

In The Matter Of:
Department of Community Health

Hearing
July 22, 2020

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DEPARTMENT OF COMMUNITY HEALTH
STATE OF GEORGIA

PUBLIC HEARING IN RE:
Reinsurance and Georgia Access Section 1332 State
Relief and Empowerment Waiver

Proceedings before Matthew Krull, Esq.,
Health Policy Counsel, reported by Tammy G. Mozley,
Certified Court Reporter, at 2 Peachtree Street, Fifth
Floor Board Room, Atlanta, Georgia, on the 22nd day of
July 2020, commencing at the hour of 10:00 a.m.

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- - -

SPEAKERS

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1 MR. KRULL: Good morning. I'm Matthew
2 Krull, Health Policy Counsel for the Department
3 of Community Health in the Office of General
4 Counsel. Today is July the 22nd, 2020, and it is
5 now 10:00 a.m.

6 This is the public hearing on the
7 Reinsurance and Georgia Access Section 1332,
8 State Relief and Empowerment Waiver. This public
9 hearing is being held in person and virtually
10 through WebEx videoconferencing system.

11 This public notice was issued by Governor
12 Brian P. Kemp on July 9th, 2020. This notice is
13 incorporated into these proceedings.

14 Pursuant to 31 CFR Section 33.112 and
15 45 CFR Section 155.1312, the State of Georgia is
16 providing public notice and a comment period
17 prior to submitting a modification to the
18 previous Section 1332 Waiver Application
19 submitted to the departments of Health and Human
20 Services and the Treasury on December 23rd, 2019.

21 On July 9th, 2020, the Governor issued a
22 press release opening a second comment period for
23 an additional 15 days to allow for a thorough
24 public comment. The public comment period will
25 expire on July 23rd, 2020, at 11:59 p.m.

1 Individuals wishing to provide written
2 comments on or before July 23rd, 2019, may submit
3 comments online through Web Form, which can be
4 found at [medicaid.georgia.gov/patientsfirst](https://www.medicaid.georgia.gov/patientsfirst) or by
5 mail to Ryan Loke, care of The Office of the
6 Governor at the following address: 206
7 Washington Street, Suite 115, State Capitol,
8 Atlanta, Georgia, 30334. Comment letters must be
9 postmarked by July 23rd, 2020, to be accepted.

10 At the conclusion of the comment period,
11 all oral comments presented today will be
12 transcribed and included with the final waiver
13 application.

14 If you're present in the hearing room
15 today and wish to make oral comment, please sign
16 in on the appropriate roster.

17 To ensure the health and safety of all
18 Georgia residents and comply with Governor Kemp's
19 Executive Order 07.15.20.01, we are limiting the
20 number of in-room attendees at this hearing as to
21 no more than 50. Please maintain a social
22 distance of at least six feet between each other.
23 You're also strongly encouraged to wear a mask or
24 a face covering while you're in the building.

25 For those of you that are participating

1 virtually through WebEx and wish to make an oral
2 comment, please click on the hand -- the "raised
3 hand" button at the bottom right -- on the bottom
4 right of the participant panel on your browser
5 window. The button looks like a little hand. If
6 a participant panel -- if the participant panel
7 is not visible, click on the third button from
8 the left on the bottom menu bar on WebEx browser.
9 Clicking this button will open a participant
10 panel on the right-hand side of the WebEx browser
11 window, where you will find the "raise hand"
12 button.

13 Once you click the "raised hand" button, a
14 hand image will appear next to your name in the
15 participant panel. This notifies the moderator
16 that you wish to make an oral comment today.
17 Oral comments will first be received by
18 individuals attending in person. Afterwards, the
19 online monitor will call on members of the public
20 who raised their virtual hand on the WebEx
21 participant panel in order to provide oral
22 comments. At the appropriate time, your
23 microphone will be unmuted and I will call on you
24 to make your public comment.

25 At this time, I would like to introduce

1 Mr. Blake Fulenwider, Chief Health Policy Officer
2 at the Department of Community Health, to provide
3 a short overview of the modified 1332 Waiver
4 Application prior to accepting public comments.

5 MR. FULENWIDER: Great. Thank you, Matt.
6 Ladies and gentlemen, good morning. During
7 today's 1332 public hearing, we will provide a
8 brief overview on the background and
9 modifications to the Georgia Access Waiver.
10 We'll then open for in-person public comments.
11 Then we will transition to public comments for
12 those participating via WebEx.

13 And I would also like to remind Georgians
14 that comments can be submitted online by
15 July 23rd, 2020, at
16 medicaid.georgia.gov/patientsfirst or by mail to
17 Ryan Loke, care of Office of the Governor, 206
18 Washington Street, Suite 115, State Capitol,
19 Atlanta, Georgia, 30334.

20 As you may recall, Senate Bill 106, the
21 Patients First Act was signed into law by
22 Governor Kemp on March 27th, 2019, which grants
23 the Governor authority to submit one or more
24 Section 1332 innovation waivers to the
25 departments of Health and Human Services and the

1 United States Treasury.

2 The 1332 Waiver must be submitted on or
3 before December 31st, 2021, and upon approval of
4 one or more 1332 Waivers, authorizes the State to
5 implement the waiver without further legislative
6 action.

7 1332 Waivers are designed to pursue
8 innovative strategies that provide access to high
9 quality, affordable health insurance so long as
10 they meet four statutory guardrails:
11 Comprehensiveness, affordability, coverage, and
12 deficit neutrality.

13 During the waiver development process, we
14 began with an environmental scan of the state and
15 national landscape, which was completed in
16 July of 2019. We then developed and modeled
17 potential waiver options, which was completed in
18 fall 2019. We drafted and submitted the waiver
19 application on December 23rd, 2019, and have put
20 out the modified waiver application for public
21 comment in July of this year.

22 The Georgia Access Waiver is designed to
23 accomplish a few core goals. First is reducing
24 premiums, particularly in high-cost regions;
25 incentivizing carriers to offer plans in more

1 counties across the state; foster innovation to
2 provide better access to coverage; expand choice
3 and affordability for Georgians; attract
4 uninsured individuals into the market; maintain
5 access to metal level qualified health plans as
6 well as eligible, nonqualified health plans; and
7 maintain protections for individuals with
8 preexisting conditions.

9 The Georgia Access Waiver is composed of
10 two primary components. First is implementation
11 of a reinsurance program to stabilize the
12 individual insurance market by reducing premiums
13 and attracting and retaining carriers. The
14 second component involves transitioning Georgia
15 to the Georgia Access Program away from
16 healthcare.gov. Under the modified waiver
17 application, both reinsurance and Georgia access
18 are slated to begin in 2022 for plan year 2022.

19 Key changes from the initial waiver
20 application include the shift to plan year 2022.
21 Also to clarify, the State is not seeking
22 authority to certify and offer subsidies, federal
23 subsidies for eligible non-QHPs. The State is
24 not seeking authority to issue state subsidies.

25 The State will send enrollment and subsidy

1 eligibility information to the Department of the
2 Treasury, and the Treasury will continue to issue
3 advanced premium tax credits and premium tax
4 credits as they do today for available qualified
5 health plans.

6 The reinsurance program remains the same,
7 with a claims-based reinsurance model. An
8 attachment point of \$20,000 and a cap of \$500,000
9 also remains the same as well as the tiered
10 coinsurance rate by region from 15, 45, to 80
11 percent coinsurance across the state. Higher
12 coinsurance rates are applied to higher-cost
13 regions with a targeted average 10-percent
14 reduction in premiums statewide.

15 In terms of operations, the private sector
16 will be leveraged to provide the consumer
17 shopping, plan comparison, and plan purchasing
18 experience through a network of private sector
19 entities or web brokers or carriers. Private
20 sector individuals will also perform education,
21 outreach, and customer service.

22 The State will be responsible for
23 calculating eligibility for federal subsidies and
24 supplying that information to the Treasury
25 Department. The federal government will maintain

1 its role in issuing advanced premium tax credits
2 for qualified health plans to the health plans on
3 behalf of individuals and reconcile premium tax
4 credits during tax filing.

5 The benefits of Georgia Access include
6 maintaining access to current qualified health
7 plans as well as catastrophic plan options
8 available to be viewed. The plan would also
9 allow consumers to enroll or reenroll directly
10 with carriers or through web brokers or through
11 independent brokers across the state.

12 The plan also provides greater accuracy in
13 projecting consumer subsidy eligibility by using
14 more accurate income data that is maintained by
15 the State and streamlines referrals to and from
16 Medicaid as individuals churn from one program to
17 the other.

18 At this time, I'll turn it back over to
19 Mr. Krull, who can walk us through the open --
20 the public comment period. Thank you.

21 MR. KRULL: Thank you, Blake. At this
22 time, I'm going to go down the roster. I'll give
23 each person who has indicated that they wanted to
24 present oral comment today the opportunity to
25 speak. Please limit your comments to five

1 minutes and keep your comments limited to the
2 issues that directly relate to the proposed
3 public notice. At the end of the five minutes,
4 if you've reached that time and you've not
5 completed your presentation, I may ask for a
6 brief closing statement. And you'll be able to
7 also submit any review and comments you have in
8 writing online and through the mail.

9 So at that time, it looks like I'm going
10 to call on June Dean. We will un-mute your
11 microphone, and you'll be able to make your
12 public comment.

13 MS. DEAN: Thank you. Hi, my name is
14 June Dean and I'm the senior director for --
15 (Audio dropped.)

16 MR. KRULL: Ms. Dean --

17 MS. DEAN: -- public healthcare
18 organization of the United States, representing
19 more than 36 --

20 MR. KRULL: Ms. Dean --

21 MS. DEAN: Yes.

22 MR. KRULL: -- if you'll give me the
23 opportunity. You cut out. So I'm going to go
24 ahead and ask you to start your comments over
25 again, and we'll give you your full time.

1 MS. DEAN: Oh, okay.

2 MR. KRULL: Sorry about that. This is all
3 new for all of us being virtually -- doing a
4 virtual public hearing.

5 MS. DEAN: New for me too. You know,
6 we're doing this from home now and it's a little
7 different.

8 MR. KRULL: Go ahead. You can start.
9 Thank you.

10 MS. DEAN: Okay. Hi, my name is
11 June Dean. I'm the senior director for advocacy
12 here in Georgia. The American Lung Association
13 in Georgia appreciates the opportunity to submit
14 comments --

15 (Audio dropped.)

16 MR. KRULL: Ms. Dean, we have lost you
17 again.

18 MS. DEAN: Thanks.

19 -- representing more than 36 million
20 Americans with lung disease, including more than
21 1.2 million individuals in Georgia. For patients
22 with lung --

23 (Audio dropped.)

24 MR. KRULL: Ms. Dean --

25 MS. DEAN: We're concerned that the

1 Georgia Access Model as currently envisioned will
2 jeopardize access to quality and affordable
3 healthcare coverage for patients with lung
4 diseases and other preexisting conditions. Under
5 the Georgia Access Model, the --

6 (Audio dropped.)

7 MR. KRULL: Ms. Dean, are you there?

8 MS. DEAN: -- that may not help patients
9 choose the best plan for their health needs as
10 the Lung Association and other organizations --

11 (Audio dropped.)

12 MR. KRULL: Ms. Dean, are you there?

13 MS. DEAN: -- adequately respond to the
14 request for comment. While the Lung Association
15 supports reinsurance as a tool to stabilize
16 premiums in the individual marketplace, we are
17 concerned that the remain --

18 (Audio dropped.)

19 MR. KRULL: Ms. Dean, are you there?

20 MS. DEAN: -- conditions. And we urge
21 Georgia to withdraw its application for the
22 Georgia Access Model and instead focus on
23 solutions that promote adequate, affordable, and
24 accessible coverage. Thank you for the
25 opportunity to provide comments.

1 MR. KRULL: Ms. Dean, this is Matthew
2 Krull. I'm going to ask you, if you could,
3 provide those comments in writing also. We have
4 had some technical difficulties completely
5 hearing your comment, and we don't want your
6 comment to be missed so.

7 MS. DEAN: I will certainly do that. I
8 was just looking at the address to mail comments
9 to. Do I need to also email those?

10 MR. FULENWIDER: We are in receipt of the
11 coalition's comments that you provided --

12 MS. DEAN: I can hear me cutting out -- I
13 can hear me cutting out for some reason. Do I
14 need -- go ahead.

15 MR. FULENWIDER: We apologize for that.
16 If you could submit your comments online, that
17 would be ideal --

18 MS. DEAN: Okay.

19 MR. FULENWIDER: -- particularly given the
20 time period that we're operating under.

21 I will also acknowledge receipt of the
22 letter that you and a number of other
23 stakeholders did provide to us and we have
24 received those comments. Thank you.

25 MS. DEAN: Okay. I appreciate it. We

1 will submit it online, and I'll put it in the
2 mail just in hopes that it comes that way as well
3 too. Thank you for your time.

4 MR. FULENWIDER: Thank you.

5 MR. KRULL: Thank you, Ms. Dean. And we
6 appreciate it and apologize for any technical
7 difficulties.

8 We're going to move on to the next
9 participant that wants to make public comment and
10 that would be Abbie Fuksman.

11 Ms. Fuksman, we're going to un-mute you,
12 and we're going to try this and hopefully we'll
13 be able to hear all of your public comments.

14 MS. FUKSMAN: Can you hear me now? I
15 think there's feedback coming from your room.
16 Can you guys hear me now?

17 MR. KRULL: We can, but it's an echo. Can
18 I ask you, it looks like you're connected three
19 times to the WebEx and I think that may be a
20 problem. You're showing up three times on our
21 attendee list.

22 MS. FUKSMAN: Thank you for the
23 opportunity to speak today. As a previous Blue
24 Cross/Blue Shield (inaudible), I understand that
25 as the COVID-19 crisis continues, the value of

1 health insurance coverage has never been more
2 apparent. While many states have chosen to lower
3 the barriers to cover their residents, Georgia
4 continues to pursue policies that undermine
5 access to quality medical coverage.

6 Georgia has chosen to use the 1332 Waiver
7 to eliminate the online ACA marketplace as well
8 as the essential health benefit requirements.
9 While many states have used the 1332 Waiver to
10 improve affordability of comprehensive individual
11 market coverage, Georgia has chosen to make it
12 harder for its citizens to make an informed,
13 unbiased decisions around healthcare coverage.

14 Georgia has chosen not to enhance the
15 already established healthcare.gov marketplace,
16 but instead is forcing its residents to rely on
17 health carriers and insurance brokers to provide
18 information and access to coverage. While you
19 claim this will provide affordability and expand
20 access along with competition, it is likely to do
21 the opposite. And I can tell you that by
22 eliminating an unbiased public resource that
23 provides the same information for all plans which
24 will enable informed decisionmaking, you are
25 actually making it harder for Georgia residents

1 to compare what services are covered, what are
2 out-of-pocket costs, and what providers are in
3 the network.

4 Georgians will now have to rely on what
5 information they do or don't get from the
6 insurance companies and brokers. In short,
7 people will not be able to make fair,
8 apple-to-apple comparisons.

9 These are strong stand-alone arguments
10 during normal times, but let's throw COVID-19
11 into the mix. The 1332 Waiver will force
12 (inaudible) who are not receiving coverage from
13 their employer, COBRA, or Medicaid and these
14 numbers are only increasing during the current
15 pandemic, to go through private channels who may
16 or may not have the best options for them. Lower
17 levels of coverage and the elimination of
18 essential health benefit requirements will result
19 in some of these plans to be classified as
20 subprime coverages.

21 Under federal COVID legislation, people
22 enrolled in sub-prime products are classified as
23 uninsured. So what will happen to these people
24 when they realize they're not covered during the
25 pandemic. In the near future, you can easily

1 envision Georgia dealing with citizens with
2 little or no experience in buying or using health
3 insurance, those with limited English, and
4 Georgians with low health literacy skills at risk
5 for being considered uninsured during a pandemic
6 due to an unawareness that they have purchased a
7 subpar plan.

8 Health insurance companies are all about
9 numbers: Actuarial, CPT codes, and especially
10 revenue. Since the for-profit changes that
11 happened in the early '80s, health insurance
12 companies have used this status to explain their
13 yearly rate increases along with higher salaries,
14 bonuses, and shareholder earnings.

15 I have a few numbers for this panel.
16 Atlanta has over approximately 5.6 million
17 people, a top ten city along with revenue that
18 comes from that; but the per capita state
19 expenditure is in the bottom fifth. Georgia's
20 overall healthcare ratings is in the bottom
21 tenth, and ratings on access to healthcare is
22 even lower. Yet, the State of Georgia is
23 choosing to spend a million dollars towards
24 waivers to promote Georgia's would-be
25 intervention that strips access to

1 healthcare.gov.

2 Instead, they could be spending the
3 allocated funds by providing consumer assistance
4 program that would provide a much needed,
5 established, nonpartisan assistance in choosing
6 plans that are comprehensive. Instead, you are
7 leaving these consumers on their own to navigate
8 during these COVID times.

9 So I ask, why would a state with such low
10 ranking in overall healthcare for its citizens
11 and one of the lowest in the country to access
12 for the top ten city in its state consider this
13 waiver. As someone who has worked in the health
14 insurance industry, the only answer I can come up
15 with is that Georgia will spend as little as
16 possible on its own citizens while allowing the
17 insurance company to profit for political favor.

18 In closing, the 1332 Waiver won't advance
19 the goals Georgia says it wants to achieve, to
20 improve affordability and access. Instead, the
21 State might consider proven policy alternatives
22 that have been implemented in other states; but
23 by Georgia's own calculations, the State could
24 expand Medicaid for the same cost as its waiver
25 plans and in doing so provide affordable,

1 comprehensive coverage to more than five times as
2 many Georgians.

3 Georgia's proposed plan is likely to be
4 particularly harmful to residents living through
5 and attempting to recover from the healthcare and
6 economic crisis brought on by COVID-19.

7 In the words of John Lewis, Do not attempt
8 to turn a deaf ear, a blind eye, and a cold
9 shoulder to the sick or to our working families.
10 Healthcare is a right and not a privilege
11 reserved for a wealthy few.

12 I'm asking you to stand and protect the
13 citizens of Georgia and not the big insurance
14 company, especially during this pandemic, and
15 reconsider the 1332 Waiver. Thank you for your
16 time.

17 MR. KRULL: Thank you, Ms. Fuksman, for
18 your comments today.

19 At this time, we have no other
20 participants wishing to make a comment, either in
21 person here in the hearing room or online. I'm
22 going to give anyone online -- we have a number
23 of participants online. I'm going to give y'all
24 a little bit, short period of time. If anyone
25 wants to make a comment, now is the time before

1 we adjourn this hearing.

2 MR. FULENWIDER: Do you want to advance to
3 the instructions slide on how to raise your hand?

4 MR. KRULL: Yeah. If you want to make an
5 oral comment, it will show you how to do it
6 online right now up on the slide, if you look on
7 the slide. Click on that button and it will --
8 the small button at the bottom, it will open up
9 the participant panel on the right and down at
10 the bottom there is a shorthand.

11 Okay. We do have a few more people
12 wanting to make comments. So next I'll call on
13 Leigh Boros. You'll have five minutes for your
14 comments.

15 You are now un-muted, Ms. Boros.

16 MS. BOROS: Thank you for allowing me to
17 speak. I do not understand why they're using
18 private sector when -- on health insurance, where
19 they're looking for the for-profit. And the two
20 previous speakers presented, I agree fully with
21 all of their comments. I just want to go on
22 record as saying that. Thank you for your time.

23 MR. KRULL: Thank you, Ms. Boros, for your
24 comments.

25 The next individual we'll call on -- let

1 me make sure -- is going to be Marla L, Marla L.
2 Marla, if you could, please, give us your name so
3 we can put it in the record and your microphone
4 will be un-muted now.

5 Is she muting her microphone on her end?

6 MS. LOYAL: Can you hear me?

7 MR. KRULL: Yes, Marla. Please give us
8 your name and then your five minutes will start.

9 MS. LOYAL: Okay. My name is Marla Loyal.
10 I'm a resident of Atlanta, and the issues that
11 I'm having with this is I currently have an
12 Affordable Care Act plan that I purchased for
13 myself at the beginning of this year. Before
14 that, I didn't have insurance coverage at all and
15 I had to go -- I had to use Grady Health System
16 which is my public healthcare system here in
17 Atlanta. And Grady is fine, but Grady is
18 overwhelmed with the amount of people that need
19 it. So we often suffer from long wait times when
20 we go even to the walk-in clinic, when we go to
21 the emergency room.

22 I had an appointment in February to see a
23 gynecological cancer specialist; and 30 minutes
24 after my appointment, I was still waiting in the
25 waiting room. And when I asked how long would it

1 be for them to even take my vitals, I was told by
2 the patient access staff that they did not know
3 and that I should continue to wait. I ended up
4 leaving, and I scheduled that appointment with
5 WellStar to have that procedure done because my
6 primary care physician felt like I needed it.

7 My whole point is, we don't have very many
8 options for healthcare even in Atlanta. We have
9 the Level I trauma center right here, and we have
10 very big hospital networks with WellStar and
11 Grady and Piedmont and so forth. However, when
12 you don't have insurance, you don't have access
13 to healthcare. Never mind paying for it. You
14 can't get an appointment for several weeks out.

15 If I didn't have my Affordable Care Act
16 plan, I wouldn't have been able to get that test
17 done. I would have been forced to go to Grady
18 and wait for as long as they felt like making me
19 wait for an appointment that I had scheduled a
20 month prior.

21 So this waiver, I don't even understand
22 it. I'm a college educated person. I'm working
23 on my master's degree. I went through the
24 Affordable Care Act, healthcare.gov, and read
25 through those plans and picked my plan myself. I

1 consider myself to be intelligent. I'm a person
2 that has initiative and figures things out and do
3 my research on these things. So if I can't
4 figure it out or if I'm having a hard time with
5 something, I know that the average person that
6 doesn't have my level of education would struggle
7 with it as well.

8 So I think this is another barrier to deny
9 poor people access to healthcare. And it's
10 unconscionable that in the middle of a pandemic,
11 when a lot of people have contracted this virus,
12 they don't have a preexisting condition; and
13 without the Affordable Care Act in the first
14 place, we wouldn't even be able to obtain
15 coverage. And then Kemp's labor plan, which some
16 people have titled it Kemp care, it literally
17 makes no sense. It covers fewer people, and the
18 State would spend a lot more money for fewer
19 people.

20 But if I didn't have health insurance at
21 all, I would be indigent care or I would be
22 forced onto public health entities. Like, in the
23 past, I had to use a clinic called Pathways for
24 mental health, which is a clinic that's run in
25 rural Georgia, and it is also state funded.

1 Who picks up that tab when I go and
2 receive counseling service and medication and see
3 the doctors for free. The State does. Why is
4 that better than allowing the person to purchase
5 my own health insurance through the Affordable
6 Care Act. I'm confused. And I do, I feel like
7 it is class warfare and it's not fair. It's not
8 moral to do this to people during a public health
9 crisis. Thank you.

10 MR. KRULL: Ms. Loyal, thank you for your
11 comments today. If you could do me -- real
12 quickly, could you just spell your last name for
13 me?

14 MS. LOYAL: L-o-y-a-l.

15 MR. KRULL: Thank you very much for your
16 time today.

17 Next, we'll call on Laura Colbert. We're
18 going to un-mute your microphone, Ms. Colbert,
19 and your five minutes will begin.

20 MS. COLBERT: Hi. Can you-all hear me?

21 MR. KRULL: Yes, we can. Thank you.

22 MS. COLBERT: Thank you. My name is Laura
23 Colbert. I, of course, know many of you in my
24 role, my professional role at Georgians for a
25 Healthy Future, but I wanted to speak today in my

1 personal capacity as a Georgia resident and a
2 public health professional.

3 We appreciate the opportunity to comment
4 certainly, and I just wanted to thank Marla for
5 sharing her comments before me. I think that --
6 that was really powerful and that she -- she
7 being -- she speaks from clearly a vast wealth of
8 knowledge and personal experience.

9 What I wanted to say, kind of on a
10 personal note, is that, you know, of course, the
11 reinsurance program that Governor Kemp has put
12 forward is good evidence-based policymaking.
13 There's really good, solid data to back up that
14 model and that it will work well for Georgia's
15 market and help to lower premiums.

16 Unfortunately, the second part of the
17 State's proposal is really the opposite. You
18 know, good evidence-based policymaking is
19 something that, you know, that is a good strategy
20 for Georgia to take, and the second part of this
21 waiver really just doesn't follow in those
22 footsteps. There's really little evidence that
23 this model is going to improve or increase
24 enrollment in Georgia's marketplace or improve
25 the enrollment experience of folks who need to

1 enroll through the ACA marketplace.

2 A more evidence-based way to spend the
3 funding for this plan would be to invest that in
4 community-based enrollment assistance programs.
5 By my math, the State is planning to spend about
6 \$17 million over a decade on just the Georgia
7 Access part of the plan. There is really good
8 state -- really good evidence from other states
9 that that kind of investment in free, local,
10 unbiased enrollment assistance would help
11 increase awareness about the marketplace and
12 increase enrollment among consumers. It's also a
13 very racially just and equitable approach to
14 increasing enrollment.

15 Local enrollment assisters are a lot more
16 likely to reflect their communities than people
17 who are working in the insurance sector, whether
18 they're brokers or agents or otherwise. The
19 insurance sector is a very white sector. So
20 investing state dollars in more community-based
21 enrollment assistance would be a very, a very
22 equitable way for the State to spend those
23 dollars.

24 And at the same time, a lot of those
25 assisters are employed at community-based

1 nonprofits which are serving the community in
2 other ways. So there is an enhanced benefit even
3 for consumers and for people who are living in
4 Georgia because they may be able to get both
5 enrollment assistance and, let's say, food
6 assistance at the same time and in the same
7 place.

8 So, you know, as a Georgia resident, I
9 would rather see the State invest dollars in that
10 way as opposed to the Georgia Access Model; and
11 as a public health professional, I think the
12 evidence points to it being a more effective way
13 to spend our state dollars. So I appreciate the
14 opportunity to comment and thank you.

15 MR. KRULL: Thank you, Ms. Colbert, for
16 your comments. We appreciate your time today.

17 It doesn't look like anyone else has
18 indicated that they want to make a comment. I'll
19 ask you again if you want to make a comment,
20 please click the hand raise -- the "raise hand"
21 button in the lower right-hand corner of the
22 browser, the WebEx browser.

23 And also if you'll un-mute Ms. Dean.
24 Ms. Dean, are you there? Ms. Dean, can you hear
25 me? Ms. Dean, can you hear me?

1 Okay. At this time, if -- does anyone
2 else want to make a public comment? We'll ask
3 you to click the "raise hand" button in the lower
4 right-hand corner of the participant panel window
5 in your browser. Give y'all a few more moments
6 if anyone else wants to make a comment.

7 Okay. I'd like to thank each of y'all for
8 participating today and providing the oral
9 comments that were presented. Let me reiterate
10 that the public comment period for the proposed
11 changes will expire on July 23rd, 2020, which is
12 tomorrow.

13 As I indicated earlier, written comments
14 will be entered into the official record as well
15 as the transcription of the oral comments that we
16 have heard this morning.

17 Thank you, once again, for your attendance
18 and your input. There being no further person
19 who wishes to make a comment, this public hearing
20 is adjourned at 10:36 a.m.

21 (Proceedings adjourned at 10:38 a.m.)
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C E R T I F I C A T E

STATE OF GEORGIA:

COUNTY OF FULTON:

I hereby certify that the foregoing proceedings were taken down, as stated in the caption, and reduced to typewriting under my direction, and that the foregoing pages 1 through 29 represent a true, complete, and correct transcript of said proceedings.

This, the 24th day of July, 2020.



Tammy G. Mozley, B-1032

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