In The Matter Of:

Georgia Department of Coummunity Health

Hearing, AM Session

November 22, 2019

Regency-Brentano, Inc.

13 Corporate Square

Suite 140

Atlanta, Georgia 30329

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

PUBLIC FORUM TO DISCUSS

GEORGIA SECTION 1115 - DRAFT WAIVER

PATIENTS FIRST ACT PUBLIC HEARING

North Cobb Regional Library
3535 Old 41 Highway
Kennesaw, Georgia 30144

November 22, 2019

10:00 a.m. Session

Reported by Jane P. Day

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INDEX TO PROCEEDINGS

WELCOME AND PUBLIC NOTICE 4
SECTION 1115 PRESENTATION 6
PUBLIC COMMENTS 14
MR. JEFF BREEDLOVE 16
MS. VICKY KIMBREL 19
MS. FRAN MONTELARO 24
MS. ABBIE FUKSMAN 27
MR. PATRICK THOMPSON 30
MS. JANET GRANT 34
MS. LAURA HARKER 39
MR. RALPH O'CONNOR 48
MR. CLAYTON ADAMS 51
MR. JUNE DEEN 55
MR. ALLEN SPETNAGEL 57
MS. MICHELLE MALONEY 58

INDEX TO PROCEEDINGS (cont.)

MS. CHRISTINE FARNUM 59
MS. AMBER FRASER 60
MS. SUSAN MARLING 61
MR. MICHAEL FIRMENT 65
DR. ANURAY SAHU 67
MS. JULIA CONDE 70
MS. LESLIE ANDERSON 74
MS. TORI LADIPO 78
END OF PUBLIC COMMENT AND CLOSING 80

GEORGIA PATHWAYS TO COVERAGE 1115
DEMONSTRATION WAIVER

BY MR. MATTHEW KRULL:

Good morning. I'm Matthew Krull, Attorney with the Department of Community Health in the Office of General Counsel. Today is November 22, 2019, and it is now 10:00 a.m.

This is the public hearing on the Georgia Pathways to Coverage 1115 Demonstration Waiver.

At this time I would like to ask if anyone is in need of the sign language interpreter?

You may be at ease.

This public notice was issued by Commissioner Frank Berry on November 4, 2019. This notice is incorporated into these proceedings.

Pursuant to 42 CFR 431.408, the Department of Community Health is required to provide the public the opportunity to review and provide input on the Section 1115 Demonstration Waiver.

At the November 4, 2019, DCH Board meeting, the Department received approval to release, for public comment, this notice.

The public comment period will expire December 3, 2019. Individuals who wish to

provide written comments on or before December 3, 2019, may submit comments through an online webform located at: medicaid.georgia.gov/patientsfirst, or to Lavinia Luca, curator of the Board of Community Health at P.O. Box 1966, Atlanta, Georgia 30301-1966.

Comment letters must be postmarked by December 3, 2019, to be accepted.

At the conclusion of the comment period, all oral comments presented today will be transcribed and provided to the Board of Community Health, along with a copy of any written comments received. The Board will be asked to vote on this item for final adoption at its December 12, 2019, meeting.

If you wish to make oral comments today, I ask that you sign the roster located right outside the door on the table. And we'll call you at the appropriate time.

At this time, I'll introduce Mr. Blake Fullenwider, Chief Health Policy Officer at The Department of Community Health, to do an overview of the 1115 Waiver application.

BY MR. BLAKE FULLENWIDER:

Thank you, Matt. Ladies and gentlemen, good morning and thank you for joining us here in Kennesaw, the sixth out of six cities that we visited across the past -- over the past two weeks.

As Matt indicated, I am going to provide a brief overview of the Georgia Pathways 1115 Waiver and a little bit of background, in terms of how we got to where we are today.

As Matt indicated, if you wish to make public comment please be sure to sign the roster that's located just outside of the room, so that we can be sure that you're accounted for.

As you may know, Senate Bill 106, The Patients First Act, was signed by Governor Kemp on March 27, 2019. This legislation, among other things grants the authority to The Department of Community Health, to submit a Section 1115 Demonstration waiver to the Centers for Medicare and Medicaid Services at the federal level.

The 1115 Waiver must be submitted on or before June 30, 2020. It also authorizes the potential increase in Medicaid income

eligibility criteria to 100 percent of the Federal Poverty Level for certain populations.

The legislation also authorizes the department to implement the waiver without further legislative action. 1115 Waivers are one type of waiver available to states under the Social Security Act. It is the broadest waiver authority available to states and it is designed to implement demonstration projects that test different approaches to delivery systems under the Medicaid program.

While this waiver authority is broad, one key requirement is that it must be budget neutral for the federal government. These waivers are typically approved for a five-year period and we are seeking a five-year authorization under the draft waiver that has been put out for public comment.

This waiver reflects revised approval criteria that was released in the fall of 2017 by the administration in Washington D.C., designed to create additional flexibility for the states to test different approaches to the delivery of Medicaid services.

Our waiver development process began in

June of this year. We brought on Deloitte Consulting, a consulting firm that has helped us through this process. It started with completion of an environmental scan, both at the national and state level. That was completed in July. That information is posted on the DCH website is available for your review. If you have not had the opportunity to look at that yet, I would encourage you to do so.

In mid-July we convened a workgroup of stakeholders, roughly 55 stakeholders, across a broad spectrum of healthcare interest, to help review the environmental scan information and begin to formulate waiver options.

As we moved through the summer and into the fall, the team worked to develop these options. On November 4, 2019, with the approval of the Department of Community Health Board, the draft waiver was posted for public comment, which began our 30 day public hearing.

Along the way, we have consulted with our partners at the Centers of Medicaid and Medicare Services to receive their guidance and input along the way.

And again, this public comment period will

remain open through December 3, 2019.

Specifics of the Georgia Pathways 1115 Demonstration waivers start with identifying key goals that we sought to address.

The first was improving the health of low-income Georgians by increasing access to healthcare coverage through encouragement of work and other qualifying activities. We wanted to reduce the ranks of the uninsured in the state.

In the state of Georgia, we are among the highest in the nation. We wanted to promote member transition, where possible, to commercial health insurance and encourage Pathways' participants to be active participants and consumers of their own healthcare.

We wanted to encourage and support transition to employer-sponsored insurance and increase those across the state who are employed, and of those who are employed, help support increases in wage growth.

Core and fundamental to the 1115 waiver is ensuring, both for the state and the federal government, that we protect the long-term physical sustainability of the Medicaid program.

There are a couple of key features of the program. First is providing a new pathway to coverage for Georgians who are not eligible today, primarily childless adults and low-income parents, introducing elements of commercial health insurance that assists with the transition to the commercial health insurance market, as economic standing improves.

This includes premiums, copayments and a healthy rewards account, which I'll talk about in just a moment. And also, providing premium assistance through the Medicaid program for eligible Georgia Pathways participants who have an offer of employer-sponsored insurance available to them and is cost effective for the state to subsidize that coverage.

The new Pathways to Coverage program includes an increase in eligibility criteria for childless adults and low-income parents who, today, are not eligible at any income level. If you're a childless adult or above 35 to 100 percent of the Federal Poverty Level for a low-income parent, you are not eligible today.

It does not include any currently eligible category of assistance including children and

pregnant women in our low-income Medicaid program, or any participant in our Aged, Blind & Disabled Medicaid program. They would not be impacted by any of the features that we're talking about today and will remain eligible as it is in the program today.

The age range includes those who are aged 19 to 64 years old, with income below the federal poverty level, working or engaged in qualifying activities for a minimum of 80 hours per month, which by definition, is part-time, and in accordance with the federal law, is a United States citizen or a certain legal permanent resident who is eligible for the program.

Qualifying activities include employment, both subsidized and unsubsidized, private or public sector employment, on-the-job training, job readiness, community service, vocational educational training and enrollment in a full-time institution of higher education.

One of the areas I want to touch on, in particular, relates to vocational educational training. It's an opportunity that we're seeking to leverage, which is the high-demand,

career initiative that is administered through the Technical College System of Georgia. There is a broad array of fields of study that take you into a career track where there is a identified need across the state.

If you participate in that program, then our premium requirements for the Georgia Pathways Program would be waived for the time in which you are enrolled and participating in the high-demand career initiative, as an incentive.

We've also included proposed elements of commercial health insurance, including premium requirements for Pathways participants from 50 to 100 percent of the federal poverty level, which would be based on the sliding scale from $7 to $11 per month. For a household for which two Pathways participants are simultaneously eligible for participating, premiums would be capped at $18 per month.

Copayment amounts would mirror what is existing in the Medicaid State plan, with the exception of one area which is a non-emergency, emergency department utilization. Payment of $30 would be included as a requirement.

Premiums that are paid on behalf of

Pathways participants would be deposited into healthy rewards account and these accounts can also accrue additional funds through participation in healthy behaviors, such as smoking cessation, chronic disease management, like diabetes management, biometrics screening, and similar activities designed to promote improvement in one's health.

Once the dollars in that account reach or exceed $200, then those dollars could also be used to purchase other medical services that may be needed, but not a covered benefit, including over-the-counter drugs, dental services, glasses, as well as to pay copayments at the point of service.

We've also included a premium assistance program, which is an expansion of the current voluntary health insurance premium payment program under Georgia Medicaid plan. If it is cost effective for the state to do so, meaning the amount that it would cost to subsidize someone's premium and copayment requirements is less than the cost of capitation payment, that would otherwise be paid on your behalf.

To enroll a person in Medicaid managed

care, the state will use Medicaid dollars to provide premium assistance to enroll those Pathways participants through their employer-sponsored coverage.

It would be required and again, we would be using Medicaid dollars for subsidization of employer-sponsored coverage.

Again, you can submit your comments both in addition to today's forum online at Medicaid.Georgia.gov/patientsfirst or mail your comments to:

Lavinia Luca

C/O The Board of Community Health.

PO Box 1966.

Atlanta, Georgia 30301.

At this time, I'll now turn it back over to Mr. Krull who will start our public comment period. I want to thank all of you for being here with us this morning.

BY MR. KRULL:

Thank you, Blake.

Since this room is not equipped with a PA system -- we have a court reporter that's taking down all of the comments today that are going to be included in the application -- so if you're

going to make a public comment, please come down, next to the court reporter and direct your comments up here so she can take down your testimony today to be included in the application that will be submitted to CMS.

Additionally, I'm going to go down the roster, give each person who signed in an opportunity to speak.

Please limit your comments to ten minutes and keep your comments limited to the issues that directly relate to the proposed public notice. And this public notice is for the 1115 waiver. We have a hearing this afternoon for the 1332 Georgia Access waiver and those comments for that waiver be relevant at that time, at that public hearing. We have quite a number of people that want to speak today. We want to make sure we stay on topic and on time.

At the end of your 10 minutes, if you have not completed your presentation, I may ask for a brief closing statement and you will also be able to submit remaining comments online, in writing, or through the mail.

With that said, I'll call the first person who signed to speak.

Please come up here next to the court reporter to make your comments.

And it's Mr. Jeff Breedlove. Mr. Breedlove, thank you for being here today.

MR. JEFF BREEDLOVE, REPRESENTING PERSONS IN RECOVERY:

Okay, thanks. So I'm Jeff Breedlove and I'm a person in long-term recovery. And what that means to me is that I've survived the disease of addiction and get to participate in things like this with my community. I've also worked for the Georgia Council of Substance Abuse, and we wanted to be here this morning specifically on the first part of this.

But to begin with, we want to congratulate Governor Kemp, Lt. Governor Duncan, Speaker Ralston and the leadership of the Georgia General Assembly and all the staff at DCH for their leadership on this issue.

We believe this is an important step in an ongoing process to provide effective and affordable coverage for the people in Georgia. It demonstrates the commitment of our state leadership to address a complicated issue and we appreciate it very much.

As the statewide Recovery Community Organization for Georgia and the Georgia Council on Substance Abuse approaches this issue with one essential position. Given that more Georgians are dying from overdoses and suffering from substance use disorder than any other cause, it's imperative that whatever pathway, whatever this final product looks like, that it's in the best interest of the taxpayers of Georgia. That we enhance and not impede the ability of the Georgia recovery community to utilize the services that might be available.

Any plan or product, which in any manner would fail to transformationally address the needs of Georgians suffering from substance use disorder, would be a plan or a product that would be dead-on-arrival, with over 800,000 Georgians in recovery, our families, our friends and our allies. Perhaps, most importantly, it's time for Georgia to accept that we are in a crisis regarding substance use disorder, and it's going to get a lot worse before it gets any better.

We'd be wise as a state to enhance funding to address risky use and addiction at the

initial point of the process and transition away from our current approach on focusing on recovery and the final stages of the process.

By example, we would not wait until a person with diabetes was in acute shock before we funded programs around the disease of diabetes. Regrettably, because of the stigma surrounding the disease of addiction, Georgia has failed to properly and effectively invest in the appropriate resources, at the appropriate place in the life cycle of substance use disorder.

We're hoping that we use this process of transition. It's our profound hope that this process serves as a platform to revisit Georgia's approach to access, to services, and that we start saving more lives, saving taxpayer dollars, and restoring families across Georgia.

The Georgia Council on Substance Abuse, to conclude, looks forward to partnering with Governor Kemp and our state leadership, as they continue to perfect the process and ensure that those that suffer from substance use disorder, have safe, effective and affordable access in funding for the quality insurance coverage that

they deserve and need.

It's time for constructive collaboration and productive work, and the Georgia Council on Substance Abuse is eager to move forward with Governor Kemp as we work together for the people of Georgia.

Thank you very much.

BY MR. FULLENWIDER:

Thank you.

BY MR. KRULL:

Thank you, Mr. Breedlove.

Next person I'll call is Vicky Kimbrel. Can you please come up here by the court reporter so she can hear.

BY MS. VICKY KIMBRELL, REPRESENTING GEORGIA LEGAL SERVICES:

I think you can hear me. I'm going to stand here and just speak about the Georgia Medicaid Waiver. My name is Vicky Kimbrel and I'm with Georgia Legal Services.

I've been working with legal services and Medicaid recipients for 35 years. I, in fact, was a prior member of the Medicaid Consumer Advisory Committee. So Georgia Legal Services has been working, this time, to try to expand

Medicaid coverage and ensure that our moderate and low-income clients continue to receive the care that they have.

Fran Montelaro is a paralegal and she's going to tell you a short story about a recent client and how important Medicaid coverage is for our clients.

We are grateful that the governor and the representatives that we have are recognizing this crisis and are trying to expand coverage in Georgia.

We see, too often, the same results of the lack of healthcare among our clients. Many of our clients are mothers of small children and we believe that under these waivers, these clients will be left out. There is no requirement for a waiver for these work requirements, for either disabled or people with caretaker requirements.

Women in our communities are often, also caretakers for their disabled family members. This means they are saving the state and taxpayers lots of money by caring for parents, for children, for relatives who might otherwise be institutionalized and cost us taxpayers much more.

I don't think that people understand that when Social Security recipients who are declared disabled get their disability, they're not necessarily going to get healthcare coverage.

There are a couple categories there.

One, SSI recipients who turned 62 are required to apply for Social Security retirement. At that point, if they're over SSI limit, they lose their Medicaid completely and they're not allowed to provide any -- they don't get any healthcare until they turn 65.

And we see lots of clients from that 62 to 65 window who absolutely lose their healthcare, and then they can't work, and again, they will end up without healthcare coverage and they've already been declared disabled under the Federal Social Security System.

Similarly, folks who are transitioning from SSI to disability, people who get SSI disability have to wait 24 months before Medicaid -- Medicare, sorry -- kicks in for them.

So again, we've got a gap for people who are disabled, can't work, worked all their lives and have been determined disabled for Social Security, but there is that gap for healthcare

coverage.

And again, those are the people we hear from every day who call and say, "Well, of course I need healthcare coverage. I've been declared disabled, and of course I should get it. Everybody else gets it." Is a usual story. "I'm just coming to sign up for mine." And they're just stunned after those years of work, and their contribution to our society, they are not able to get healthcare coverage. And we're the bearer of bad news for those folks.

We also represent clients in rural Georgia. We do 154 counties outside the metro-Atlanta, where we've all been hearing about these hospitals that are closing. And a lot of the reasons for that are because people who can't get primary healthcare, end up going to the emergency room when their healthcare needs are in crisis.

That is much more expensive for them and much more expensive for us as taxpayers in those rural community tax bases.

If those folks could have coverage, and have primary care coverage, then there would be less of a need for that coverage, emergency room

coverage.

The Georgia policy -- Public Policy and Budget Institute has put out the numbers that say, in fact, if we spend $215 million under the waiver proposals, we will cover what the state proposes, as 80,000 uninsured Georgians.

With full Medicaid expansion, we can spend $213 million to cover all of the 490 million Georgians, because we would get that higher federal percent match.

We would urge, that as the policy of the State to try to expand Medicaid as much as possible, to cover as many of these uninsured Georgians as possible.

Georgia is one of only 14 states now in this country who have failed to engage in full Medicaid expansion.

We see these clients every day. We ask, on their behalf, do as much is possible to cover as many Georgians as you can with our very dear taxpayer money because of this desperate need for our clients.

Fran wants to tell you a story about one of those clients.

Thank you.

BY MR. KRULL:

Thank you for your comments and being here today.

Fran Montelaro. Thank you for being here. Make sure -- you can stay there, but make sure she can hear you. You've got to project your voice.

BY MS. FRANCESCA MONTELARO, REPRESENTING GEORGIA LEGAL SERVICES:

Okay. I am going to piggyback off of what Attorney Kimbrel spoke about. I'm Francesca Montelaro and I am with the Georgia Legal Services as a paralegal. We work directly together and everything she said I 100 percent support.

In regards to the program to expand Medicaid, I'm glad to see that it is open for discussion. I do have a huge concern regarding some of the stipulations that might involve people who are in the gap that she described. When you are getting your disability benefit, most people seem to think that when you're deemed disabled, that you would automatically get Medicaid and when they call our program for assistance with the application process, she's

right. We have to be the bearer of bad news, to explain to them that they don't automatically qualify for Medicaid unless they meet certain criteria.

If you're not getting your disability benefit for two years or longer, you don't qualify for your Medicare. It doesn't matter if you're deemed disabled. After two years or more, usually your Medicare will kick in and then, depending on the amount of your disability benefit, you could qualify for Medicaid assistance.

She's also right about caregivers needing Medicaid coverage when they are taking care of a sick family member or if they are in a home where they can't work or don't work, but they have children in the home. They may qualify for certain caregiver Medicaid programs. But there's still a gap in the system, where people who don't qualify for Medicaid.

Personally, I have a client who we assisted with getting indigent care benefits because he had to go to the emergency room and thankfully, he was at a facility who did offer indigent care benefits. They covered his medical expenses,

but he had other medical expenses that had incurred prior to that, that he couldn't afford to pay for.

He didn't have Medicaid, although he was getting disability benefits. The man was 64 years old when he came to me and we were able to help him qualify for one specific program to help his medical bills get paid. However, because he went without medical coverage for such an extended period of time, he deteriorated. So when he finally did age into the system, and qualified for Medicare, as well as a Medicaid program to pay Medicare premium, he died.

So the reason that I found out about that is because I called him, realizing it was time for him to renew his program. I spoke to his 84-year-old mother who was helping take care of him, as well as her own self and she had to let me know that he passed away.

And the reason that I'm thinking that this is a good story to use is because this is an individual who was in the gap. He was 64 when he came to me, couldn't qualify for Medicare yet, finally did turn 65, to receive his

Medicare, but for the amount of time that he went without being treated, he deteriorated.

Even though he did finally qualify for programs, it was too late. So had this been something that was on the table maybe when he was able to work, complete work study, I don't know. But opening up Medicaid for the state of Georgia is a huge, huge thing to talk about.

And I think it would be important for some of the stipulations maybe, to be minimized because when people are sick, they can't complete a work-study program. Or because of whatever's going on in their home, they may have to take care of someone else, and they also need medical care.

So to expand Medicaid in the state of Georgia with minimal stipulations would be, to me, be the best thing.

Thank you.

BY MR. KRULL:

Thank you, Ms. Montelaro, for your comments.

Abbie Fuksman.

BY MS. ABBIE FUKSMAN:

So I'm actually coming to you as a person

who is somewhat retired from being an executive in the insurance business, in the hospitalization business, as well as working for physicians through the American College of Physicians.

In my personal opinion, I feel that healthcare is one of the greatest equalizers that we can have in this country, in terms of access. So I'm coming to speak from that perspective.

And thank you for holding this hearing and giving some the ability to have the public comment.

Before I start my comments, I'd like to ask a question and I'm hoping that you guys can think about this:

Why was this public hearing in Kennesaw the closest hearing to the city of Atlanta?

Purposefully excluding people from telling their stories about disparities due to income, zip code, transportation, childcare and skin color will not make their disparities in healthcare go away. They deserve to have their stories heard and told in person.

Georgia has made a purposeful decision not

to expand Medicaid to 138 percent of poverty. That means that if you make $250 a week, you're out of luck. $250 a week. I just want everybody up here to think about that.

Instead, the Georgia 1115 Waiver includes work recording requirements that have proven to only be burdensome and premium payments and copays and other provisions that have failed in other states so far.

Medicaid expansion could bring better access to care by providing more of our citizens with basic care before it leads to a great health situations. Better health outcomes and Medicaid expansion has led to fewer premature deaths among older adults. At least 19,000 lives have been saved between 2014 and 2017 in states that have expanded Medicaid, as well, improvements made in the control of diabetes, hypertension and the increase of early-stage cancer diagnosis.

Financial security: There's been a reduction of $1,140 of medical debt per person gaining coverage through expansion, which has directly affected the reduction of evictions and other financial insecurities in the country.

Economic mobility: Atlanta has one of the lowest rates of upward mobility in the country. Without overwhelming medical bills through Medicaid expansion, people have better access to credit for home, auto and all other loans that allows them to be healthier, to look for work and to have work, reduction of unpaid hospital bills or "uncompensated care" as it's called, within our hospitals, for states that have expanded Medicaid. There has been a 55 percent drop in hospital uncompensated care costs. That's $17.9 billion in 2016 alone, compared to 18 percent in non-expansion states. And, by the way, those numbers can be found through the Center of Budget and Policy Priorities.

Fundamentally, people in the state of Georgia want something quite simple. If they get sick, they can afford to go to a doctor. There is probably no domestic policy in the last two decades that has achieved more undisputed, favorable results medically and financially for people than Medicaid expansion.

I respectfully ask that the State of Georgia changes their course and provides the State of Georgia with Medicaid expansion.

BY MR. KRULL:

Thank you for being here today.

Patrick Thompson.

PATRICK THOMPSON, REPRESENTING SMALL BUSINESS OWNERS:

So I'm here because many of my clients can't be here. They don't have time. They don't even have time to fill out either a documental letter or to fill out what's online. They can't even get online. They don't have time to get online.

We hear a lot about the State of Georgia being a great state for business. Well, I'm a business owner. I'm a small business owner. It is not great for small business owners. It's one of the reasons why we're looking at other states, because I have to compete with large companies that have the buying power to provide healthcare insurance for their employees. I cannot. I live every day with the thought that if something happens to me, I don't have healthcare insurance. Or one of my employees, something happens, they lose their business, the lose their home, they lose their livelihood, they lose their family.

These are people at the bottom of the pyramid. Many of us, even though we have a hard time, are really at the top of the pyramid.

People at the bottom wake up every day saying not what we say. We say, "What can I buy today"? What can I go out here and acquire?" These people at the bottom wake up every day saying, "What can I do without today, so that I can afford food on the table; or afford pharmaceuticals; or afford healthcare?"

It's a very different way of waking up in the morning.

So when my business hears what the State is doing, what they hear, is a lot of "if" "then" "when "but" "if you fill out this, then you get this." It sounds like a lot of regulatory burden. And these people are not good at that.

So somebody, like in the services you've heard this morning, are going to have to step in and help them with that regulatory burden.

These are people that either on -- my clients are either on limited income or they're people that have -- they are working three jobs. They're working, already. But even then, they can't afford the high cost of health insurance

at any point.

It's such a big part of their -- whatever they make, they can't afford it.

So the outcomes for our healthcare are not great. We know that. This is a fix. I don't enjoy paying for other states to have healthcare. My tax dollars go out each month to pay for other states to have healthcare.

There are people right here that need that. They need the help.

As a scout master, I now have to figure out where can we go, if we take a trip. I have to actually look at the map and say, "Where can we actually go? If we go to this area, there's no help, there's nobody coming for you, we can't go there." And that's sad because we have a beautiful state. There's lots of places to go, but there are places that we turn down every day just because it's too dangerous. It's high-risk. That's a sad fact.

So my opinion of this program is, and, just imagine, again, people at the bottom of the pyramid hear this. This is just the first step. This is just somewhere where we're thinking about going. That does not help these people.

They do not want to hear that this is a step in some direction. They just want the problem solved.

Full Medicaid expansion is what we really need. This is just an unnecessary step. It's expensive. I don't want my employees to buy junk insurance and I don't want them to have stuff that says, "Well, you know what? We don't cover that."

I can't hire somebody and look them in the eye and say that. So my suggestion is, as a business owner, get over it. Get to medicaid -- full Medicaid expansion as a solution.

Thank you guys.

BY MR. KRULL:

Thank you, Mr. Thompson, for being here and your comments.

Janet Grant.

Thank you, Ms. Grant, for being here today.

MS. JANET GRANT, REPRESENTING TAXPAYING CITIZENS:

Thank you. My name is Janet Grant and I appreciate the opportunity today to provide comments on this waiver. I am here as a concerned, taxpaying citizen here in Georgia. And while I appreciate the effort to expand

coverage in this proposal, we can do so much better than this current waiver proposal for our fellow citizens that are in need of healthcare.

And at the same time, we can make significantly better and more cost-effective use of our tax dollars. As the Georgia Budget and Policy Institute reports, and we already heard these statistics, this proposal costs more in state general funds than full Medicaid expansion. And yet, it only covers 10 percent of those that would qualify under a full expansion.

I've seen firsthand, as a former healthcare executive responsible for Medicaid health plans across 16 states in the country, the very positive benefits of full expansion and the continuing challenges of those states that have not expanded Medicaid.

These benefits are now being documented. There's a recent review of 324 research studies that have been conducted in states that have expanded Medicaid, on the positive impact by the non-partisan Kaiser Family Foundation.

Expansion states have seen meaningful changes and decreases in the number of

uninsured, increased access to healthcare services, improved health outcomes, and savings for the state government and its taxpayers.

So with the significant health challenges that many Georgians experience, we can't afford to pass up on this opportunity, to have the same positive impacts that the states that have fully expanded Medicaid have.

First of all, one of my concerns is that this proposal is predicated on the use of work requirements and a request to receive an enhanced match.

Neither of these really appear feasible. And so my concern is, going through this process, we delay getting coverage to those Georgians that don't have healthcare today.

Work requirements are actually on hold in the states that have put those forward. They're the subject of federal lawsuits in a number of states, and a recent appeal hearing appears to support that they'll be eliminated from the Medicaid program.

The appeals judge panel in October arguments -- the final ruling hasn't been made -- but those comments reiterated the findings of

the lower court. That while employment is a laudable goal, it is not a central goal to the Medicaid program. And that goal is to ensure healthcare coverage for this country's most vulnerable, and work requirements don't advance that goal.

In addition, no state has gained approval of an enhanced match for Medicaid expansion. That doesn't include eligibles all the way up to 138 percent, while this proposal is proposing capping that at 100 percent.

Work requirements also raised a number of other concerns. A recent Harvard study documented the negative impacts in Arkansas, which now has work requirements on hold because of the federal court order. There, 17,000 people lost their health coverage. And in most cases it wasn't because they weren't working, but it was because of the burden of the reporting requirements associated with the program.

That same study also found that there was no meaningful gains in employment through this requirement. In fact, as we've heard others testify, it is the chronically ill, including

those with mental health challenges, that have the greatest need for ongoing continuity of care. And with good care, they may be able to gain and maintain employment. It's not the other way around. And in fact, Kaiser Family Foundation reports that 63 percent of adults that are eligible adults, are already working. And those that aren't, are suffering from conditions or are caregivers, in which case, work would be a huge burden.

Finally, related to work requirements, I'm very concerned about the administrative costs of that. That may not even be understood at this point. In my former role, we had a health plan in the state of Kentucky that prepared for work requirements and in fact, those work requirements, were put on hold by a court order. And yet, our company had invested $9 million in getting ready for being able to provide the administrative requirements that were necessary.

That ultimately would have to be reimbursed by the State and across the five health plans. So there's a significant cost and burden to implementing work requirements with little question that those savings are not accrued.

Finally, I want to speak to my concern about children. A recent study by Georgetown Center for Families and Children cited Georgia as the fifth worst state for the number of uninsured children, and having the second highest increase in the rate of uninsured children at 21.2 percent from the years of 2016 to 2018.

This is really an embarrassment for us as a state, and ultimately will make Georgia less competitive. Bipartisan efforts have supported access to coverage for children over the years, since the state's children's health insurance program was passed. In fact, Georgia covers up to 235 percent of the Federal Poverty Level. However, the big driver here, and the reason that we're seeing the increases in uninsured children, is a lack of coverage for parents. In the expansion states, they've seen huge gains in coverage for children than the non-expansion states that are falling way behind, including Georgia.

It is critical to cover the whole family in order to see the healthcare coverage for children.

So I really urge a complete reassessment of this expansion plan for Georgia. And for us, as a state, to take advantage of the full expansion that's available with a full enhanced effort to best serve low-income Georgians and our state.

Thank you.

BY MR. KRULL:

Thank you, Ms. Grant, for being here and your comments.

Laura Harker.

MS. LAURA HARKER, REPRESENTING GEORGIA BUDGET AND POLICY INSTITUTE:

Thank you for having me. Thank you, and as he said, I'm Laura Harper, I'm the senior health policy analyst at Georgia Budget and Policy Institute and we are thankful that you're able to have us here today to provide our feedback on these waivers.

We have been researching Medicaid waivers for the past several years and the healthcare budget, generally. We are excited to share our feedback about things we can do to fix these proposals and make them work better for Georgians.

So we do share the goals of increasing

access to healthcare and increasing the number of people employed and making higher wages, but as we see this proposal 1115 Waiver, even when it is paired with the 1332 waiver, falls short of achieving those goals.

In addition, it includes costly provisions that push people off of coverage and wouldn't do enough to meet the needs of rural Georgians and Georgia healthcare providers.

One of our concerns is that the number of people expected to get coverage is very limited. We continue to hear state leaders say that over 400,000 Georgians could gain coverage under the income parameters in this plan. But the protections in the analysis show that only about 50,000 Georgians each year would get coverage, which is just 13 percent of those eligible for coverage and that's in the year 2022.

And some may say this is better than nothing, but I would say we shouldn't be comparing to nothing when there's still other options on the table.

If we did do a full Medicaid expansion instead of a partial Medicaid expansion that this plan proposes, about 486,000 Georgians

could gain coverage in 2022. And that's on the lowest end on the State Auditor's estimates. And that would cost a net cost of about $213 million at the highest end of the State Auditor's estimates.

If we compare that with both the proposal of 1115 Waiver, as well as combined with the 1332 Waiver cost, eligibility increases -- income increases, that would only cover 80,000 more people in 2022, for a similar cost, as we can see with the full Medicaid expansion.

Additionally, with some of the data on uninsured rates, based on 2018 uninsured population data from the Census Bureau, both waivers combined would drop the state's uninsured rate from 13.7 percent to 12.9 percent. Full Medicaid expansion would drop the uninsured rate from 13.7 percent to 9 percent. So a much greater dent in that uninsured rate that we're all concerned about, since we are the third-highest-uninsured rate in the country.

So we can still cover hundreds of thousands of Georgians at a better price, by extending Medicaid eligibility to 138 percent of the poverty line, and receiving that 90 percent

federal match, instead of that 67 percent match, upon which these calculations in the proposal are based.

We also want to talk about the goal of increasing the number of people employed and engaged in employment related activities and to increase wages among the employed. That's something that's mentioned in the 1115 Waiver goals. We see that requiring enrollees to report their work or volunteer hours to get and keep their healthcare coverage, would not promote long-term growth in employment and wages.

In fact, multiple studies on work-reporting requirements and other public benefit programs found modest increases in employment in those first two years, but those gains faded by that fifth year of those programs. And this is also a five-year program. Also, most of those people that did gain employment in those first two years, they didn't earn enough to really get out of poverty. A lot of them stayed in deep poverty because their wages were not increasing.

So overall, in additional to that, we feel like these work requirements are not the best

option for us to increase wages and increase the working people in the state. They also come with a cost. So they would present some administrative work-reporting requirements as far as obtaining and sustaining additional staff for the state to hire, updates to an informational technology systems that would cost the State money.

In Tennessee, for example, they expected to spend $34 million a year to administer their requirements for their Medicaid program.

Also, the work reporting requirements present a burden to individuals. So those folks who are working may face difficulties in reporting their hours. That could be due to a number of reasons, such as lack of internet access, or having seasonal work schedules.

Furthermore, some people are not able to work because they are caregivers, they're students, full and part-time students, have a chronic illness, are in the substance abuse or mental health treatment program, they have a disability but don't qualify for disability benefits; among other reasons. And so the people that are unable to work or volunteer are

often not able to maintain health coverage or get their health coverage when they do have work reporting requirements attached to that coverage.

So really, because of these challenges, with these requirements, we've seen tens of thousands of people, in states like Arkansas, lose their coverage when they're subjected to these requirements.

We also want to discuss the cost-sharing aspects of the plan. So we know there's premiums and copayments under this plan. That can present an additional burden to enrollees, as far as leading many of them to have to drop coverage. And we've seen significant drops in coverage it states that have attached these premiums and copayments.

The cost-sharing requirement in other states and, we're looking at a study of three states that have had public health insurance programs that have premiums attached to them -- in those states, even when premiums were as low as one percent of that enrollee's income, there was a reduction in participation in the program of 15 percent.

So even with small attachments of premiums, there's still a chance that people could drop coverage, and even when we look at people who have higher incomes, so Wisconsin had premiums, but they only charged them to people making above the poverty line. They saw a 24 percent reduction in enrollment because of these premiums and people not being able to pay them.

In addition to that, I think some participants in the plan, when we look at the enrollment or the employer-sponsored insurance that could be covered through this plan, some of those participants would get the premium and cost sharing assistance, which is good. But the proposal stated, that in the current plan, they would still face their coinsurance and deductibles under their employee base plan. So that's also a concern. How would people be able to afford that, when they're making below the poverty line?

Additionally, some more administrative costs we want to discuss are about the member rewards accounts. Some of those enrollees under these member rewards accounts are now, required -- we are looking at some other states

and even in Georgia when there was a proposal to have health savings accounts, we saw that for the partial expansion population, the estimated cost was about $4.6 to $5.9 million in that first year to manage these accounts. It may be different based on how these accounts are administered, but that just gives you an idea. There are typically some costs associated with managing these accounts.

Additionally, I want to discuss the benefit package. So the benefits do include all of the state plan benefits except for non-emergency medical transportation. So that is something we're concerned about, as far as the fact that cutting out transportation is not significantly likely to reduce state costs. It would just deeply impact rural Georgians who live far away from their health providers and facilities.

Non-emergency transportation is less than two percent of our traditional Medicaid spending, so this investment is really important to increasing access to preventative care and it helps to prevent use of emergency room visits, which are 15 times more costly than routine transportation.

Additionally, one of the other waivers included is waiving the certain dental and vision benefits for 19 and 20-year-olds, and that is also an area of concern, as far as limiting access to care, especially for that transitional age group.

Two other factors I want to address are the two policies for attractive coverage and hospital presumptive eligibility. We believe that those are two really important policies that we shouldn't be seeking to waive. As far as just the importance, and how they increase payments to hospitals and make it easier for people going into hospitals to get enrolled in Medicaid and find out that they're eligible.

Overall, this waiver plan covers only a fraction of eligible Georgians and is likely to cost the state more than what is outlined in this application, when accounting for potentially higher enrollment and administrative costs.

It does not do enough to increase access to healthcare for Georgians. Increase employment and wages. Help rural Georgians get access to care. Or significantly increase payments to

healthcare providers. And we would like to see the State to address some of these concerns and this feedback.

Thank you.

BY MR. KRULL:

Thank you, Ms. Harker, for your comments.

Ralph O'Connor.

MR. RALPH O'CONNOR,

My name is Ralph O'Connor. I live in Atlanta. I'm a Georgia taxpayer for the last 35 plus years. I'm here as a private citizen but I am a volunteer Medicaid biller for a non-profit called Community Advance Practice Nurses.

We provide primary care to low-income and homeless folks and about three or four homeless shelters in the downtown-Atlanta area.

I agree with all of the previous comments so that will cut out a few of the minutes. One of the things that I am concerned about specifically, is the work requirement. Many of our patients are parents with kids they have to take care of, as several of other speakers said. I think that needs to be fixed in this specific proposal.

We also have a number of patients who are

disabled but not legally disabled, haven't met Social Security's requirements. When I check patient's Medicaid eligibility every night on the internet -- which is a great system that Georgia has set up -- many times, that person's official Medicaid address is not the same as the address they gave us that day in the clinic. And I believe DCH and DXC, their contractor, still uses "snail mail" as the primary means of communication. That's not directly relevant to this, but any communications with low-income folks, we need to figure out how to do a better job.

Also, as I'm sure many of you know, low-income people tend to move pretty frequently and that's another challenge. Some of the homeless people we have literally have no mailing address. They may be couch surfing or living in their car or somebody else's car, or sleeping under the overpass or whatever, so that's another challenge.

Right now, if they are eligible for Georgia Medicaid, they have to renew that. But if they don't live at the address that Medicaid has for them, they may not get the notice.

I am concerned about adding a monthly premium on top of that. That seems to be, for the low-income folks, a really high barrier.

The requirement -- or the request to add a copay for non-emergency use of the emergency department sounds reasonable, except that's a national problem.

The federal government has an online database that has diagnoses for people that go to emergency departments. It's not all the states, I think it's twenty-some states. So you can look up why people went to an emergency department and what kind of insurance they had. And doesn't make any difference whether they have Medicare, TRICARE, Medicaid, no insurance, all our brothers and sisters are going to the emergency room when they probably should go someplace else. So that's a national issue that I hope somebody will address.

Thank you for having performance measures in there. That's great. Many times, programs don't list the performance objectives. I hope you'll be able to report on them and have them available to the general public.

Thanks very much for the opportunity to

comment.

BY MR. KRULL:

Thank you, Mr. O'Connor for being here and your comments.

Clayton Adams.

MR. CLAYTON ADAMS, REPRESENTING GEORGIA ADVOCACY OFFICE:

Hello. My name is Clayton Adams. I'm an attorney with the Georgia Advocacy Office. The Georgia Advocacy Office is what's called the state P&A, there's one of us in every state. Our sole function is to advocate and protect the rights of our population that we serve, which is individuals with disabilities in Georgia.

So as a state P&A, we are primarily focused on that. And so I agree with a lot of the things that I've heard today, especially about Medicaid expansion, but I think our perspective, or the thing that we could be most helpful with, is talking about how this proposal may or may not help the population that we stand aside and support.

My concern, primarily -- well, so this, as I understand it, is a program that will get -- that will help Georgia's working uninsured, have

some sort of healthcare. And while I applaud that effort in its broad sense, I do have concerns, because it leaves out individuals with disabilities who would not fit into that. So that's kind of what I want to talk about here.

I think the assumption is that Georgia has a quote work, if you will, or a patchwork of waiver programs that it has adopted in lieu of full Medicaid expansion, as many of you have expressed. Full Medicaid expansion would provide services that this particular program -- or provide access to insurance -- that this particular program may not, and what we see in our experience is, that there are waiver programs for individuals with disabilities.

And this program may assume that even though Georgia's working uninsured; that people with disabilities may not fit in that category; there are other programs for those individuals. But I'm here to tell you that those waiver programs are insufficient.

So what I don't want this room to leave today -- or leave believing -- is that this is somehow going to address the needs of Georgia's people -- individuals with disabilities. It's

not. And what I mean by that, is that the 1915C Waivers are what you can apply for. ICWP Waivers, those sorts of things.

Our waitlists in Georgia are extremely large. As a matter of fact, DOJ has sued the State of Georgia over the length of time that it takes for people to get those services through the 1915C waivers.

So this is not going to impact that. Individuals with disabilities are not going to be able to benefit from this program, that I can see. We're going to look into it more, but from what I can see, most of the folks that we work with are not going to be able to meet these work requirements. They're not going to be able to get healthcare through this program because they're not going to be able to meet those work requirements.

So then, what they're left with is the things that I'm describing now, which is a long waitlist. Services that they need, maybe will get to in years of waiting. In the meantime, they go without.

The other thing is that we spend, as a state, more of our long -- our LTSS funding,

which is long-term services support funding, from the federal government, CMS.

We spend more of that money on nursing facilities than we do on home and community-based services. So even if you do get a waiver as an individual with a disability in Georgia, you are not -- you are more likely, in Georgia, to stay in a nursing facility to access the benefits that those services and those waivers pay for, than you could if you stay at home. We're unique in that way. Georgia spends more of its money -- its LTSS money on nursing facilities than it does on, what's called and HCBS fund, home and community-based services.

So what I don't want y'all to believe is that this is going to help, or that this is going significantly improve the experience of individuals with disabilities in Georgia. And that's our primary concern.

Additionally, we're also going to add written comments, but from what I can see here today, that's our primary concern. I think we would echo a lot of these sentiments that I've heard today. That if people with disabilities could access healthcare in their homes through

Medicaid expansion, that would be a better experience for Georgians, especially those with disabilities.

So I appreciate my time and I look forward to the afternoon session.

Thank you.

BY MR. KRULL:

Thank you, Mr. Adams for being here and your comments.

June Deen.

MS. JUNE DEEN, REPRESENTING THE AMERICAN LUNG ASSOCIATION:

I'm here on behalf of the American Lung Association and we appreciate the opportunity to share our perspective of the Georgia Pathways Program.

The American Lung Association is the oldest voluntary health organization in the United States, representing 35 million Americans with lung disease, including more than 1.2 million individuals in Georgia.

For patients with lung diseases, including asthma, COPD and lung cancer, quality and affordable healthcare is essential.

Unfortunately, the Georgia Pathways plan is

not a sufficient solution to improve access to quality and affordable healthcare for low-income Georgians.

Full Medicaid expansion would help far more people access preventative services like lung cancer screening, essential health benefits like emergency care, prescription medications and numerous other treatments and services needed to manage lung disease and other conditions.

Under the plan, only individuals with incomes below 100 percent of the Federal Poverty Level who can prove they worked at least 80 hours per month would be eligible for Medicaid. Patients who have serious health conditions that prevent them from working would have no pathway with coverage that can help them treat their conditions.

For the few individuals who are able to meet this limited eligibility criteria, the proposal still creates numerous financial and administrative barriers that will jeopardize their coverage.

Patients would be charged copayments, for example, including $30 for non-emergency use of an emergency room. A patient with asthma should

not be discouraged from going to the emergency room with trouble breathing out of fear that their condition would be judged as non-urgent.

The American Lung Association here in Georgia opposes this proposal as it stands. Instead, we urge Georgia to focus on solutions that promote quality, affordable, and accessible coverage, including a full expansion of the state's Medicaid.

Again, thank you for your consideration.

BY MR. KRULL:

Thank you, Ms. Deen, for being here today.

Allen Spetnagel.

MR. ALLEN SPETNAGEL, IN SUPPORT OF NAMI:

Morning. My name is Allen Spetnagel. I live with a Mental health diagnosis. I'm here to speak in support of full Medicaid expansion for the state of Georgia. I just think it's the best route to take, to cover the most people and bring federal funds to our state.

And also, it's difficult for me to speak, but I support mental health parity which would bring full coverage for people such as myself, who struggle with mental health disorders.

Thank you for letting me have my few words.

BY MR. KRULL:

Thank you, Mr. Spetnagel, for being here. Michelle Maloney.

MS. MICHELLE MALONEY:

Good morning. Thank you so much for providing this forum for us today. My purpose was to speak to the Affordable Care Act and the issues that are going on with that. I didn't realize that would be this afternoon and I can't be here this afternoon, I will submit those comments online.

But I would like to take just a minute to complement the people who have spoken so eloquently this morning in support of expanding the Medicare funds that could be available to us as Georgians. We pay our taxes to the federal government, but we aren't seeing that money come back.

Other states who have expanded the Medicaid funding are seeing those dollars and are benefiting from them. We can see that with all of the data that's been mentioned today.

The other thing that I just wanted to mention are the work requirements for the Medicaid issues. They can be a terrible burden

for people for all kinds of reasons that were given here today.

So I hope that those two important points will be reiterated to what has already been spoken today. Thank you, again, for your time.

BY MR. KRULL:

Thank you, Ms. Maloney, for being here today and we look forward to your comments on the 1332 Waiver.

Christine Farnum.

BY MS. CHRISTINE FARNUM, REPRESENTING NAMI:

Hi. My name is Christine Farnum and I am currently a consumer receiving benefits and I recover from schizophrenia with audio, visual and tactile hallucinations and used drugs and alcohol to self medicate. I have been hospitalized 13 times, used over 30 different medications to alleviate my symptoms. I'm currently in recovery from drugs and alcohol for six and a half years. I attend support groups, NAMI. I suffer with major depression and I am under a physician's care.

I am very fearful that if this happens, my illness will return.

Thank you.

BY MR. KRULL:

Thank you, Ms. Farnum, for being here today and your comments.

Amber Fraser.

MS. AMBER FRASER, REPRESENTING RECOVERY BARTOW.ORG:

Hi, my name is Amber Fraser and I'm a woman in long-term recovery. I have a short but simple message -- a short but important message for Governor Kemp.

While many of us in the Georgia recovery community appreciate the state working on this issue, we ask that whatever final rules are in place, that none of them prevent the people in recovery from substance use disorder access to the care they need to stay healthy.

Thank you.

BY. MR. KRULL:

Thank you, Ms. Fraser, for being here today and your comments.

Susan Marling.

MS. SUSAN MARLING:

I'm here today as a taxpayer concerned about how my tax dollars are spent. I'm here today as a human being who believes that if my neighbor needs medical treatment, they should be

able to get it, regardless of their income. I fully support my tax dollars paying for health care for my neighbors, especially for those who are the least among us.

I oppose this waiver because I believe it does not cover enough Georgians. It erects barriers to already-struggling people, in terms of the reporting and cost-sharing requirements.

Now, when I make a purchase at my house, I look at values and benefits. Whether that's a new appliance, a new car, auto insurance, any purchase, I sit down and look at benefits and values. So when I see a plan that has 80,000 people being covered for $213 million, I believe, versus, for just several million dollars more, we could cover all of Georgians, just by the full Medicaid expansion, that just doesn't make sense to me. It doesn't seem value-added. It seems like we are leaving a lot of people behind.

Now, there have been hundreds of studies done since the ACA went into effect, about how Medicaid expansion has benefited 36 states who chose to expand their Medicaid plan. Some of those are really pertinent to Georgia.

For example, those states that expanded Medicare have seen a reduction in their uninsured hospital, clinic, and other provider visits. They've seen lower, uncompensated care costs. The non-expansion states, like Georgia, have experienced little or no decline in uninsured visits and uncompensated care.

In fact, one study found that when a state expanded Medicare, out of every dollar that a hospital had to spend on uncompensated care, once they expanded their Medicaid, they were able to recoup 40 cents of that. It definitely has cost savings to it.

Hospital operating margins and financial performance, both in metro and rural areas, have significantly improved in those states that did a full Medicaid expansion.

In addition, those states that have expanded have seen job growth. The state of Colorado from 2014 to 2016 experienced over 31,000 new jobs that they could directly attribute to Medicaid expansion.

Another benefit is that it lowers marketplace premiums for everyone else. So states that have actually expanded Medicaid have

seen anywhere from 7 percent to 12 percent lower premium costs for everyone else, employer and individual market.

So in my book, it just doesn't make sense to only cover 80,000 Georgians. To put in all these requirements that are going to cost money that could be money being spent on actually delivering care. It just doesn't equate.

And sometimes I think we forget that we're talking about people who are the least among us. Okay. These people who -- they might be disabled, they may have two to three jobs, they are one car repair away from losing their job or from losing the place that they're currently living. This is a group of people who need help. That we need, as citizens, to use our tax dollars to deliver effective solutions.

We have a serious health care problem anyway in Georgia. When it comes to maternal mortality we're like a third world country. Now if we expanded Medicaid, would we possibly see mothers not die when they deliver children? Something that's been happening since the dawn of time, and yet, in our state, the metrics are terrible for women who are doing nothing but

delivering a child.

So I personally am tired of elected officials setting parameters that do not fully support the health needs of Georgians. And I feel like they limit the great agencies like this group. They limit them by putting parameters around what they can and can't do.

I believe the reporting requirements and the cost-sharing requirements will be an obstacle for the very people who this waiver is supposed to be helping. Which, don't get me wrong, I believe your department wants to help people. They want to help Medicaid people, but by putting in costly measures, that will make it really difficult for people who are already struggling to maintain consistent healthcare. We're talking -- we need people that go on and off the rolls, we need people that can get healthcare and keep healthcare for years.

I just feel like this waiver is not the best solution for the healthcare needs of Georgians. I support full expansion of Medicaid. I believe it's the best value for my tax dollars. I want all Georgians who need healthcare treatment to be able to get that

treatment and not have the fact that they couldn't get to a computer to report their work for the past month to be an obstacle for them receiving the healthcare they need.

Thank you.

BY MR. KRULL:

Thank you, Ms. Marling for being here and your comments.

Michael Firment.

BY MR. MICHAEL FIRMENT:

Hi. I am Michael Firment. I don't represent anybody in particular, except myself I guess. But I just wanted to say that it's good that Georgia is trying to help people with medical problems, being able to access medical care. It is nice to be able to encourage people who can't work to work. And those both -- those are both extremely complicated problems.

Medical care has a tendency to increase dramatically and quickly when the situations appear. You know, it's your money or your life. It's your being able to live without pain or your money. Those sort of situations add up, as far as the amount of money that is required for it.

To do it efficiently is extremely important if you want to expand medical care for people who don't -- who can't afford it.

To try to increase the number of people who can't work, finding jobs is another complicated problem. In many parts of the state, it's very difficult to find a job. Many people have difficulty transporting themselves to jobs. Many people are taking care of others and therefore, have difficulty arranging the scheduling for jobs.

But to combine the two, to use medical care availability to increase the probability that "if you can't work, you will work" requires such a complicated mechanism. Sort of a Rube Goldberg mechanism, for anybody remembers what a Rube Goldberg is. It's just a complicated, inefficient mechanism that will be extremely expensive to do efficiently and accurately. That I don't believe it's possible for us to do so. So be better, and if you want to attack these problems, do it separately.

And I agree with many people here and what they were saying as far as the difficulties in efficiently, and accurately, and humanely

increasing medical care through these mechanisms we have here.

BY MR. KRULL:

Thank you, Mr. Firment.

Anuray Sahu.

DR. ANURAY SAHU:

Thank you. Thanks for giving me the opportunity to speak here today. Hopefully I can be as eloquent as some of the other members of the audience.

My name is Dr. Anuray Sahu and I am a cardiologist at Emory Healthcare. My primary role is I am the director of Cardiac Intensive Care and my clinical practice is that I take care of young adults who are born with heart conditions as children. Some are as dramatic as missing half a heart, some are as dramatic as missing a couple heart valves. Though, today I'm not really speaking on behalf of Emory. I am speaking on behalf of myself and, arguably I am trying to speak on behalf of some of my patients, or not some, hundreds of my patients who lack access to basic health care.

I took the day off work and I drove the 90 minutes from Atlanta. And like someone else

mentioned, I'm surprised there's not a hearing in Atlanta, which is the largest city in the state and the ninth largest metro region in the country.

The governor has stated that this bill is, and I quote "to extend and stabilize health insurance coverage for thousands of Georgians," but what he has left unsaid is that five out of every six potential applicants or patients will be excluded. And ironically, as others have mentioned, that the plan will cost more.

As a physician who wants to provide care to any patient that comes to my door, it makes little sense to support a plan that only provides care to one out of every six eligible patients. I do not want to tell one out of six poverty-stricken or pregnant women I see that I can't see them after their pregnancy. I don't want to tell one out of every six poverty-stricken patients that I see that I can't schedule them for cardiac surgery. And I certainly don't want to tell five out of every six patients of the federal poverty line that I see that there's not much we can do for them outside of the window when they show up to the

emergency room.

And by then, oftentimes it can be too late and I've seen that firsthand. Multiple peer review document studies published in a variety of journals have shown that Medicaid expansion has been shown to have greater access to care, more access to preventive care, and improved chronic disease management.

After accounting for demographic, clinical and economic factors, counties in expansion states have fewer deaths per year from cardiovascular disease than counties that did not expand Medicaid.

For those that may not know, heart disease is the number one cause of death in Georgia. By the time we all go to bed tonight, 60 people in our state will have died of a cardiovascular death. Cardiovascular disease counts for a quarter of all deaths in Georgia.

I would implore our state government to chose full Medicaid expansion. If we really want to invest in the health of Georgians, we need to expand Medicaid. It costs less, covers significantly more patients, and as unequivocally shown, it saves lives.

Thank you.

BY MR. KRULL:

Thank you, Dr. Sahu for being here and your comments.

Julia Conde.

MS. JULIA CONDE:

Well, first of all, thank you for allowing me to be here. I am here as a private citizen, as a mother of a child with a chronic condition.

My son has hemophilia, which is a clotting disorder. He doesn't clot like a normal person. If he moves, if he hurts himself, he's bleeding inside even when we cannot see from the outside. Without a very expensive medication, within years he will become disabled, and will be a burden for the state.

The first five years of his life he had to wear a helmet to do regular activities, walk, play in the park with his friends. It was very hard for him and for us as his parents.

He was very lucky to have affordable and good healthcare. And that has made a difference in his life. He is now a 23-year-old finishing his master's degree doing research at the University of Georgia. He's a bodybuilder and

he volunteers in many organizations helping other kids with the same chronic disorders.

This is a genetic disorder that you don't choose. It's not like we go out in life looking to have a problem in our lives. Life happened to us.

Forty percent of the kids with hemophilia have it because it has been part of a mutation, you know, a genetic mutation. I have spoken to many representatives in the state of Georgia and in Washington and I have been told from "Tell him to stop eating McDonald's so he can get better" to "Tell him to not move and don't do anything so we don't have to deal with bleeding issues," but that's not real, you know? We live in a real world and he has to have a real life.

So because of the affordable and good healthcare that he has had until now, he's a productive member of society.

Many of his friends are disabled, are not able to work and they are fully depending on the state of Georgia for support.

Without full Medicaid expansion, there are going to be many, many other kids and adults that are going to grow up to be disabled, and

the state would have to support them.

The best way would be to give them access to good and affordable healthcare.

That's the first part of what I wanted to say. The second part is about the gap in the healthcare system. For 28 years, my husband had a stable job and we thought that we were fine for the rest of our lives. We felt sorry for the ones who weren't, but it wasn't our situation.

He lost his job after 28 years in the same company. So we qualify for Medicaid and we didn't qualify for the ACA.

It's a very difficult position to be in, so I beg you. When you are talking to the state, when you are making decisions, please put a face in your minds and remember that it's not going to only be numbers, it's going to be real families and people affected by what you decide to do today.

And I thank you for the opportunity for letting me tell you this.

BY MR. KRUll:

Thank you, Ms. Conde, for being here today and your comments.

Leslie Anderson.

MS. LESLIE ANDERSON:

Thank you for having this hearing and allowing us to speak.

My name is Leslie Anderson, I am the executive director of the Jewish Community Relations Council of Atlanta. I am also a founding member of GIPSS-C, which is the Georgia Interfaith Public Policy Center.

And so I come today from a point of faith. We have been involved in the healthcare issue for well over five years now, as we look at our most vulnerable in our communities and we're trying to find ways in which to best help them.

Churches and synagogues and mosques and others are often the first frontline of folks in helping the people who most need that help.

So today, I would like to ask that -- for this -- that we would like to speak out against this particular proposal because we don't feel like it goes far enough. While we appreciate the attempt at trying to expand, the only 80,000 people that would be covered does not even come anywhere close to covering the full number of people that are vulnerable in our society and

need our support.

The Torah clearly states that we have a moral obligation to protect those that are most vulnerable, our orphans and our widows. And that we are not to put a stumbling block before the blind. And I feel that the current proposal does that, in fact, with some of the work requirements, as well as some of the expectations on people, they may not be able to have the physical wherewithal or medical health to be able to perform some of the things that are being required of them.

Also I would like to suggest, for Jews in particular, self-reliance is a very important value that we hold. It's something that we hold as a community and individuals. And without healthcare, people can't be self-reliant, regardless of their religion, or their race, or their creed. And so therefore, we also speak out on the need for healthcare and the expansion of healthcare and access to insurance, so that people can, in fact, live their fullest lives and have what they need.

I recently was at a conference on poverty in North Fulton, which is, as many of you know,

is a pretty wealthy area of this town, of this area, metro-Atlanta. And it was amazing how many people were out to talk about the financial vulnerability that many people, even those with wealth, sit in and that something as simple as a medical emergency, or an unpaid bill, or lack of insurance can actually move them from a place of being in relative security and wealth, to a place of not having enough.

To make my point here is that when we talk about the least in moments, what I'm really trying to tell you that, that could be any of us, at any time. And I think, as the former speaker just said, all it takes is a loss of a job, loss of transportation, loss of healthcare, and all of a sudden, we're kind of struggling to make it.

So therefore, when we consider these things, 80,000 is great, but covering the full 408,000 people that still need to be covered in Georgia have to be taken into consideration.

And also, I would agree with the former speaker who talked about the best value for our money. As taxpayers of Georgia, we believe very firmly that for just a couple of extra million

dollars, we could do full Medicaid expansion. That's a much better use of the dollar than using the $213 million, or whatever is proposed, for such a small number -- or, really, such a small percentage of what's really needed.

Last, but not least, I would like to say that as we talk do not put a stumbling block before the blind, that I find it unfortunate that none of these hearings were in more urban locations, where more people who don't have access to a car or don't have -- is not on a public rail line or a place where people could come. Even some of my orthodox members in my community utilize mostly public transportation to get around and they would not have the opportunity to be here today because there is no easy access to this location.

So I would like for the commission to consider that for future hearings. That they also consider being possibly in Atlanta or at least on public rail lines or public bus lines so that the public, who do not have access (sic) can join us.

So thank you, again, for taking the time to take our public comments and I appreciate it.

Thank you.

BY MR. KRULL:

Thank you, Ms. Anderson for being here and your comments.

Tori Ladipo.

MS. TORI LADIPO, REPRESENTING NEW GEORGIA PROJECT:

First and foremost, I just want to thank you for the opportunity to allow us to have a public comment today.

My name is Tori Ladipo as he said before. I am an organizer with the New Georgia Project, a non-profit, civic engagement organization. And we advocate for a lot of issues, one of them being access to affordable healthcare.

I honestly drove over an hour to be here today and I didn't come prepared with statistics and readings to really give you an informed, eloquent comment like a lot of you did. However, I am the organizer of the community and I've heard many stories from people who are affected by not having affordable access to healthcare.

These stories are heart wrenching and honestly, they should not be. I've heard stories from a particular woman whose mother

suffered from an illness. She passed away while she was waiting on her insurance coverage. I've heard stories from women in Gwinnett county who specifically revert to going to a clinic when they're pregnant at 32 weeks, and they're unable to receive the proper care that they need for labor and for their delivery. So they resort to going to a clinic, a nearby clinic.

Honestly, when you think about things like that, when we have money on the table that should be reverted to our Georgians in our particular state, for the expansion of Medicaid. It's honestly absurd. I even had a situation, I'll never forget to this day, with my mother.

I sat in the house with my mother and I saw her show symptoms of having a stroke and she debated whether she should go to the hospital because of the medical bill that she would receive. My own mother. So it pains me, and it frustrates me to see how there's money left on the table for us to receive Medicaid expansion in Georgia and it's not happening. That's scary.

So I don't have the stats, but I am just speaking from passion. And I support Medicaid

expansion in the state of Georgia and I think elected officials need to consider this. They need to have people in mind, people of color who are systematically oppressed in the State of Georgia. People who are in poverty. People who are disabled. We need to think of these people when you make decisions like this. That's all I have to say.

Thank you.

BY MR. KRULL:

Thank you for being here and your comments.

That's the last individual who's signed up to make a public comment. Anyone else want to speak?

With no other person that would like to make public comment, we'd like to thank each of you for coming today to provide oral comments.

Let me reiterate that the public comment period will expire on December 3, 2019. As I indicated earlier, written comments will be entered into the official record, as well as the transcription of the oral comments we've heard this morning.

The board will be asked to vote on this public notice for final option, at the

December 12, 2019, meeting, which will be held on the fifth floor board room, 2 Peachtree Street in Atlanta, Georgia at The Department of Community Health. The meeting will be at 10:30 in the morning.

We'd like to thank you, once again, for your attendance. There being no further person who wishes to make a comment, this public hearing is adjourned at 11:34 a.m.

(Hearing adjourned at 11:34 a.m.)

CERTIFICATE

STATE OF GEORGIA:

I hereby certify that the foregoing transcript was taken down, as stated in the caption, and the questions and answers thereto were reduced to writing under my direction; that the foregoing pages 1 through 81 represent a true and correct transcript of the evidence given.

I further certify that I am not of kin or counsel to the parties in the case; am not in the regular employ of counsel for any of said parties; nor am I in anywise interested in the result of said case.

This, the 29th day of November, 2019.

Jane P. Day,
Certified Court Reporter
5722-2335-0164-6848

$

$1,140 (1)
29:22
$11 (1)
12:16
$17.9 (1)
30:12
$18 (1)
12:19
$200 (1)
13:10
$213 (4)
23:8;42:4;62:14;
77:3
$215 (1)
23:4
$250 (2)
29:2,3
$30 (2)
12:24;57:24
$34 (1)
44:10
$4.6 (1)
47:4
$5.9 (1)
47:4
$7 (1)
12:16
$9 (1)
38:18

A

Abbie (2)
27:23,24
ability (2)
17:11;28:12
able (26)
15:22;22:10;26:6;
27:6;38:3,19;40:16;
44:18;45:1;46:8,18;
51:23;54:11,14,15,17;
57:18;62:1;63:12;
65:25;66:15,16,22;
72:21;75:9,11
above (2)
10:21;46:6
absolutely (1)
21:13
absurd (1)
79:13
Abuse (5)
16:13;17:3;18:19;
19:4;44:21
ACA (2)
62:22;73:13
accept (1)
17:20
accepted (1)
5:9
access (32)
9:6;15:14;18:16,24;
28:9;29:11;30:4;36:1;
39:12;41:1;44:17;
47:22;48:5,22,24;
53:12;55:8,25;57:1,5;
61:14;66:15;68:23;
70:6,7;73:2;75:21;
77:11,17,22;78:14,21
accessible (1)
58:7
accordance (1)
11:12
account (3)
10:10;13:2,9
accounted (1)
6:14
accounting (2)
48:19;70:9
accounts (7)
13:2;46:23,24;47:2,
5,6,9
accrue (1)
13:3
accrued (1)
38:25
accurately (2)
67:19,25
achieved (1)
30:20
achieving (1)
41:5
acquire (1)
32:6
across (7)
6:5;8:11;9:19;12:5;
18:18;35:15;38:22
Act (3)
6:16;7:7;59:7
action (1)
7:5
active (1)
9:15
activities (6)
9:8;11:10,16;13:7;
43:6;71:18
actually (7)
27:25;33:13,14;
36:17;63:25;64:7;
76:7
acute (1)
18:5
Adams (4)
52:5,6,8;56:8
add (3)
51:4;55:20;66:23
addiction (3)
16:10;17:25;18:8
adding (1)
51:1
addition (5)
14:9;37:7;41:6;
46:9;63:18
additional (5)
7:22;13:3;43:24;
44:5;45:13
Additionally (6)
15:6;42:12;46:21;
47:10;48:1;55:20
address (12)
9:4;16:24;17:14,25;
48:7;49:2;50:6,7,18,
24;51:19;53:24
adjourned (2)
81:9,10
administer (1)
44:10
administered (2)
12:1;47:7
administration (1)
7:21
administrative (6)
38:12,20;44:4;
46:21;48:20;57:21
adopted (1)
53:8
adoption (1)
5:15
adult (1)
10:21
adults (7)
10:4,19;29:15;38:6,
7;68:15;72:24
advance (2)
37:5;49:13
advantage (1)
40:3
Advisory (1)
19:24
ADVOCACY (3)
52:6,9,10
advocate (2)
52:12;78:13
affected (3)
29:24;73:19;78:21
afford (10)
26:2;30:18;32:9,9,
10,25;33:3;36:5;
46:19;67:3
affordable (11)
16:22;18:24;56:24;
57:2;58:7;59:7;71:21;
72:17;73:3;78:14,21
afternoon (4)
15:13;56:5;59:9,10
again (11)
8:25;14:5,8;21:14,
22;22:2;33:22;58:10;
60:5;77:24;81:6
against (1)
74:19
age (3)
11:7;26:11;48:6
Aged (2)
11:2,7
agencies (1)
65:5
agree (4)
49:17;52:16;67:23;
76:22
alcohol (2)
60:16,19
Allen (3)
58:13,14,15
alleviate (1)
60:18
allies (1)
17:19
allow (1)
78:8
allowed (1)
21:10
allowing (2)
71:7;74:4
allows (1)
30:6
alone (1)
30:12
along (3)
5:13;8:21,24
already-struggling (1)
62:7
although (1)
26:4
amazing (1)
76:2
Amber (3)
61:4,5,6
American (5)
28:4;56:11,13,17;
58:4
Americans (1)
56:19
among (8)
6:17;9:11;20:13;
29:15;43:7;44:24;
62:4;64:10
amount (4)
13:21;25:10;27:1;
66:24
amounts (1)
12:20
analysis (1)
41:15
analyst (1)
40:15
Anderson (4)
74:1,2,5;78:3
Anuray (3)
68:5,6,11
appeal (1)
36:20
appeals (1)
36:23
appear (2)
36:13;66:21
appears (1)
36:20
applaud (1)
53:1
appliance (1)
62:11
applicants (1)
69:9
application (5)
5:24;14:25;15:5;
24:25;48:19
apply (2)
21:7;54:2
appreciate (8)
16:25;34:22,25;
56:4,14;61:11;74:21;
77:25
approach (2)
18:2,16
approaches (3)
7:10,23;17:3
appropriate (3)
5:20;18:10,10
approval (4)
4:22;7:19;8:17;
37:7
approved (1)
7:15
area (6)
12:22;33:14;48:4;
49:16;76:1,2
areas (2)
11:22;63:15
arguably (1)
68:20
arguments (1)
36:24
Arkansas (2)
37:14;45:7
around (4)
18:6;38:5;65:7;
77:15
arranging (1)
67:10
array (1)
12:3
aside (1)
52:21
aspects (1)
45:11
Assembly (1)
16:18
assistance (7)
10:12,25;13:16;
14:2;24:25;25:12;
46:14
assisted (1)
25:21
assists (1)
10:6
associated (2)
37:20;47:8
ASSOCIATION (4)
56:12,14,17;58:4
assume (1)
53:16
assumption (1)

53:6
asthma (2)
56:23;57:25
Atlanta (10)
5:6;14:15;28:18;
30:1;49:10;68:25;
69:2;74:7;77:20;81:3
attached (3)
45:3,16,21
attachments (1)
46:1
attack (1)
67:21
attempt (1)
74:22
attend (1)
60:20
attendance (1)
81:7
Attorney (3)
4:4;24:11;52:9
attractive (1)
48:8
attribute (1)
63:22
audience (1)
68:10
audio (1)
60:14
Auditor's (2)
42:2,5
authority (3)
6:18;7:8,12
authorization (1)
7:17
authorizes (2)
6:24;7:3
auto (2)
30:5;62:11
automatically (2)
24:23;25:2
availability (1)
67:13
available (8)
7:6,8;8:7;10:15;
17:12;40:4;51:24;
59:15
away (6)
18:1;26:20;28:23;
47:17;64:13;79:1

B

back (2)
14:16;59:18
background (1)
6:9
bad (2)
22:11;25:1
barrier (1)
51:3
barriers (2)
57:21;62:7
BARTOWORG (1)
61:5
base (1)
46:17
based (4)
12:15;42:13;43:3;
47:6
bases (1)
22:22
basic (2)
29:12;68:23
bearer (2)
22:11;25:1
beautiful (1)
33:17
become (1)
71:15
bed (1)
70:16
beg (1)
73:15
began (2)
7:25;8:20
begin (2)
8:14;16:15
behalf (7)
12:25;13:24;23:19;
56:13;68:19,20,21
behaviors (1)
13:4
behind (2)
39:21;62:20
believes (1)
61:24
believing (1)
53:23
below (3)
11:8;46:19;57:11
benefit (8)
13:12;24:21;25:6,
11;43:15;47:10;
54:11;63:23
benefited (1)
62:23
benefiting (1)
59:21
benefits (14)
25:22,25;26:5;
35:16,19;44:24;
47:11,12;48:3;55:9;
57:6;60:13;62:10,12
Berry (1)
4:14
best (10)
17:9;27:18;40:5;
43:25;58:19;65:21,
23;73:2;74:14;76:23
better (14)
17:23;29:10,13;
30:4;35:2,5;40:23;
41:19;42:23;50:12;
56:1;67:21;72:13;
77:2
big (2)
33:2;39:16
Bill (4)
6:15;69:5;76:6;
79:18
biller (1)
49:12
billion (1)
30:12
bills (3)
26:8;30:3,8
biometrics (1)
13:6
Bipartisan (1)
39:11
bit (1)
6:9
Blake (3)
5:21;6:1;14:21
bleeding (2)
71:12;72:14
Blind (3)
11:2;75:6;77:8
block (2)
75:5;77:7
Board (8)
4:21;5:5,12,14;
8:18;14:13;80:24;
81:2
bodybuilder (1)
71:25
book (1)
64:4
born (1)
68:15
both (9)
8:4;9:23;11:17;
14:8;42:6,14;63:15;
66:17,18
bottom (4)
32:1,4,7;33:22
Box (2)
5:6;14:14
breathing (1)
58:2
Breedlove (5)
16:3,4,5,7;19:11
brief (2)
6:8;15:21
bring (3)
29:10;58:20,23
broad (4)
7:12;8:12;12:3;
53:2
broadest (1)
7:7
brothers (1)
51:16
brought (1)
8:1
budget (7)
7:13;23:3;30:15;
35:6;40:11,15,21
burden (9)
32:17,20;37:19;
38:10,23;44:13;
45:13;59:25;71:16
burdensome (1)
29:7
Bureau (1)
42:14
bus (1)
77:21
business (10)
28:2,3;31:4,13,14,
14,15,23;32:13;34:12
buy (2)
32:5;34:6
buying (1)
31:18

C

C/O (1)
14:13
calculations (1)
43:2
call (5)
5:19;15:24;19:12;
22:3;24:24
called (5)
26:16;30:8;49:13;
52:10;55:13
came (2)
26:6,24
can (45)
6:14;13:2;14:8;
15:3;19:13,14,17;
23:7,20;24:5,6;28:8,
15;30:14,18;32:5,6,8,
9;33:12,13;35:1,4;
40:22;42:11,22;
45:13;51:12;54:2,11,
13;55:21;57:12,16;
59:21,25;65:7,18;
68:9;69:24;70:2;
72:12;75:22;76:7;
77:23
cancer (3)
29:20;56:23;57:6
capitation (1)
13:23
capped (1)
12:19
capping (1)
37:11
car (5)
50:19,19;62:11;
64:13;77:11
Cardiac (2)
68:13;69:21
cardiologist (1)
68:12
cardiovascular (3)
70:12,17,18
care (44)
14:1;20:3;22:24;
25:14,22,24;26:18;
27:14,15;29:11,12;
30:8,11;38:3,3;47:22;
48:5,25;49:14,22;
57:7;59:7;60:22;
61:15;62:3;63:4,7,10;
64:8,18;66:16,19;
67:2,9,12;68:1,14,15,
23;69:12,15;70:6,7;
79:6
career (3)
12:1,4,10
caregiver (1)
25:18
caregivers (3)
25:13;38:9;44:19
caretaker (1)
20:18
caretakers (1)
20:20
caring (1)
20:22
case (1)
38:9
cases (1)
37:18
categories (1)
21:5
category (2)
10:25;53:18
cause (2)
17:7;70:15
Census (1)
42:14
Center (3)
30:15;39:3;74:9
Centers (2)
6:20;8:22
central (1)
37:2
cents (1)
63:12
certain (5)
7:2;11:13;25:3,18;
48:2
certainly (1)
69:22
cessation (1)
13:5
CFR (1)
4:17
challenge (2)
50:16,21
challenges (4)
35:17;36:4;38:1;
45:5
chance (1)
46:2
changes (2)
30:24;35:25
charged (2)
46:5;57:23

check (1)
50:2
Chief (1)
5:22
child (2)
65:1;71:9
childcare (1)
28:21
childless (3)
10:4,19,21
children (14)
10:25;20:14,23;
25:17;39:2,3,5,7,12,
18,20,25;64:22;68:16
children's (1)
39:13
choose (1)
72:4
chose (2)
62:24;70:21
Christine (3)
60:10,11,12
chronic (5)
13:5;44:21;70:8;
71:9;72:2
chronically (1)
37:25
Churches (1)
74:15
cited (1)
39:3
cities (1)
6:4
citizen (4)
11:13;34:24;49:11;
71:8
citizens (4)
29:11;34:20;35:3;
64:16
city (2)
28:18;69:2
civic (1)
78:12
Clayton (3)
52:5,6,8
clearly (1)
75:2
client (2)
20:6;25:21
clients (12)
20:2,7,13,14,15;
21:12;22:12;23:18,
22,24;31:6;32:22
clinic (5)
50:7;63:3;79:4,8,8
clinical (2)
68:14;70:9
close (1)
74:24
closest (1)
28:18
closing (2)
15:21;22:15
clot (1)
71:11
clotting (1)
71:10
CMS (2)
15:5;55:2
code (1)
28:21
coinsurance (1)
46:16
collaboration (1)
19:2
College (2)
12:2;28:4
color (2)
28:22;80:3
Colorado (1)
63:20
combine (1)
67:12
combined (2)
42:7,15
coming (5)
22:7;27:25;28:9;
33:15;80:17
comment (18)
4:23,24;5:8,10;
6:12;7:18;8:19,25;
14:17;15:1;28:13;
52:1;78:9,18;80:13,
16,18;81:8
comments (39)
5:1,2,11,14,17;14:8,
11,24;15:3,9,10,15,
22;16:2;24:2;27:22;
28:14;34:17,23;
36:25;40:9;49:6,17;
52:4;55:21;56:9;
59:11;60:8;61:3,19;
66:8;71:4;73:25;
77:25;78:4;80:11,17,
20,22
commercial (4)
9:13;10:5,7;12:12
commission (1)
77:18
Commissioner (1)
4:14
commitment (1)
16:23
Committee (1)
19:24
communication (1)
50:10
communications (1)
50:11
communities (2)
20:19;74:13
Community (20)
4:5,18;5:5,13,23;
6:19;8:18;11:19;
14:13;16:11;17:1,11;
22:22;49:13;61:11;
74:6;75:16;77:14;
78:19;81:4
community-based (2)
55:5,14
companies (1)
31:18
company (2)
38:18;73:12
compare (1)
42:6
compared (1)
30:12
comparing (1)
41:21
compete (1)
31:17
competitive (1)
39:11
complement (1)
59:13
complete (3)
27:6,12;40:1
completed (2)
8:5;15:20
completely (1)
21:9
completion (1)
8:4
complicated (5)
16:24;66:18;67:5,
15,17
computer (1)
66:2
concern (8)
24:18;36:14;39:1;
46:18;48:4;52:23;
55:19,22
concerned (7)
34:24;38:12;42:20;
47:14;49:19;51:1;
61:22
concerns (5)
36:9;37:13;41:10;
49:2;53:3
conclude (1)
18:20
conclusion (1)
5:10
Conde (3)
71:5,6;73:24
condition (2)
58:3;71:9
conditions (5)
38:9;57:9,14,17;
68:16
conducted (1)
35:21
conference (1)
75:24
congratulate (1)
16:15
consider (4)
76:18;77:19,20;
80:2
consideration (2)
58:10;76:21
consistent (1)
65:16
constructive (1)
19:2
consulted (1)
8:21
consulting (2)
8:2,2
Consumer (2)
19:23;60:13
consumers (1)
9:16
continue (3)
18:22;20:2;41:12
continuing (1)
35:17
continuity (1)
38:2
contractor (1)
50:8
contribution (1)
22:9
control (1)
29:18
convened (1)
8:10
copay (1)
51:5
Copayment (2)
12:20;13:22
copayments (5)
10:9;13:14;45:12,
17;57:23
copays (1)
29:8
COPD (1)
56:23
copy (1)
5:13
Core (1)
9:22
cost (19)
10:15;13:20,21,23;
20:24;32:25;38:23;
42:3,3,8,10;44:3,7;
46:14;47:4;48:18;
63:13;64:6;69:11
cost-effective (1)
35:5
costly (3)
41:6;47:24;65:14
costs (10)
30:11;35:8;38:12;
46:22;47:8,16;48:21;
63:5;64:2;70:23
cost-sharing (4)
45:10,18;62:8;65:9
couch (1)
50:18
Council (5)
16:12;17:2;18:19;
19:3;74:7
Counsel (1)
4:6
counties (3)
22:13;70:10,12
country (8)
23:16;28:8;29:25;
30:2;35:15;42:21;
64:20;69:4
country's (1)
37:4
counts (1)
70:18
county (1)
79:3
couple (4)
10:1;21:5;68:18;
76:25
course (3)
22:4,5;30:24
court (7)
14:23;15:2;16:1;
19:13;37:1,16;38:17
cover (12)
23:5,8,13,19;34:9;
39:23;42:9,22;58:19;
62:6,16;64:5
COVERAGE (54)
4:1,9;9:7;10:3,16,
17;14:4,7;16:22;
18:25;20:1,6,10;21:4,
15;22:1,4,10,23,24,
25;23:1;25:14;26:9;
29:23;35:1;36:15;
37:4,17;39:12,18,20,
24;41:7,11,13,16,18;
42:1;43:11;45:1,2,4,8,
15,16;46:3;48:8;
57:16,22;58:8,23;
69:7;79:2
covered (6)
13:12;25:25;46:12;
62:14;74:23;76:20
covering (2)
74:24;76:19
covers (4)
35:10;39:14;48:16;
70:23
create (1)
7:22
creates (1)
57:20
credit (1)
30:5
creed (1)
75:19
crisis (3)
17:21;20:10;22:19
criteria (5)
7:1,20;10:18;25:4;
57:19
critical (1)

39:23
curator (1)
5:5
current (5)
13:17;18:2;35:2;
46:15;75:6
currently (4)
10:24;60:13,19;
64:14
cut (1)
49:18
cutting (1)
47:15
cycle (1)
18:11

D

dangerous (1)
33:19
data (3)
42:12,14;59:22
database (1)
51:9
dawn (1)
64:23
day (10)
8:20;22:3;23:18;
31:20;32:4,7;33:18;
50:7;68:24;79:14
DC (1)
7:21
DCH (4)
4:21;8:6;16:18;
50:8
dead-on-arrival (1)
17:17
deal (1)
72:14
dear (1)
23:20
death (2)
70:15,18
deaths (3)
29:15;70:11,19
debated (1)
79:17
debt (1)
29:22
decades (1)
30:20
December (7)
4:25;5:2,9,16;9:1;
80:19;81:1
decide (1)
73:19
decision (1)
28:25
decisions (2)
73:16;80:7
declared (3)
21:2,16;22:5
decline (1)
63:6
decreases (1)
35:25
deductibles (1)
46:17
deemed (2)
24:23;25:8
Deen (3)
56:10,11;58:12
deep (1)
43:22
deeply (1)
47:17
definitely (1)
63:12
definition (1)
11:11
degree (1)
71:24
delay (1)
36:15
deliver (2)
64:17,22
delivering (2)
64:8;65:1
delivery (3)
7:10,24;79:7
Deloitte (1)
8:1
demographic (1)
70:9
demonstrates (1)
16:23
DEMONSTRATION (6)
4:2,9,20;6:20;7:9;
9:3
dent (1)
42:19
dental (2)
13:13;48:2
Department (12)
4:5,17,22;5:23;
6:19;7:4;8:18;12:23;
51:6,13;65:12;81:3
departments (1)
51:10
depending (2)
25:10;72:21
deposited (1)
13:1
depression (1)
60:21
described (1)
24:20
describing (1)
54:20
deserve (2)
19:1;28:23
designed (3)
7:8,22;13:7
desperate (1)
23:21
deteriorated (2)
26:11;27:2
determined (1)
21:24
develop (1)
8:16
development (1)
7:25
diabetes (4)
13:6;18:5,7;29:18
diagnoses (1)
51:9
diagnosis (2)
29:20;58:16
die (1)
64:22
died (2)
26:14;70:17
difference (2)
51:14;71:22
different (5)
7:10,23;32:11;47:6;
60:17
difficult (4)
58:21;65:15;67:7;
73:14
difficulties (2)
44:14;67:24
difficulty (2)
67:8,10
direct (1)
15:2
direction (1)
34:2
directly (5)
15:11;24:13;29:24;
50:10;63:21
director (2)
68:13;74:6
disabilities (9)
52:14;53:4,15,18,
25;54:10;55:18,24;
56:3
disability (10)
21:3,19,19;24:21;
25:5,10;26:5;44:23,
23;55:6
Disabled (17)
11:3;20:18,20;21:3,
16,23,24;22:5;24:23;
25:8;50:1,1;64:12;
71:15;72:20,25;80:6
discouraged (1)
58:1
discuss (3)
45:10;46:22;47:10
discussion (1)
24:18
disease (10)
13:5;16:10;18:6,8;
56:20;57:9;70:8,12,
14,18
diseases (1)
56:22
disorder (8)
17:6,16,21;18:12,
23;61:14;71:11;72:3
disorders (2)
58:24;72:2
disparities (2)
28:20,22
doctor (1)
30:18
document (1)
70:4
documental (1)
31:9
documented (2)
35:19;37:14
DOJ (1)
54:5
dollar (2)
63:9;77:2
dollars (14)
13:9,10;14:1,6;
18:18;33:7;35:6;
59:20;61:23;62:2,16;
64:17;65:24;77:1
domestic (1)
30:19
done (1)
62:22
door (2)
5:19;69:13
down (6)
14:24;15:2,3,6;
33:18;62:12
downtown-Atlanta (1)
49:16
DR (3)
68:6,11;71:3
draft (2)
7:17;8:18
dramatic (2)
68:16,17
dramatically (1)
66:20
driver (1)
39:16
drop (5)
30:11;42:15,17;
45:14;46:2
drops (1)
45:15
drove (2)
68:24;78:15
drugs (3)
13:13;60:15,19
due (2)
28:20;44:15
Duncan (1)
16:16
DXC (1)
50:8
dying (1)
17:5

E

eager (1)
19:4
earlier (1)
80:20
early-stage (1)
29:19
earn (1)
43:21
ease (1)
4:12
easier (1)
48:13
easy (1)
77:17
eating (1)
72:12
echo (1)
55:23
economic (3)
10:8;30:1;70:10
education (1)
11:21
educational (2)
11:20,23
effect (1)
62:22
effective (5)
10:15;13:20;16:21;
18:24;64:17
effectively (1)
18:9
efficiently (3)
67:1,19,25
effort (3)
34:25;40:4;53:2
efforts (1)
39:11
either (4)
20:17;31:8;32:21,
22
elected (2)
65:2;80:2
elements (2)
10:5;12:11
eligibility (7)
7:1;10:18;42:8,24;
48:9;50:3;57:19
eligible (15)
10:3,13,20,23,24;
11:5,14;12:18;38:7;
41:17;48:15,17;
50:22;57:13;69:15
eligibles (1)
37:9
eliminated (1)
36:21
eloquent (2)
68:9;78:18
eloquently (1)
59:14

else (7)
22:6;27:14;51:18;
63:24;64:2;68:25;
80:13
else's (1)
50:19
embarrassment (1)
39:9
emergency (14)
12:23;22:18,25;
25:23;47:23;51:5,10,
12,17;57:7,25;58:1;
70:1;76:6
Emory (2)
68:12,19
employed (5)
9:20,20;41:2;43:5,7
employee (1)
46:17
employees (3)
31:19,22;34:6
employer (1)
64:2
employer-sponsored (5)
9:18;10:14;14:4,7;
46:11
employment (10)
11:16,18;37:1,23;
38:4;43:6,12,16,20;
48:23
encourage (4)
8:9;9:14,17;66:16
encouragement (1)
9:7
end (5)
15:19;21:15;22:17;
42:2,4
engage (1)
23:16
engaged (2)
11:9;43:6
engagement (1)
78:12
enhance (2)
17:10,24
enhanced (3)
36:12;37:8;40:4
enjoy (1)
33:6
enough (6)
41:8;43:21;48:22;
62:6;74:21;76:9
enroll (2)
13:25;14:2
enrolled (2)
12:9;48:14
enrollees (3)
43:9;45:13;46:23
enrollee's (1)
45:23
enrollment (4)
11:20;46:7,11;
48:20
ensure (3)
18:22;20:1;37:3
ensuring (1)
9:23
entered (1)
80:21
environmental (2)
8:4,13
equalizers (1)
28:7
equate (1)
64:8
equipped (1)
14:22
erects (1)
62:6
especially (4)
48:5;52:17;56:2;
62:3
essential (3)
17:4;56:24;57:6
estimated (1)
47:3
estimates (2)
42:2,5
Even (18)
27:3;31:8,10;32:2,
24;38:13;41:3;45:22;
46:1,3;47:1;53:16;
55:5;71:13;74:23;
76:4;77:13;79:13
Everybody (2)
22:6;29:4
everyone (2)
63:24;64:2
evictions (1)
29:24
example (4)
18:4;44:9;57:24;
63:1
exceed (1)
13:10
except (3)
47:12;51:6;66:12
exception (1)
12:22
excited (1)
40:21
excluded (1)
69:10
excluding (1)
28:19
executive (3)
28:1;35:14;74:6
existing (1)
12:21
expand (12)
19:25;20:10;23:12;
24:16;27:16;29:1;
34:25;62:24;67:2;
70:13,23;74:22
expanded (12)
29:17;30:10;35:18,
22;36:8;59:19;63:1,9,
11,19,25;64:21
expanding (1)
59:14
expansion (45)
13:17;23:7,17;
29:10,14,23;30:4,22,
25;34:4,13;35:10,12,
16,24;37:8;39:19;
40:2,3;41:23,24;
42:11,17;47:3;52:18;
53:9,10;56:1;57:4;
58:8,17;62:17,23;
63:17,22;65:22;70:5,
10,21;72:23;75:20;
77:1;79:12,21;80:1
expectations (1)
75:9
expected (2)
41:11;44:9
expenses (2)
25:25;26:1
expensive (5)
22:20,21;34:6;
67:19;71:14
experience (4)
36:5;53:14;55:17;
56:2
experienced (2)
63:6,20
expire (2)
4:24;80:19
explain (1)
25:2
expressed (1)
53:10
extend (1)
69:6
extended (1)
26:10
extending (1)
42:23
extra (1)
76:25
extremely (4)
54:4;66:18;67:1,18
eye (1)
34:11

F

face (3)
44:14;46:16;73:16
facilities (3)
47:18;55:4,13
facility (2)
25:24;55:8
fact (14)
19:22;23:4;33:20;
37:24;38:5,16;39:14;
43:14;47:14;54:5;
63:8;66:1;75:7,22
factors (2)
48:7;70:10
faded (1)
43:17
fail (1)
17:14
failed (3)
18:9;23:16;29:8
faith (1)
74:10
fall (2)
7:20;8:16
falling (1)
39:21
falls (1)
41:4
families (4)
17:18;18:18;39:3;
73:19
family (6)
20:20;25:15;31:25;
35:23;38:5;39:23
far (11)
29:9;44:5;45:14;
47:14,17;48:4,11;
57:4;66:24;67:24;
74:21
Farnum (4)
60:10,11,12;61:2
favorable (1)
30:21
fear (1)
58:2
fearful (1)
60:23
feasible (1)
36:13
features (2)
10:1;11:4
federal (20)
6:22;7:2,14;9:23;
10:22;11:9,12;12:14;
21:17;23:10;36:19;
37:16;39:15;43:1;
51:8;55:2;57:11;
58:20;59:16;69:23
feedback (3)
40:17,22;49:3
feel (6)
28:6;43:24;65:5,20;
74:20;75:6
fellow (1)
35:3
felt (1)
73:8
few (3)
49:18;57:18;58:25
fewer (2)
29:14;70:11
fields (1)
12:3
fifth (3)
39:4;43:18;81:2
figure (2)
33:11;50:12
fill (3)
31:8,9;32:15
final (6)
5:15;17:8;18:3;
36:24;61:12;80:25
finally (5)
26:11,25;27:3;
38:11;39:1
Financial (5)
29:21,25;57:20;
63:14;76:3
financially (1)
30:21
find (4)
48:15;67:7;74:14;
77:8
finding (1)
67:5
findings (1)
36:25
fine (1)
73:7
finishing (1)
71:23
firm (1)
8:2
Firment (4)
66:9,10,11;68:4
firmly (1)
76:25
First (15)
6:16;9:5;10:2;
15:24;16:14;33:23;
36:9;43:17,20;47:5;
71:7,17;73:4;74:16;
78:7
firsthand (2)
35:13;70:3
fit (2)
53:4,18
five (5)
38:22;69:8,22;
71:17;74:12
five-year (3)
7:15,16;43:19
fix (2)
33:5;40:22
fixed (1)
49:23
flexibility (1)
7:22
floor (1)
81:2
focus (1)
58:6
focused (1)
52:15
focusing (1)
18:2
folks (9)
21:18;22:11,23;
44:13;49:15;50:12;

51:3;54:13;74:16
food (1)
32:9
foremost (1)
78:7
forget (2)
64:9;79:14
former (4)
35:13;38:14;76:13, 22
formulate (1)
8:14
Forty (1)
72:7
forum (2)
14:9;59:6
forward (5)
18:20;19:4;36:18; 56:4;60:8
found (5)
26:15;30:14;37:22; 43:16;63:8
Foundation (2)
35:23;38:6
founding (1)
74:8
four (1)
49:15
fraction (1)
48:17
Fran (3)
20:4;23:23;24:4
FRANCESCA (2)
24:8,11
Frank (1)
4:14
Fraser (4)
61:4,5,6,18
frequently (1)
50:15
friends (3)
17:18;71:19;72:20
frontline (1)
74:16
frustrates (1)
79:20
Fuksman (2)
27:23,24
full (27)
23:7,16;34:4,13; 35:9,11,16;40:3,4; 41:23;42:11,17; 44:20;53:9,10;57:4; 58:8,17,23;62:17; 63:17;65:22;70:21; 72:23;74:24;76:19; 77:1
Fullenwider (3)
5:22;6:1;19:8
fullest (1)
75:22
full-time (1)
11:21
fully (4)
36:7;62:2;65:3; 72:21
Fulton (1)
75:25
function (1)
52:12
fund (1)
55:14
fundamental (1)
9:22
Fundamentally (1)
30:16
funded (1)
18:6
funding (5)
17:24;18:25;54:25; 55:1;59:20
funds (4)
13:3;35:9;58:20; 59:15
further (2)
7:5;81:7
Furthermore (1)
44:18
future (1)
77:19

G

gain (4)
38:4;41:13;42:1; 43:20
gained (1)
37:7
gaining (1)
29:23
gains (3)
37:23;39:19;43:17
gap (6)
21:22,25;24:20; 25:19;26:23;73:5
gave (1)
50:7
General (4)
4:6;16:18;35:9; 51:24
generally (1)
40:21
genetic (2)
72:3,9
gentlemen (1)
6:2
Georgetown (1)
39:2
GEORGIA (93)
4:1,8;5:6;6:8;9:2, 11;10:13;12:2,7; 13:19;14:15;15:14; 16:12,17,22;17:2,2, 10,11,20;18:8,18,19; 19:3,6,15,18,20,24; 20:11;22:12;23:2,15; 24:8,12;27:8,17; 28:25;29:5;30:17,24, 25;31:12;34:24;35:6; 39:3,10,14,22;40:2, 11,15;41:9;47:1; 49:10;50:5,22;52:6,9, 10,14;53:6;54:4,6; 55:7,8,11,18;56:15, 21,25;58:5,6,18; 61:10;62:25;63:5; 64:19;66:14;70:15, 19;71:25;72:10,22; 74:8;76:21,24;78:6, 11;79:22;80:1,5;81:3
Georgians (34)
9:6;10:3;17:5,15, 18;23:6,9,14,20;36:5, 16;40:5,24;41:8,13, 16,25;42:23;47:17; 48:17,23,24;56:2; 57:3;59:16;62:6,16; 64:5;65:4,22,24;69:7; 70:22;79:11
Georgia's (4)
18:16;52:25;53:17, 24
gets (2)
17:22;22:6
GIPSS-C (1)
74:8
Given (2)
17:4;60:2
gives (1)
47:7
giving (2)
28:12;68:7
glad (1)
24:17
glasses (1)
13:14
goal (5)
37:2,2,3,6;43:4
goals (4)
9:4;40:25;41:5; 43:9
goes (1)
74:21
Goldberg (2)
67:16,17
Good (11)
4:4;6:3;26:22; 32:17;38:3;46:14; 59:5;66:13;71:22; 72:17;73:3
government (7)
7:14;9:24;36:3; 51:8;55:2;59:17; 70:20
Governor (8)
6:16;16:16,16; 18:21;19:5;20:8;61:9; 69:5
Grant (5)
34:18,19,20,21; 40:8
grants (1)
6:18
grateful (1)
20:8
great (8)
29:12;31:13,15; 33:5;50:4;51:21;65:5; 76:19
greater (2)
42:19;70:6
greatest (2)
28:7;38:2
group (3)
48:6;64:15;65:6
groups (1)
60:20
grow (1)
72:25
growth (3)
9:21;43:12;63:19
guess (1)
66:13
guidance (1)
8:23
guys (2)
28:15;34:14
Gwinnett (1)
79:3

H

half (2)
60:20;68:17
hallucinations (1)
60:15
happened (1)
72:5
happening (2)
64:23;79:22
happens (3)
31:21,23;60:23
hard (2)
32:2;71:20
Harker (3)
40:10,11;49:6
Harper (1)
40:14
Harvard (1)
37:13
HCBS (1)
55:14
Health (48)
4:5,18;5:6,13,22, 23;6:19;8:18;9:5,14; 10:6,7;12:12;13:8,18; 14:13;29:13,13; 32:25;35:14;36:2,4; 37:17;38:1,14,22; 39:13;40:14;44:22; 45:1,2,20;47:2,18; 56:18;57:6,14;58:16, 22,24;62:2;64:18; 65:4;68:23;69:6; 70:22;75:10;81:4
healthcare (56)
8:12;9:7,16;20:13; 21:4,11,13,15,25; 22:4,10,17,18;28:7, 23;31:19,22;32:10; 33:4,7,8;35:3,13;36:1, 16;37:4;39:24;40:20; 41:1,9;43:11;48:23; 49:1;53:1;54:16; 55:25;56:24;57:2; 65:16,19,19,21,25; 66:4;68:12;71:22; 72:18;73:3,6;74:11; 75:17,20,21;76:15; 78:14,22
healthier (1)
30:6
healthy (4)
10:10;13:2,4;61:15
hear (9)
19:14,17;22:2;24:6; 31:12;32:14;33:23; 34:1;41:12
heard (10)
28:24;32:19;35:7; 37:24;52:17;55:24; 78:20,24;79:3;80:22
hearing (13)
4:8;8:20;15:13,16; 22:14;28:11,17,18; 36:20;69:1;74:3;81:9, 10
hearings (2)
77:9,19
hears (1)
32:13
heart (5)
68:15,17,18;70:14; 78:23
held (1)
81:1
Hello (1)
52:8
helmet (1)
71:18
help (20)
8:12;9:20;26:7,8; 32:20;33:10,15,25; 48:24;52:21,25; 55:16;57:4,16;64:16; 65:12,13;66:14; 74:14,17
helped (1)
8:2
helpful (1)
52:19
helping (4)
26:18;65:11;72:1; 74:17
helps (1)

47:23
hemophilia (2)
71:10;72:7
Hi (3)
60:12;61:6;66:11
high (2)
32:25;51:3
high-demand (2)
11:25;12:10
higher (5)
11:21;23:9;41:2;
46:4;48:20
highest (3)
9:12;39:6;42:4
high-risk (1)
33:20
himself (1)
71:12
hire (2)
34:10;44:6
hold (5)
36:17;37:15;38:17;
75:15,15
holding (1)
28:11
home (8)
25:15,17;27:13;
30:5;31:24;55:4,11,
14
homeless (3)
49:15,15;50:17
homes (1)
55:25
honestly (4)
78:15,24;79:9,13
hope (4)
18:14;51:19,22;
60:3
Hopefully (1)
68:8
hoping (2)
18:13;28:15
hospital (7)
30:7,11;48:9;63:3,
10,14;79:17
hospitalization (1)
28:3
hospitalized (1)
60:17
hospitals (4)
22:15;30:9;48:13,
14
hour (1)
78:15
hours (4)
11:10;43:10;44:15;
57:13
house (2)
62:9;79:15
household (1)
12:16
huge (5)
24:18;27:8,8;38:10;
39:19
human (1)
61:24
humanely (1)
67:25
hundreds (3)
42:22;62:21;68:22
hurts (1)
71:12
husband (1)
73:6
hypertension (1)
29:19

I

ICWP (1)
54:2
idea (1)
47:7
identified (1)
12:5
identifying (1)
9:3
ill (1)
37:25
illness (3)
44:21;60:24;79:1
imagine (1)
33:22
impact (3)
35:22;47:17;54:9
impacted (1)
11:4
impacts (2)
36:7;37:14
impede (1)
17:10
imperative (1)
17:7
implement (2)
7:4,9
implementing (1)
38:24
implore (1)
70:20
importance (1)
48:12
important (9)
16:20;20:6;27:9;
47:21;48:10;60:3;
61:8;67:1;75:14
importantly (1)
17:19
improve (2)
55:17;57:1
improved (3)
36:2;63:16;70:7
improvement (1)
13:8
improvements (1)
29:18
improves (1)
10:8
improving (1)
9:5
incentive (1)
12:10
include (4)
10:24;11:16;37:9;
47:11
included (6)
12:11,24;13:16;
14:25;15:4;48:2
includes (5)
10:9,18;11:7;29:5;
41:6
including (9)
10:25;12:12;13:12;
37:25;39:21;56:20,
22;57:24;58:8
income (9)
6:25;10:20;11:8;
28:20;32:22;41:14;
42:9;45:23;62:1
incomes (2)
46:4;57:11
incorporated (1)
4:15
increase (15)
6:25;9:19;10:18;
29:19;39:6;43:7;44:1,
1;48:12,22,23,25;
66:19;67:4,13
increased (1)
36:1
increases (5)
9:21;39:17;42:8,9;
43:16
increasing (7)
9:6;40:25;41:1;
43:5,23;47:22;68:1
incurred (1)
26:2
indicated (3)
6:7,11;80:20
indigent (2)
25:22,24
individual (4)
26:23;55:6;64:3;
80:12
Individuals (13)
4:25;44:13;52:14;
53:3,15,19,25;54:10;
55:18;56:21;57:10,
18;75:16
inefficient (1)
67:18
information (2)
8:6,13
informational (1)
44:7
informed (1)
78:17
initial (1)
18:1
initiative (2)
12:1,10
input (2)
4:20;8:23
insecurities (1)
29:25
inside (1)
71:13
Instead (4)
29:5;41:24;43:1;
58:6
Institute (4)
23:3;35:7;40:12,16
institution (1)
11:21
institutionalized (1)
20:24
insufficient (1)
53:21
insurance (24)
9:14,18;10:6,7,14;
12:12;13:18;18:25;
28:2;31:19,22;32:25;
34:7;39:13;45:20;
46:11;51:13,15;
53:12;62:11;69:7;
75:21;76:7;79:2
Intensive (1)
68:13
interest (2)
8:12;17:9
Interfaith (1)
74:9
internet (2)
44:16;50:4
interpreter (1)
4:11
into (11)
4:15;8:15;12:4;
13:1;26:11;48:14;
53:4;54:12;62:22;
76:21;80:21
introduce (1)
5:21
introducing (1)
10:5
invest (2)
18:9;70:22
invested (1)
38:18
investment (1)
47:21
involve (1)
24:19
involved (1)
74:11
ironically (1)
69:10
issue (6)
16:19,24;17:3;
51:18;61:12;74:11
issued (1)
4:13
issues (5)
15:10;59:8,25;
72:15;78:13
item (1)
5:15

J

Janet (3)
34:18,20,21
Jeff (3)
16:3,5,7
jeopardize (1)
57:21
Jewish (1)
74:6
Jews (1)
75:13
job (8)
11:19;50:13;63:19;
64:13;67:7;73:7,11;
76:15
jobs (6)
32:23;63:21;64:12;
67:5,8,11
join (1)
77:23
joining (1)
6:3
journals (1)
70:5
judge (1)
36:23
judged (1)
58:3
Julia (2)
71:5,6
July (1)
8:6
June (4)
6:24;8:1;56:10,11
junk (1)
34:7

K

Kaiser (2)
35:23;38:5
keep (3)
15:10;43:11;65:19
Kemp (5)
6:16;16:16;18:21;
19:5;61:9
Kennesaw (2)
6:4;28:17
Kentucky (1)
38:15
key (3)
7:13;9:3;10:1
kick (1)
25:9
kicks (1)
21:21

kids (4)
49:21;72:2,7,24
Kimbrel (3)
19:12,19;24:11
KIMBRELL (1)
19:15
kind (3)
51:13;53:5;76:16
kinds (1)
60:1
KRULL (24)
4:3,4;14:17,20;
19:10;24:1;27:20;
31:1;34:15;40:7;49:5;
52:2;56:7;58:11;59:1;
60:6;61:1,17;66:6;
68:3;71:2;73:23;78:2;
80:10

L

labor (1)
79:7
lack (5)
20:13;39:18;44:16;
68:23;76:6
Ladies (1)
6:2
Ladipo (3)
78:5,6,10
language (1)
4:11
large (2)
31:17;54:5
largest (2)
69:2,3
last (4)
30:19;49:10;77:6;
80:12
late (2)
27:4;70:2
laudable (1)
37:2
Laura (3)
40:10,11,14
Lavinia (2)
5:5;14:12
law (1)
11:12
lawsuits (1)
36:19
leaders (1)
41:12
leadership (4)
16:17,19,24;18:21
leading (1)
45:14
leads (1)
29:12
least (7)
29:15;57:12;62:4;
64:10;76:11;77:6,21
leave (2)
53:22,23
leaves (1)
53:3
leaving (1)
62:19
led (1)
29:14
left (4)
20:16;54:19;69:8;
79:20
legal (7)
11:13;19:15,20,21,
24;24:9,12
legally (1)
50:1
legislation (2)
6:17;7:3
legislative (1)
7:5
length (1)
54:6
Leslie (3)
74:1,2,5
less (5)
13:23;22:25;39:10;
47:19;70:23
letter (1)
31:9
letters (1)
5:8
letting (2)
58:25;73:22
level (9)
6:22;7:2;8:5;10:20,
22;11:9;12:14;39:15;
57:12
leverage (1)
11:25
lieu (1)
53:8
life (7)
18:11;66:21;71:17,
23;72:4,5,16
likely (3)
47:16;48:17;55:7
limit (4)
15:9;21:9;65:5,6
limited (4)
15:10;32:22;41:11;
57:19
limiting (1)
48:5
line (5)
42:25;46:6,20;
69:23;77:12
lines (2)
77:21,21
list (1)
51:22
literally (1)
50:17
little (4)
6:9;38:24;63:6;
69:14
live (8)
31:20;47:17;49:9;
50:24;58:16;66:22;
72:15;75:22
livelihood (1)
31:24
lives (7)
18:17;21:23;29:16;
70:25;72:5;73:8;
75:22
living (2)
50:19;64:15
loans (1)
30:5
located (3)
5:3,18;6:13
location (1)
77:17
locations (1)
77:10
long (2)
54:20,25
longer (1)
25:6
long-term (5)
9:24;16:8;43:12;
55:1;61:7
look (13)
8:8;30:6;33:13;
34:10;46:3,10;51:12;
54:12;56:4;60:8;
62:10,12;74:12
looking (4)
31:16;45:19;46:25;
72:4
looks (2)
17:8;18:20
lose (7)
21:9,13;31:23,24,
24,25;45:8
losing (2)
64:13,14
loss (3)
76:14,15,15
lost (2)
37:17;73:11
lot (11)
17:22;22:15;31:12;
32:14,16;43:22;
52:16;55:23;62:19;
78:13,18
lots (3)
20:22;21:12;33:17
low (1)
45:22
lower (3)
37:1;63:4;64:1
lowers (1)
63:23
lowest (2)
30:2;42:2
low-income (12)
9:6;10:4,19,23;
11:1;20:2;40:5;49:14;
50:11,15;51:3;57:2
Lt (1)
16:16
LTSS (2)
54:25;55:12
Luca (2)
5:5;14:12
luck (1)
29:3
lucky (1)
71:21
LUNG (9)
56:11,13,17,20,22,
23;57:5,9;58:4

M

mail (3)
14:10;15:23;50:9
mailing (1)
50:18
maintain (3)
38:4;45:1;65:16
major (1)
60:21
makes (1)
69:13
making (4)
41:2;46:5,19;73:16
Maloney (3)
59:3,4;60:7
man (1)
26:5
manage (2)
47:5;57:9
managed (1)
13:25
management (3)
13:5,6;70:8
managing (1)
47:9
manner (1)
17:13
Many (26)
20:13;23:13,20;
31:6;32:2;36:5;45:14;
49:20;50:5,14;51:21;
53:9;61:10;67:6,7,9,
23;72:1,10,20,24,24;
75:25;76:3,4;78:20
map (1)
33:13
March (1)
6:17
margins (1)
63:14
market (2)
10:8;64:3
marketplace (1)
63:24
Marling (3)
61:20,21;66:7
master (1)
33:11
master's (1)
71:24
match (5)
23:10;36:12;37:8;
43:1,1
maternal (1)
64:19
Matt (3)
6:2,7,11
matter (2)
25:7;54:5
MATTHEW (2)
4:3,4
may (22)
4:12;5:2;6:15;
13:11;15:20;25:17;
27:13;38:3,13;41:19;
44:14;47:5;50:18,25;
52:20,20;53:13,16,18;
64:12;70:14;75:9
maybe (3)
27:5,10;54:21
McDonald's (1)
72:12
mean (1)
54:1
meaning (1)
13:20
meaningful (2)
35:24;37:23
means (4)
16:9;20:21;29:2;
50:9
meantime (1)
54:22
measures (2)
51:20;65:14
mechanism (3)
67:15,16,18
mechanisms (1)
68:1
Medicaid (99)
6:21,25;7:11,24;
8:22;9:25;10:12;11:1,
3;12:21;13:19,25;
14:1,6;19:19,22,23;
20:1,6;21:9,20;23:7,
12,17;24:17,24;25:3,
11,14,18,20;26:4,13;
27:7,16;29:1,10,14,
17;30:4,10,22,25;
34:4,12,13;35:9,14,
18,22;36:8,22;37:3,8;
40:19;41:23,24;
42:11,17,24;44:11;
47:20;48:15;49:12;
50:3,6,23,24;51:15;
52:18;53:9,10;56:1;
57:4,13;58:9,17;
59:19,25;62:17,23,24;

63:11,17,22,25;64:21; 65:13,23;70:5,13,21, 23;72:23;73:12;77:1; 79:12,21,25
medicaidgeorgiagov/patientsfirst (2)
5:4;14:10
medical (19)
13:11;25:25;26:1,8, 9;27:15;29:22;30:3; 47:13;61:25;66:15, 15,19;67:2,12;68:1; 75:10;76:6;79:18
medically (1)
30:21
Medicare (13)
6:21;8:22;21:21; 25:7,9;26:12,13,24; 27:1;51:15;59:15; 63:2,9
medicate (1)
60:16
medication (1)
71:14
medications (2)
57:7;60:18
meet (5)
25:3;41:8;54:14,17; 57:19
meeting (4)
4:21;5:16;81:1,4
member (7)
9:13;19:23;25:15; 46:22,24;72:19;74:8
members (3)
20:20;68:9;77:13
mental (5)
38:1;44:22;58:16, 22,24
mention (1)
59:24
mentioned (4)
43:8;59:22;69:1,11
message (2)
61:8,8
met (1)
50:1
metrics (1)
64:24
metro (2)
63:15;69:3
metro-Atlanta (2)
22:13;76:2
Michael (3)
66:9,10,11
Michelle (2)
59:3,4
mid-July (1)
8:10
might (4)
17:12;20:23;24:19; 64:11
million (13)
23:4,8,8;38:18; 42:4;44:10;47:4; 56:19,20;62:14,15; 76:25;77:3
mind (1)
80:3
minds (1)
73:17
mine (1)
22:7
minimal (1)
27:17
minimized (1)
27:10
minimum (1)
11:10
minute (1)
59:12
minutes (4)
15:9,19;49:18; 68:25
mirror (1)
12:20
missing (2)
68:17,18
mobility (2)
30:1,2
moderate (1)
20:1
modest (1)
43:16
moment (1)
10:11
moments (1)
76:11
money (15)
20:22;23:21;44:8; 55:3,12,12;59:17; 64:6,7;66:21,23,24; 76:24;79:10,20
Montelaro (5)
20:4;24:4,8,12; 27:21
month (6)
11:11;12:16,19; 33:7;57:13;66:3
monthly (1)
51:1
months (1)
21:20
moral (1)
75:3
more (27)
17:4;18:17;20:25; 22:20,21;25:9;29:11; 30:20;35:5,8;42:10; 46:21;47:24;48:18; 54:12,25;55:3,7,12; 56:20;57:4;62:16; 69:11;70:7,24;77:9, 10
morning (11)
4:4;6:3;14:19; 16:13;32:12,19; 58:15;59:5,14;80:23; 81:5
mortality (1)
64:20
mosques (1)
74:15
most (11)
17:19;24:22;37:4, 17;43:19;52:19; 54:13;58:19;74:13, 17;75:3
mostly (1)
77:14
mother (6)
26:18;71:9;78:25; 79:14,15,19
mothers (2)
20:14;64:22
move (4)
19:4;50:15;72:13; 76:7
moved (1)
8:15
moves (1)
71:12
much (13)
16:25;19:7;20:24; 22:20,21;23:12,19; 35:1;42:19;51:25; 59:5;69:24;77:2
multiple (2)
43:14;70:3
must (3)
5:8;6:23;7:13
mutation (2)
72:8,9
myself (3)
58:23;66:12;68:20

N

name (10)
19:19;34:21;49:9; 52:8;58:15;60:12; 61:6;68:11;74:5; 78:10
NAMI (3)
58:14;60:11,21
nation (1)
9:12
national (3)
8:5;51:7,18
nearby (1)
79:8
necessarily (1)
21:4
necessary (1)
38:20
need (31)
4:11;12:5;19:1; 22:4,25;23:21;27:14; 33:9,10;34:5;35:3; 38:2;50:12;54:21; 61:15;64:15,16; 65:17,18,24;66:4; 70:23;74:17;75:1,20, 23;76:20;79:6;80:2,3, 6
needed (3)
13:12;57:8;77:5
needing (1)
25:13
needs (8)
17:15;22:18;41:8; 49:23;53:24;61:25; 65:4,21
negative (1)
37:14
neighbor (1)
61:25
neighbors (1)
62:3
Neither (1)
36:13
net (1)
42:3
neutral (1)
7:14
new (7)
10:2,17;62:11,11; 63:21;78:6,11
news (2)
22:11;25:1
next (3)
15:2;16:1;19:12
nice (1)
66:16
night (1)
50:3
ninth (1)
69:3
nobody (1)
33:15
none (2)
61:13;77:9
non-emergency (5)
12:22;47:12,19; 51:5;57:24
non-expansion (3)
30:13;39:20;63:5
non-partisan (1)
35:23
non-profit (2)
49:12;78:12
non-urgent (1)
58:3
normal (1)
71:11
North (1)
75:25
notice (7)
4:13,15,23;15:12, 12;50:25;80:25
November (4)
4:7,14,21;8:17
number (14)
15:17;35:25;36:19; 37:12;39:4;41:1,10; 43:5;44:16;49:25; 67:4;70:15;74:24; 77:4
numbers (3)
23:3;30:14;73:18
numerous (2)
57:8,20
Nurses (1)
49:13
nursing (3)
55:3,8,12

O

objectives (1)
51:22
obligation (1)
75:3
obstacle (2)
65:10;66:3
obtaining (1)
44:5
O'Connor (4)
49:7,8,9;52:3
October (1)
36:23
off (4)
24:10;41:7;65:18; 68:24
offer (2)
10:14;25:24
Office (4)
4:6;52:7,9,10
Officer (1)
5:22
official (2)
50:6;80:21
officials (2)
65:3;80:2
often (4)
20:12,19;45:1; 74:16
oftentimes (1)
70:2
old (2)
11:8;26:6
older (1)
29:15
oldest (1)
56:17
Once (3)
13:9;63:11;81:6
one (26)
7:6,12;11:22;12:22; 17:4;21:6;23:15,23; 26:7;28:7;30:1;31:16, 22;36:9;41:10;45:23; 48:1;49:18;52:11; 63:8;64:13;69:15,16, 19;70:15;78:13
ones (1)

73:9
one's (1)
13:8
ongoing (2)
16:21;38:2
online (8)
5:3;14:9;15:22;
31:9,10,11;51:8;
59:11
only (12)
23:15;29:7;35:10;
41:15;42:9;46:5;
48:16;57:10;64:5;
69:14;73:18;74:22
on-the-job (1)
11:18
open (2)
9:1;24:17
opening (1)
27:7
operating (1)
63:14
opinion (2)
28:6;33:21
opportunity (12)
4:19;8:8;11:24;
15:8;34:22;36:6;
51:25;56:14;68:8;
73:21;77:16;78:8
oppose (1)
62:5
opposes (1)
58:5
oppressed (1)
80:4
option (2)
44:1;80:25
options (3)
8:14,16;41:22
oral (4)
5:11,17;80:17,22
order (3)
37:16;38:17;39:24
Organization (3)
17:2;56:18;78:12
organizations (1)
72:1
organizer (2)
78:11,19
orphans (1)
75:4
orthodox (1)
77:13
others (4)
37:24;67:9;69:10;
74:16
otherwise (2)
13:24;20:23
out (29)
6:4;7:18;20:16;
23:3;26:15;29:3;31:8,
9;32:6,15;33:7,11;
43:21;47:15;48:15;
49:18;50:12;53:3;
58:2;63:9;69:8,15,16,
19,22;72:4;74:19;
75:20;76:3
outcomes (3)
29:13;33:4;36:2
outlined (1)
48:18
outside (5)
5:19;6:13;22:13;
69:25;71:13
over (12)
6:5;14:16;17:17;
21:8;34:12;39:12;
41:12;54:6;60:17;
63:20;74:12;78:15
overall (2)
43:24;48:16
overdoses (1)
17:5
overpass (1)
50:20
over-the-counter (1)
13:13
overview (2)
5:24;6:8
overwhelming (1)
30:3
own (3)
9:16;26:19;79:19
owner (3)
31:14,14;34:12
OWNERS (2)
31:5,15

P

P&A (2)
52:11,15
PA (1)
14:22
package (1)
47:11
paid (3)
12:25;13:24;26:8
pain (1)
66:22
pains (1)
79:19
paired (1)
41:4
panel (1)
36:23
paralegal (2)
20:4;24:13
parameters (3)
41:14;65:3,7
parent (1)
10:23
parents (6)
10:5,19;20:22;
39:18;49:21;71:20
parity (1)
58:22
park (1)
71:19
part (5)
16:14;33:2;72:8;
73:4,5
partial (2)
41:24;47:3
participant (1)
11:2
participants (9)
9:15,15;10:13;
12:13,17;13:1;14:3;
46:10,13
participate (2)
12:6;16:10
participating (2)
12:9,18
participation (2)
13:4;45:24
particular (8)
11:23;53:11,13;
66:12;74:20;75:14;
78:25;79:12
partnering (1)
18:20
partners (1)
8:22
parts (1)
67:6
part-time (2)
11:11;44:20
pass (1)
36:6
passed (3)
26:20;39:14;79:1
passion (1)
79:25
past (4)
6:5,5;40:20;66:3
patchwork (1)
53:7
pathway (3)
10:2;17:7;57:15
PATHWAYS (13)
4:1,9;6:8;9:2;10:13,
17;12:8,13,17;13:1;
14:3;56:15,25
Pathways' (1)
9:14
patient (2)
57:25;69:13
Patients (13)
6:16;49:21,25;
56:22;57:14,23;
68:22,22;69:9,16,20,
23;70:24
patient's (1)
50:3
Patrick (2)
31:3,4
pay (7)
13:14;26:3,13;33:8;
46:8;55:10;59:16
paying (2)
33:6;62:2
Payment (3)
12:23;13:18,23
payments (3)
29:7;48:13,25
Peachtree (1)
81:2
peer (1)
70:3
people (95)
15:17;16:22;19:5;
20:18;21:1,19,22;
22:2,16;24:20,22;
25:19;27:11;28:19;
30:4,16,22;32:1,4,7,
17,21,23;33:9,22,25;
37:17;41:2,7,11;
42:10;43:5,19;44:2,
18,25;45:7;46:2,3,5,8,
18;48:14;50:15,17;
51:9,12;53:17,25;
54:7;55:24;57:5;
58:19,23;59:13;60:1;
61:13;62:7,14,20;
64:10,11,15;65:10,13,
13,15,17,18;66:14,16;
67:2,4,7,9,23;70:16;
73:19;74:17,23,25;
75:9,17,22;76:3,4,20;
77:10,12;78:20;80:3,
3,5,5,6
per (6)
11:11;12:16,19;
29:22;57:13;70:11
percent (30)
7:1;10:22;12:14;
23:10;24:14;29:1;
30:10,13;35:10;
37:10,11;38:6;39:7,
15;41:17;42:16,17,18,
18,24,25;43:1;45:23,
25;46:6;47:20;57:11;
64:1,1;72:7
percentage (1)
77:5
perfect (1)
18:22
perform (1)
75:11
performance (3)
51:20,22;63:15
Perhaps (1)
17:19
period (7)
4:24;5:10;7:16;
8:25;14:18;26:10;
80:19
permanent (1)
11:14
person (12)
13:25;15:7,24;16:8;
18:5;19:12;27:25;
28:24;29:22;71:11;
80:15;81:7
personal (1)
28:6
Personally (2)
25:21;65:2
PERSONS (1)
16:5
person's (1)
50:5
perspective (3)
28:10;52:18;56:15
pertinent (1)
62:25
pharmaceuticals (1)
32:10
physical (2)
9:25;75:10
physician (1)
69:12
physicians (2)
28:4,5
physician's (1)
60:22
piggyback (1)
24:10
place (6)
18:11;61:13;64:14;
76:7,9;77:12
places (2)
33:17,18
plan (22)
12:21;13:19;17:13,
16;38:14;40:2;41:14,
25;45:11,12;46:10,12,
15,17;47:12;48:16;
56:25;57:10;62:13,
24;69:11,14
plans (2)
35:14;38:22
platform (1)
18:15
play (1)
71:19
please (6)
6:12;15:1,9;16:1;
19:13;73:16
plus (1)
49:11
PO (2)
5:6;14:14
point (7)
13:15;18:1;21:8;
33:1;38:14;74:10;
76:10
points (1)
60:3
policies (2)
48:8,10
Policy (11)
5:22;23:2,2,11;
30:15,19;35:7;40:12,

15,15;74:9
population (4)
42:14;47:3;52:13, 21
populations (1)
7:2
position (2)
17:4;73:14
positive (3)
35:16,22;36:7
possible (5)
9:13;23:13,14,19; 67:20
possibly (2)
64:21;77:20
posted (2)
8:6,19
postmarked (1)
5:8
potential (2)
6:25;69:9
potentially (1)
48:20
Poverty (15)
7:2;10:22;11:9; 12:14;29:1;39:15; 42:25;43:22,23;46:6, 20;57:11;69:23; 75:24;80:5
poverty-stricken (2)
69:17,20
power (1)
31:18
Practice (2)
49:13;68:14
predicated (1)
36:10
pregnancy (1)
69:18
pregnant (3)
11:1;69:17;79:5
premature (1)
29:14
premium (12)
10:11;12:7,12; 13:16,18,22;14:2; 26:13;29:7;46:13; 51:2;64:2
premiums (11)
10:9;12:18,25; 45:12,17,21,22;46:1, 4,8;63:24
prepared (2)
38:15;78:16
prescription (1)
57:7
present (3)
44:3,13;45:13
presentation (1)
15:20
presented (1)
5:11
presumptive (1)
48:9
pretty (2)
50:15;76:1
prevent (3)
47:23;57:15;61:13
preventative (2)
47:22;57:5
preventive (1)
70:7
previous (1)
49:17
price (1)
42:23
primarily (3)
10:4;52:15,23
primary (7)
22:17,24;49:14; 50:9;55:19,22;68:12
prior (2)
19:23;26:2
Priorities (1)
30:15
private (3)
11:17;49:11;71:8
probability (1)
67:13
probably (2)
30:19;51:17
problem (5)
34:2;51:7;64:18; 67:6;72:5
problems (3)
66:15,18;67:22
proceedings (1)
4:16
process (10)
7:25;8:3;16:21; 18:1,3,13,15,22; 24:25;36:15
product (3)
17:8,13,16
productive (2)
19:3;72:19
profound (1)
18:14
program (35)
7:11;9:25;10:2,12, 17;11:2,3,6,15;12:6,8; 13:17,19;24:16,24; 26:7,13,17;27:12; 33:21;36:22;37:3,21; 39:14;43:19;44:11, 22;45:24;52:24; 53:11,13,16;54:11,16; 56:16
programs (11)
18:6;25:18;27:4; 43:15,18;45:21; 51:21;53:8,15,19,21
project (3)
24:6;78:6,11
projects (1)
7:9
promote (4)
9:12;13:7;43:12; 58:7
proper (1)
79:6
properly (1)
18:9
proposal (16)
35:1,2,8;36:10; 37:10;41:3;42:6;43:2; 46:15;47:1;49:24; 52:20;57:20;58:5; 74:20;75:6
proposals (2)
23:5;40:23
proposed (3)
12:11;15:11;77:3
proposes (2)
23:6;41:25
proposing (1)
37:10
protect (3)
9:24;52:12;75:3
protections (1)
41:15
prove (1)
57:12
proven (1)
29:6
provide (16)
4:18,19;5:1;6:7; 14:2;16:21;21:10; 31:18;34:22;38:19; 40:17;49:14;53:11, 12;69:12;80:17
provided (1)
5:12
provider (1)
63:3
providers (3)
41:9;47:18;49:1
provides (2)
30:24;69:15
providing (4)
10:2,11;29:11;59:6
provisions (2)
29:8;41:6
public (35)
4:8,13,19,23,24; 6:12;7:18;8:19,20,25; 11:18;14:17;15:1,11, 12,16;23:2;28:12,17; 43:15;45:20;51:24; 74:9;77:12,14,21,21, 22,25;78:9;80:13,16, 18,25;81:8
published (1)
70:4
purchase (3)
13:11;62:9,12
purpose (1)
59:6
purposeful (1)
28:25
Purposefully (1)
28:19
Pursuant (1)
4:17
push (1)
41:7
put (8)
7:18;23:3;36:18; 38:17;64:5;73:16; 75:5;77:7
putting (2)
65:6,14
pyramid (3)
32:2,3;33:23

Q

qualified (1)
26:12
qualify (12)
25:3,7,11,17,20; 26:7,24;27:3;35:11; 44:23;73:12,13
qualifying (3)
9:8;11:10,16
quality (4)
18:25;56:23;57:2; 58:7
quarter (1)
70:19
quickly (1)
66:20
quite (2)
15:16;30:17
quote (2)
53:7;69:6

R

race (1)
75:18
rail (2)
77:12,21
raised (1)
37:12
Ralph (3)
49:7,8,9
Ralston (1)
16:17
range (1)
11:7
ranks (1)
9:9
rate (5)
39:6;42:16,18,19, 21
rates (2)
30:2;42:13
reach (1)
13:9
readiness (1)
11:19
readings (1)
78:17
ready (1)
38:19
real (4)
72:15,16,16;73:18
realize (1)
59:9
realizing (1)
26:16
really (18)
32:3;34:4;36:13; 39:9;40:1;43:21;45:5; 47:21;48:10;51:3; 62:25;65:15;68:19; 70:21;76:11;77:4,5; 78:17
reason (3)
26:15,21;39:16
reasonable (1)
51:6
reasons (5)
22:16;31:16;44:16, 24;60:1
reassessment (1)
40:1
receive (7)
8:23;20:2;26:25; 36:11;79:6,19,21
received (2)
4:22;5:14
receiving (3)
42:25;60:13;66:4
recent (5)
20:5;35:20;36:20; 37:13;39:2
recently (1)
75:24
recipients (3)
19:22;21:2,6
recognizing (1)
20:9
record (1)
80:21
recording (1)
29:6
recoup (1)
63:12
recover (1)
60:14
RECOVERY (11)
16:6,8;17:1,11,18; 18:3;60:19;61:5,7,10, 14
reduce (2)
9:9;47:16
reduction (6)
29:22,24;30:7; 45:24;46:7;63:2
reflects (1)
7:19
regarding (2)
17:21;24:18

regardless (2)
62:1;75:18
regards (1)
24:16
region (1)
69:3
Regrettably (1)
18:7
regular (1)
71:18
regulatory (2)
32:16,20
reimbursed (1)
38:21
reiterate (1)
80:18
reiterated (2)
36:25;60:4
relate (1)
15:11
related (2)
38:11;43:6
relates (1)
11:23
Relations (1)
74:7
relative (1)
76:8
relatives (1)
20:23
release (1)
4:22
released (1)
7:20
relevant (2)
15:15;50:10
religion (1)
75:18
remain (2)
9:1;11:5
remaining (1)
15:22
remember (1)
73:17
remembers (1)
67:16
renew (2)
26:17;50:23
repair (1)
64:13
report (3)
43:10;51:23;66:2
reporter (4)
14:23;15:2;16:2;
19:14
reporting (6)
37:20;44:12,15;
45:3;62:8;65:8
reports (2)
35:7;38:6
represent (2)
22:12;66:12
representatives (2)
20:9;72:10
REPRESENTING (12)
16:5;19:15;24:8;
31:4;34:20;40:11;
52:6;56:11,19;60:11;
61:5;78:6
request (2)
36:11;51:4
required (6)
4:18;14:5;21:7;
46:25;66:24;75:12
requirement (7)
7:13;12:24;20:16;
37:24;45:18;49:20;
51:4
requirements (34)
12:7,13;13:22;
20:17,18;29:6;36:11,
17;37:5,12,15,20;
38:11,16,17,20,24;
43:15,25;44:4,11,12;
45:3,6,9;50:2;54:15,
18;59:24;62:8;64:6;
65:8,9;75:8
requires (1)
67:14
requiring (1)
43:9
research (2)
35:20;71:24
researching (1)
40:19
resident (1)
11:14
resort (1)
79:7
resources (1)
18:10
respectfully (1)
30:23
responsible (1)
35:14
rest (1)
73:8
restoring (1)
18:18
results (2)
20:12;30:21
retired (1)
28:1
retirement (1)
21:8
return (1)
60:24
revert (1)
79:4
reverted (1)
79:11
review (5)
4:19;8:7,13;35:20;
70:4
revised (1)
7:19
revisit (1)
18:15
rewards (4)
10:10;13:2;46:23,
24
right (5)
5:18;25:1,13;33:9;
50:22
rights (1)
52:13
risky (1)
17:25
role (2)
38:14;68:13
rolls (1)
65:18
room (12)
6:13;14:22;22:18,
25;25:23;47:23;
51:17;53:22;57:25;
58:2;70:1;81:2
roster (3)
5:18;6:12;15:7
roughly (1)
8:11
route (1)
58:19
routine (1)
47:24
Rube (2)
67:15,17
rules (1)
61:12
ruling (1)
36:24
rural (6)
22:12,22;41:8;
47:17;48:24;63:15

S

sad (2)
33:16,20
safe (1)
18:24
Sahu (4)
68:5,6,11;71:3
same (7)
20:12;35:4;36:6;
37:22;50:6;72:2;
73:11
sat (1)
79:15
saved (1)
29:16
saves (1)
70:25
saving (3)
18:17,17;20:21
savings (4)
36:2;38:25;47:2;
63:13
saw (3)
46:6;47:2;79:15
saying (3)
32:5,8;67:24
scale (1)
12:15
scan (2)
8:4,13
scary (1)
79:23
schedule (1)
69:21
schedules (1)
44:17
scheduling (1)
67:11
schizophrenia (1)
60:14
scout (1)
33:11
screening (2)
13:6;57:6
seasonal (1)
44:17
second (2)
39:5;73:5
Section (2)
4:20;6:20
sector (1)
11:18
Security (7)
7:7;21:2,7,17,25;
29:21;76:8
Security's (1)
50:2
seeing (3)
39:17;59:17,20
seeking (3)
7:16;11:25;48:11
seem (2)
24:22;62:18
seems (2)
51:2;62:19
self (2)
26:19;60:16
self-reliance (1)
75:14
self-reliant (1)
75:17
Senate (1)
6:15
senior (1)
40:14
sense (4)
53:2;62:18;64:4;
69:14
sentiments (1)
55:23
separately (1)
67:22
serious (2)
57:14;64:18
serve (2)
40:5;52:13
serves (1)
18:15
service (2)
11:19;13:15
Services (24)
6:21;7:24;8:23;
13:11,13;17:12;
18:16;19:16,20,21,24;
24:9,13;32:18;36:2;
53:11;54:7,21;55:1,5,
9,14;57:5,8
session (1)
56:5
set (1)
50:5
setting (1)
65:3
several (3)
40:20;49:22;62:15
share (3)
40:21,25;56:15
sharing (1)
46:14
shelters (1)
49:16
shock (1)
18:5
short (4)
20:5;41:4;61:7,8
show (3)
41:15;69:25;79:16
shown (3)
70:5,6,25
sic (1)
77:22
sick (3)
25:15;27:11;30:18
sign (4)
4:11;5:18;6:12;
22:7
signed (4)
6:16;15:7,25;80:12
significant (3)
36:4;38:23;45:15
significantly (6)
35:5;47:15;48:25;
55:17;63:16;70:24
similar (2)
13:7;42:10
Similarly (1)
21:18
simple (3)
30:17;61:8;76:5
simultaneously (1)
12:17
sisters (1)
51:16
sit (2)
62:12;76:5
situation (2)
73:10;79:13
situations (3)
29:13;66:20,23

six (7)
6:4;60:20;69:9,15,16,19,23
sixth (1)
6:4
skin (1)
28:21
sleeping (1)
50:20
sliding (1)
12:15
small (7)
20:14;31:4,14,15;46:1;77:4,5
smoking (1)
13:5
snail (1)
50:9
Social (6)
7:7;21:2,7,17,24;50:2
society (3)
22:9;72:19;74:25
sole (1)
52:12
solution (3)
34:13;57:1;65:21
solutions (2)
58:6;64:17
solved (1)
34:3
somebody (4)
32:18;34:10;50:19;51:19
somehow (1)
53:24
someone (2)
27:14;68:25
someone's (1)
13:22
someplace (1)
51:18
sometimes (1)
64:9
somewhat (1)
28:1
somewhere (1)
33:24
son (1)
71:10
sorry (2)
21:21;73:8
sort (3)
53:1;66:23;67:15
sorts (1)
54:3
sought (1)
9:4
sounds (2)
32:16;51:6
speak (15)
15:8,17,25;19:18;28:9;39:1;58:17,21;59:7;68:8,21;74:4,19;75:19;80:14
Speaker (3)
16:16;76:14,23
speakers (1)
49:22
speaking (3)
68:19,20;79:25
specific (2)
26:7;49:23
specifically (3)
16:14;49:20;79:4
Specifics (1)
9:2
spectrum (1)
8:12
spend (6)
23:4,7;44:10;54:24;55:3;63:10
spending (1)
47:21
spends (1)
55:11
spent (2)
61:23;64:7
Spetnagel (4)
58:13,14,15;59:2
spoke (2)
24:11;26:17
spoken (3)
59:13;60:5;72:9
SSI (4)
21:6,8,19,19
stabilize (1)
69:6
stable (1)
73:7
staff (2)
16:18;44:5
stages (1)
18:3
stakeholders (2)
8:11,11
stand (2)
19:18;52:21
standing (1)
10:8
stands (1)
58:5
start (4)
9:3;14:17;18:17;28:14
started (1)
8:3
state (67)
8:5;9:10,11,19,23;10:16;12:5,21;13:20;14:1;16:23;17:24;18:21;20:21;23:5,12;27:7,16;30:16,23,25;31:12,13;32:13;33:17;35:9;36:3;37:7;38:15,22;39:4,10;40:3,5;41:12;42:2,4;44:2,6,8;47:12,16;48:18;49:2;52:11,11,15;54:6,25;58:18,20;61:11;63:8,19;64:24;67:6;69:3;70:17,20;71:16;72:10,22;73:1,15;79:12;80:1,4
stated (2)
46:15;69:5
statement (1)
15:21
states (39)
7:6,8,23;11:13;23:15;29:9,17;30:9,13;31:17;33:6,8;35:15,17,21,24;36:7,18,20;39:19,21;45:7,16,19,20,22;46:25;51:11,11;56:19;59:19;62:23;63:1,5,16,18,25;70:11;75:2
state's (3)
39:13;42:15;58:9
statewide (1)
17:1
statistics (2)
35:8;78:16
stats (1)
79:24
stay (5)
15:18;24:5;55:8,10;61:15
stayed (1)
43:22
step (5)
16:20;32:19;33:23;34:1,5
stigma (1)
18:7
still (8)
25:19;41:21;42:22;46:2,16;50:9;57:20;76:20
stipulations (3)
24:19;27:10,17
stop (1)
72:12
stories (6)
28:20,24;78:20,23,25;79:3
story (4)
20:5;22:6;23:23;26:22
Street (1)
81:3
stroke (1)
79:16
struggle (1)
58:24
struggling (2)
65:16;76:16
students (2)
44:20,20
studies (4)
35:20;43:14;62:21;70:4
study (7)
12:3;27:6;37:13,22;39:2;45:19;63:8
stuff (1)
34:8
stumbling (2)
75:5;77:7
stunned (1)
22:8
subject (1)
36:19
subjected (1)
45:8
submit (5)
5:2;6:19;14:8;15:22;59:10
submitted (2)
6:23;15:5
subsidization (1)
14:6
subsidize (2)
10:16;13:21
subsidized (1)
11:17
Substance (11)
16:12;17:3,6,15,21;18:11,19,23;19:4;44:21;61:14
sudden (1)
76:16
sued (1)
54:5
suffer (2)
18:23;60:21
suffered (1)
79:1
suffering (3)
17:5,15;38:8
sufficient (1)
57:1
suggest (1)
75:13
suggestion (1)
34:11
summer (1)
8:15
support (19)
9:17,21;24:15;36:21;52:22;55:1;58:14,17,22;59:14;60:20;62:2;65:4,22;69:14;72:22;73:1;75:1;79:25
supported (1)
39:11
supposed (1)
65:11
sure (6)
6:12,14;15:18;24:5,5;50:14
surfing (1)
50:18
surgery (1)
69:21
surprised (1)
69:1
surrounding (1)
18:8
survived (1)
16:9
Susan (2)
61:20,21
sustainability (1)
9:25
sustaining (1)
44:5
symptoms (2)
60:18;79:16
synagogues (1)
74:15
System (7)
12:2;14:23;21:17;25:19;26:12;50:4;73:6
systematically (1)
80:4
systems (2)
7:10;44:7

T

table (6)
5:19;27:5;32:9;41:22;79:10,21
tactile (1)
60:15
talk (7)
10:10;27:8;43:4;53:5;76:3,10;77:7
talked (1)
76:23
talking (5)
11:5;52:20;64:10;65:17;73:15
tax (7)
22:22;33:7;35:6;61:23;62:2;64:16;65:24
taxes (1)
59:16
taxpayer (4)
18:17;23:21;49:10;61:22
taxpayers (6)
17:9;20:22,24;22:21;36:3;76:24
TAXPAYING (2)
34:20,24
team (1)
8:16
Technical (1)
12:2

technology (1)
44:7
telling (1)
28:19
ten (1)
15:9
tend (1)
50:15
tendency (1)
66:19
Tennessee (1)
44:9
tens (1)
45:6
terms (3)
6:9;28:8;62:7
terrible (2)
59:25;64:25
test (2)
7:9,23
testify (1)
37:25
testimony (1)
15:4
thankful (1)
40:16
thankfully (1)
25:23
thanks (3)
16:7;51:25;68:7
therefore (3)
67:10;75:19;76:18
thinking (2)
26:21;33:24
third (1)
64:20
third-highest-uninsured (1)
42:21
Thompson (3)
31:3,4;34:16
though (4)
27:3;32:2;53:17;
68:18
thought (2)
31:20;73:7
thousands (3)
42:22;45:7;69:7
three (4)
32:23;45:19;49:15;
64:12
times (4)
47:24;50:5;51:21;
60:17
tired (1)
65:2
Today (45)
4:6;5:11,17;6:10;
10:4,20,23;11:5,6;
14:24;15:4,17;16:4;
24:3;31:2;32:6,8;
34:19,22;36:16;
40:17;52:17;53:23;
55:22,24;58:12;59:6,
22;60:2,5,8;61:2,18,
22,24;68:8,18;73:20,
24;74:10,18;77:16;
78:9,16;80:17
today's (1)
14:9
together (2)
19:5;24:14
told (2)
28:24;72:11
tonight (1)
70:16
took (1)
68:24
top (2)
32:3;51:2
topic (1)
15:18
Torah (1)
75:2
Tori (3)
78:5,6,10
touch (1)
11:22
town (1)
76:1
track (1)
12:4
traditional (1)
47:20
training (3)
11:18,20,24
transcribed (1)
5:12
transcription (1)
80:22
transformationally (1)
17:14
transition (5)
9:13,18;10:7;18:1,
14
transitional (1)
48:6
transitioning (1)
21:18
transportation (7)
28:21;47:13,15,19,
25;76:15;77:14
transporting (1)
67:8
treat (1)
57:16
treated (1)
27:2
treatment (4)
44:22;61:25;65:25;
66:1
treatments (1)
57:8
TRICARE (1)
51:15
trip (1)
33:12
trouble (1)
58:2
try (3)
19:25;23:12;67:4
trying (6)
20:10;66:14;68:21;
74:14,22;76:12
turn (4)
14:16;21:11;26:25;
33:18
turned (1)
21:6
twenty-some (1)
51:11
two (14)
6:5;12:17;25:6,8;
30:20;43:17,20;
47:20;48:7,8,10;60:3;
64:12;67:12
type (1)
7:6
typically (2)
7:15;47:8

U

ultimately (2)
38:21;39:10
unable (2)
44:25;79:5
uncompensated (5)
30:8,11;63:4,7,10
under (15)
7:6,10,17;13:19;
20:15;21:16;23:4;
35:11;41:13;45:12;
46:17,23;50:20;
57:10;60:22
understood (1)
38:13
undisputed (1)
30:20
unequivocally (1)
70:25
unfortunate (1)
77:8
Unfortunately (1)
56:25
uninsured (16)
9:9;23:6,13;36:1;
39:5,6,17;42:13,13,
16,18,19;52:25;
53:17;63:3,7
unique (1)
55:11
United (2)
11:13;56:18
University (1)
71:25
unless (1)
25:3
unnecessary (1)
34:5
unpaid (2)
30:7;76:6
unsaid (1)
69:8
unsubsidized (1)
11:17
up (20)
15:3;16:1;19:13;
21:15;22:7,17;27:7;
29:4;32:4,7,11;36:6;
37:9;39:14;50:5;
51:12;66:23;69:25;
72:25;80:12
updates (1)
44:6
upon (1)
43:2
upward (1)
30:2
urban (1)
77:9
urge (3)
23:11;40:1;58:6
use (18)
14:1;17:6,15,21,25;
18:11,13,23;26:22;
35:5;36:10;47:23;
51:5;57:24;61:14;
64:16;67:12;77:2
used (3)
13:11;60:15,17
uses (1)
50:9
using (2)
14:6;77:3
usual (1)
22:6
usually (1)
25:9
utilization (1)
12:23
utilize (2)
17:12;77:14

V

value (3)
65:23;75:15;76:23
value-added (1)
62:19
values (2)
62:10,13
valves (1)
68:18
variety (1)
70:4
versus (1)
62:15
Vicky (3)
19:12,15,19
vision (1)
48:3
visited (1)
6:5
visits (3)
47:23;63:4,7
visual (1)
60:14
vocational (2)
11:19,23
voice (1)
24:7
voluntary (2)
13:18;56:18
volunteer (3)
43:10;44:25;49:12
volunteers (1)
72:1
vote (2)
5:15;80:24
vulnerability (1)
76:4
vulnerable (4)
37:5;74:13,25;75:4

W

wage (1)
9:21
wages (6)
41:2;43:7,13,23;
44:1;48:24
wait (2)
18:4;21:20
waiting (2)
54:22;79:2
waitlist (1)
54:21
waitlists (1)
54:4
waive (1)
48:11
waived (1)
12:8
WAIVER (40)
4:2,9,20;5:24;6:9,
20,23;7:4,6,7,12,17,
19,25;8:14,19;9:22;
15:13,14,15;19:19;
20:17;23:5;29:5;
34:23;35:2;41:3,4;
42:7,8;43:8;48:16;
53:8,14,20;55:6;60:9;
62:5;65:10,20
Waivers (12)
7:5,15;9:3;20:15;
40:18,19;42:15;48:1;
54:2,3,8;55:10
waiving (1)
48:2
wake (2)
32:4,7
waking (1)
32:11
walk (1)
71:18

wants (3)
23:23;65:12;69:12
Washington (2)
7:21;72:11
way (9)
8:21,24;30:14;
32:11;37:9;38:5;
39:21;55:11;73:2
ways (1)
74:14
wealth (2)
76:5,8
wealthy (1)
76:1
wear (1)
71:18
webform (1)
5:3
website (1)
8:7
week (2)
29:2,3
weeks (2)
6:6;79:5
weren't (2)
37:18;73:9
whatever's (1)
27:13
what's (4)
31:9;52:10;55:13;
77:5
wherewithal (1)
75:10
whole (1)
39:23
who's (1)
80:12
whose (1)
78:25
widows (1)
75:4
window (2)
21:13;69:25
Wisconsin (1)
46:4
wise (1)
17:24
wish (3)
4:25;5:17;6:11
wishes (1)
81:8
within (2)
30:9;71:14
without (11)
7:4;21:15;26:9;
27:2;30:3;32:8;54:23;
66:22;71:14;72:23;
75:16
woman (2)
61:6;78:25
women (5)
11:1;20:19;64:25;
69:17;79:3
words (1)
58:25
work (48)
9:8;19:3,5;20:17;
21:14,23;22:8;24:13;
25:16,16;27:6,6;29:6;
30:6,7;36:10,17;37:5,
12,15;38:10,11,15,16,
24;40:23;43:10,25;
44:12,17,19,25;45:2;
49:20;53:7;54:13,14,
17;59:24;66:2,17,17;
67:5,14,14;68:24;
72:21;75:7
worked (4)
8:16;16:12;21:23;
57:12
workgroup (1)
8:10
working (14)
11:9;19:21,25;28:3;
32:23,24;37:18;38:7;
44:2,14;52:25;53:17;
57:15;61:11
work-reporting (2)
43:14;44:4
work-study (1)
27:12
world (2)
64:20;72:16
worse (1)
17:22
worst (1)
39:4
wrenching (1)
78:23
writing (1)
15:23
written (4)
5:1,14;55:21;80:20
wrong (1)
65:12

Y

y'all (1)
55:15
year (7)
8:1;41:16,18;43:18;
44:10;47:5;70:11
years (20)
11:8;19:22;22:8;
25:6,8;26:6;39:7,12;
40:20;43:17,21;
49:11;54:22;60:20;
65:19;71:15,17;73:6,
11;74:12
young (1)
68:15

Z

zip (1)
28:21

1

1.2 (1)
56:20
10 (2)
15:19;35:10
10:00 (1)
4:7
10:30 (1)
81:4
100 (6)
7:1;10:21;12:14;
24:14;37:11;57:11
106 (1)
6:15
11:34 (2)
81:9,10
1115 (15)
4:1,9,20;5:24;6:8,
20,23;7:5;9:2,22;
15:12;29:5;41:3;42:7;
43:8
12 (3)
5:16;64:1;81:1
12.9 (1)
42:16
13 (2)
41:17;60:17
13.7 (2)
42:16,18
1332 (4)
15:14;41:4;42:8;
60:9
138 (3)
29:1;37:10;42:24
14 (1)
23:15
15 (2)
45:25;47:24
154 (1)
22:13
16 (1)
35:15
17,000 (1)
37:16
18 (1)
30:13
19 (2)
11:8;48:3
19,000 (1)
29:15
1915C (2)
54:1,8
1966 (2)
5:6;14:14

2

2 (1)
81:2
2014 (2)
29:16;63:20
2016 (3)
30:12;39:7;63:20
2017 (2)
7:20;29:16
2018 (2)
39:8;42:13
2019 (12)
4:7,14,21,25;5:2,9,
16;6:17;8:17;9:1;
80:19;81:1
2020 (1)
6:24
2022 (3)
41:18;42:1,10
20-year-olds (1)
48:3
21.2 (1)
39:7
22 (1)
4:7
235 (1)
39:15
23-year-old (1)
71:23
24 (2)
21:20;46:6
27 (1)
6:17
28 (2)
73:6,11

3

3 (5)
4:25;5:2,9;9:1;
80:19
30 (3)
6:24;8:20;60:17
30301 (1)
14:15
30301-1966 (1)
5:7
31,000 (1)
63:21
32 (1)
79:5
324 (1)
35:20
35 (4)
10:21;19:22;49:10;
56:19
36 (1)
62:23

4

4 (3)
4:14,21;8:17
40 (1)
63:12
400,000 (1)
41:13
408,000 (1)
76:20
42 (1)
4:17
431.408 (1)
4:17
486,000 (1)
41:25
490 (1)
23:8

5

50 (1)
12:13
50,000 (1)
41:16
55 (2)
8:11;30:10

6

60 (1)
70:16
62 (2)
21:6,12
63 (1)
38:6
64 (3)
11:8;26:5,23
65 (3)
21:11,13;26:25
67 (1)
43:1

7

7 (1)
64:1

8

80 (2)
11:10;57:12
80,000 (6)
23:6;42:9;62:13;
64:5;74:22;76:19
800,000 (1)
17:17
84-year-old (1)
26:18

9

9 (1)
42:18
90 (2)
42:25;68:24