, regardless of their insurance status.
14 But I'm also here on behalf of the Georgia
15 Society of Clinical Oncology, ASCO, and I'm also
16 government relations chair for the National
17 Oncology Society. So we represent Georgia
18 oncologists, nurse practitioners, navigators,
19 physicians' assistants, and then as part of ASCO
20 we represent 45,000 physicians and healthcare
21 professionals.
22 So today I really wanted to talk about a
23 few things. Number one, I want to applaud the
24 state for something that I've practiced in
25 several states, or trained in several states and

1 not all states had the benefit of the emergency
2 Medicaid program for those patients with breast
3 and cervical cancer. So taking care of those
4 women who come in to me in dire circumstances.
5 We have a lot of cervical cancer in Northwest
6 Georgia, to have them to be able to access
7 emergency Medicaid is very important to their
8 overall medical and physical and spiritual
9 health as they go through this.
10 But I would love, as a physician, to see
11 that that was expanded to other malignancies
12 from head, neck and lung cancer patients,
13 especially. They seem to be a larger portion of
14 uninsured population. I also wanted to say that
15 it's crucial that cancer patients have health
16 insurance to access timely diagnoses and
17 high-quality treatments, and that delays in
18 barriers to care is a disruption to treatment
19 and are linked to worse outcomes.
20 One of the things that we are concerned
21 about in this program, if it moves forward, is
22 that there's no specific allowance for patients
23 who are diagnosed with cancer while they're on
24 this court-mandated program, to have a waiver --
25 a personal waiver, so that they could continue

1 to get their Medicaid without having to prove
2 that they're able to work, 'cause often
3 sometimes, as they're going through active
4 treatment, that's a barrier to them, working
5 full-time or even part-time or even in a
6 volunteer situation. They're just trying to get
7 through the day.
8 The other thing that I'm also concerned
9 about is the elimination of the non-emergency
10 medical transportation. Caring for patients in
11 Northwest Georgia, I take care of everything,
12 actually from Alabama up to Fort Payne up to,
13 you know, basically the Tennessee line. And
14 access to care and transportation is one of the
15 biggest concerns for patients who are having to
16 come one and two times a month to see me or to
17 receive their therapy. And so that's something
18 that is a concern to us, as well.
19 So again, we want to offer our services as
20 the Georgia Oncology Society. If there are
21 questions or concerns about how we can protect
22 cancer patients in this specific program, we'd
23 be happy to offer those pieces of advice from
24 what we've seen from other states from our
25 other -- from places like Arkansas, et cetera,

1 that have had these programs.
2 BY MR. FULLENWIDER:
3 Thank you.
4 BY MR. KRULL:
5 Thank you, Doctor, for your comments.
6 With no other person that would like to
7 make public comment, we'd like to thank each of
8 you for coming today to provide oral comments.
9 Let me reiterate that the public comment
10 period will expire on December 3, 2019. As I
11 indicated earlier, written comments will be
12 entered into the official record, as well as the
13 transcription of the oral comments we've heard
14 this morning.
15 The board will be asked to vote on this
16 public notice for final option, at the
17 December 12, 2019, meeting, which will be held
18 on the fifth floor board room, 2 Peachtree
19 Street in Atlanta, Georgia, at The Department of
20 Community Health. The meeting will be at 10:30
21 in the morning.
22 We'd like to thank you once again for your
23 attendance. There being no further person who
24 wishes to make a comment, this public hearing is
25 adjourned at 9:36 a.m.

1 (Hearing adjourned at 9:36 a.m.)
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1 CERTIFICATE
2
3 STATE OF GEORGIA:
4
5 I hereby certify that the foregoing
6 transcript was taken down, as stated in the caption,
7 and the questions and answers thereto were reduced
8 to writing under my direction; that the foregoing
9 pages 1 through 35 represent a true and correct
10 transcript of the evidence given.
11
12 I further certify that I am not of kin or
13 counsel to the parties in the case; am not in the
14 regular employ of counsel for any of said parties;
15 nor am I in anywise interested in the result of said
16 case.
17
18 This, the 29th day of November, 2019.
19
20

21 ______________________________
22 Jane P. Day,
Certified Court Reporter
23 5722-2335-0164-6848
24
25

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