

In The Matter Of:
Georgia Department of Coummunity Health

Hearing, PM Session
November 13, 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 1332 - DRAFT WAIVER

MERCER UNIVERSITY
SCHOOL OF MEDICINE
1550 COLLEGE STREET
MACON, GEORGIA 31207

November 13, 2019

1:00 p.m. Session

Reported by Jane P. Day
CCR# 5722-2335-0164-6848

Regency-Brentano, Inc.
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13 Corporate Square
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1 APPEARANCES

2 MR. MATTHEW KRULL
HEALTH POLICY COUNSEL & GENERAL COUNSEL

3 MR. BLAKE FULENWIDER
4 CHIEF HEALTH POLICY OFFICER

5 MR. RYAN LOKE
SPECIAL PROJECTS COORDINATOR

6 MS. LAVINIA LUCA
7 DIRECTOR OF MEDICAID COORDINATION

8 MR. PAUL KELLY
ASL INTERPRETER

9
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1 GEORGIA 1332 WAIVER

2 BY MR. MATTHEW KRULL:

3 Good morning. I'm Matt Krull, Health
4 Policy Counsel at the Department of Community
5 Health, and also General Counsel. Today is November
6 13, 2019 and it is now 1:00 p.m.

7 This is a public hearing on reinsurance and
8 Georgia Access, section 1332 State Relief
9 Waiver. Public notice was issued by Governor
10 Brian Kemp on November 4th, of 2019. This
11 notice is incorporated into these proceedings,
12 pursuant to 31 CFR Section 33.112 and 45 CFR
13 section 1551312. The state will provide a
14 public notice and comment period prior to
15 submitting the application for a new Section
16 1332 Waiver.

17 On November 4, 2019, the governor issued a
18 press release opening the 30-day public comment
19 period of this notice.

20 The public comment period will expire
21 December 3, 2019. Individuals who wish to
22 provide written comments on or before December
23 3, 2019 may submit comments through an online
24 form located at
25 medicaid.georgia.gov/patientsfirst, or to the

1 office of the governor, care of Ryan Loke at 206
2 Washington Street, Suite 115, State Capitol,
3 Atlanta, Georgia 30334. Comment letters must be
4 postmarked by December 3, 2019 in order to be
5 accepted.

6 At the conclusion of the comment period,
7 all oral comments presented today will be
8 transcribed and included in the final waiver
9 application. If you wish to make oral comments
10 today, please make sure you sign the appropriate
11 roster on the table up in front of the
12 auditorium.

13 At this time I'll ask if anyone needs the
14 services of the sign language interpreter.

15 You may be seated.

16 At this time, I'll introduce Mr. Ryan Loke,
17 from the office of Governor Brian Kemp, Health
18 Policy Coordinator, to give an overview of the
19 1332 Waiver.

20 1332 WAIVER PRESENTATION

21 BY MR. RYAN LOKE:

22 Thank you, Matt. And thank you all for
23 being here today. My name is Ryan Loke and I am
24 Governor Brian Kemp's Health Policy Advisor,
25 Special Projects Coordinator.

1 I'm here to provide with you our Section
2 1332 Waiver application. A portion of which
3 will be the State-based Reinsurance Model, and a
4 portion of which will be Georgia Access Model,
5 that I'll walk you through briefly this
6 afternoon.

7 Public hearing, like Matt mentioned -- this
8 is our second public hearing and we will hold
9 four more across the state, over the course of
10 the next three weeks. We will be traveling to
11 Bainbridge tomorrow for our third public hearing
12 for both the 1115 Pathways application as well
13 as our 1332 Waiver application, both the
14 Reinsurance and Georgia Access Model.

15 You can see up here the website where we
16 will accept web-form comments at the DCH website
17 and also a mailing address at my office in
18 Atlanta.

19 A little bit of background on the Patients
20 First Act. This was our new law on March 27th
21 of this year by Governor Kemp. It authorized
22 the governor to submit our Section 1332 Waivers
23 to the United States Department of Health and
24 Human Services and the United States Treasury to
25 waive provision of the Affordable Care Act.

1 The bill also provided for The DCH, The
2 Department of Community Health, to apply for
3 Section 1115 Waiver, which Blake discussed this
4 morning. It authorized the state to creating
5 Pathways for newly eligible individuals up to
6 100 percent of the Federal Poverty Level.

7 A couple key components of the bill as it
8 was passed, our waivers must be submitted by
9 December 31st, 2021. Upon approval of such
10 Section 1332 Waiver, we have the authority to
11 implement as such.

12 1332 Waivers have been in place for several
13 years now, and per the ACA, are authorized for
14 states to pursue innovative strategies to
15 provide access to high-quality, affordable
16 health insurance. 12 of the 13 approved Section
17 1332 waivers presently have been for some form
18 of the state-based reinsurance program, which is
19 a portion of our waiver application, and I'll
20 discuss it later.

21 It's important to keep in mind, as we
22 submit these applications, what the federal
23 governments, specifically the Centers of
24 Medicare and Medicaid Services and The United
25 States Treasury are assessing our waiver

1 against.

2 These are the four statutory guardrails
3 that are listed on the screen above. Those are
4 comprehensiveness, affordability, coverage and
5 deficit neutrality. And in that, any waiver,
6 any waiver application must be at least as
7 comprehensive, provide coverage that's at least
8 as affordable -- I'm sorry, the same level of
9 affordability, if not greater affordability for
10 the plans being offered provides coverage that's
11 at least as covered as presently, if not more
12 individuals covered. And most importantly, for
13 the federal government, has to be deficit
14 neutral in their eyes.

15 Part of our waiver development process,
16 I'll walk you through, briefly. We began this
17 project in June of this year. We brought in our
18 consulting firm, Deloitte Consulting to help us
19 through this project. Shortly thereafter, the
20 state released a national environmental scan and
21 a Georgian environmental scan, which is about a
22 hundred and fifty pages of dense documents
23 related to the landscape of Georgia's healthcare
24 system and then also looking at 1115 and 1332
25 waiver options across the country.

1 After releasing those scans, we convened a
2 stakeholder group of about 55 individuals from
3 across the state who represent a variety of
4 organizations, constituencies, members of the
5 general assembly and others, to help us work
6 through what we had learned as part as the
7 national and Georgia-based environmental scan.

8 We began to think through the early stages
9 of waiver options and development with that
10 group.

11 We released the draft waivers, both Section
12 1115 Georgia Pathways and our Section 1332
13 Reinsurance and Georgia Access last Monday on
14 November 4th. This will be open for public
15 comment on the governor's web page as well as
16 the DCH web page.

17 Presently, as I mentioned before, we're
18 holding six public hearings across the state.
19 This is our second public hearing and we will
20 accept all comments, either written, online or
21 by mail by December 3rd of this year.

22 I'll talk a little bit through our Section
23 1332 Waiver application. We'll start with the
24 goals of the waiver application. First and
25 foremost is to reduce premiums for individuals,

1 particularly in high-cost regions. Some areas
2 of the state have premiums for individuals that
3 are as high as \$1,100 per month. Southwest
4 Georgia, northeast Georgia, northwest Georgia
5 comes to mind, those areas. We intend to target
6 a substantial premium reduction in those
7 higher-cost areas.

8 Secondly, to incentivize carriers to offer
9 more plans in more counties across the state.
10 Presently, we have six commercial carriers
11 providing individual market coverage in areas
12 across the state, but about a hundred counties
13 only have one carrier option available, so they
14 want the individual market.

15 Thirdly, is to foster innovation and to
16 provide better access to healthcare coverage,
17 and to expand choice and affordability of
18 options for consumers, to be able to attract
19 uninsured individuals to participate in the
20 market, to maintain access to the ACA's
21 qualified health plans and catastrophic plans.
22 And also to maintain protections for individuals
23 with preexisting conditions.

24 Preexisting conditions protections are not
25 a waivable (sic) provision of the Affordable

1 Care Act and we are not seeking to waive that
2 provision. That's spelled out in our Section
3 1332 application several times.

4 Our 1332 waiver design is divided into two
5 phases. The first phase of our Reinsurance
6 Program begin in plan-year 2021 and then our
7 second phase for Georgia Access will begin in
8 plan-year 2022.

9 Let's talk a little bit about the
10 Reinsurance Program. Again, as I mentioned
11 earlier, 12 states have received approval from
12 the federal government for a Reinsurance Program
13 under Section 1332 authority. And you can see
14 the parameters of which we are seeking to be
15 granted authority for this up on the screen
16 here.

17 We'll start our attachment point at \$20,000
18 with a cap of \$500,000. And then, where we are
19 different from most other states with the
20 exception of Colorado, who has just been
21 approved for this type of their coinsurance
22 rate, it is -- we intend to tier out insurance
23 rates by high-cost areas across the state, which
24 are listed within the waiver application
25 themselves. And have a higher coinsurance rate

1 and higher-cost areas, and therefore, receive a
2 larger premium deduction in those areas as a
3 result.

4 We are targeting a 10 percent reduction
5 across the state, and the actual range is from
6 about 5 percent in metro-Atlanta, to about 25
7 percent. And so your higher costs depend on
8 where it is. In southwest Georgia, northeast
9 Georgia, northwest Georgia in particular.

10 The second component of our waiver
11 application we're dubbing Georgia Access, and
12 this will take effect in claim year 2022. And
13 with this, the state intends to move most of
14 it's operations on the federally facilitated
15 marketplace, known as Healthcare.gov, back to
16 the state level, and then utilizing a network of
17 web-brokers or insurance carriers to be the
18 enrollment portals for the individuals seeking
19 individual market coverage in this state.

20 The state will maintain several critical
21 operations for this. Certifying plans that are
22 eligible for subsidies, both the existing
23 qualified health plans that are subsidized
24 today, and what we're dubbing eligible
25 non-qualifying health plans.

1 And what we mean by this, and we spell this
2 out in public notice and waiver application, is
3 that, in order to be eligible for a subsidy,
4 plans must maintain protections for individuals
5 with preexisting conditions, and can not
6 medically underwrite.

7 The state will also be in charge of
8 calculating the subsidies available to
9 individuals between 100 percent poverty, about
10 \$12,000 per individual, all the way up to 400
11 percent poverty, which is the existing DCH
12 subsidy structure that exists today.

13 The state will also be the issuer of the
14 subsidies, much like the government is
15 presently. And then we would have the program
16 oversight compliance functions as well.

17 The private sector, through the network of
18 web-brokers I discussed earlier, and the
19 insurance carriers, will be the front of the
20 operations of this, like I said. They will be
21 the enrollment portals for individuals seeking
22 individual market coverage here. And they'll
23 allow consumers to shop through their purchased
24 plans through their web engines or enrollment
25 portals. And then, also, they will be in charge

1 of education outreach and customer service.

2 A little bit about what stays the same and
3 then, the benefits of moving the state away from
4 the FFE to this Georgia Access Model.

5 As I mentioned earlier, the access to the
6 existing ACA qualified health plans
7 high-deductible health plan options would be the
8 same. Again, exceptions for individuals with
9 preexisting conditions, that's not a waivable
10 (sic) provision. We are not seeking to
11 undermine that. And then, the subsidies also,
12 that are available to individuals presently
13 under the ACA will maintain under this plan with
14 efforts to keep the existing subsidy structure
15 for individuals, which have reserved the right.

16 In future years, we put the federal
17 (indiscernible) to adjust that subsidy
18 structure, so long as it meets the four
19 guardrails that I discussed today.

20 A couple of the benefits to moving away
21 from Healthcare.gov and moving away from the
22 FFE, this allows consumers to view all eligible
23 plans available to them in one shopping
24 experience.

25 Presently under the ACA, individuals will

1 go to Healthcare.gov and see the qualified
2 health plans available to them. Then they have
3 to go to some other broker or some other website
4 to view all the other coverage options available
5 to them.

6 Under this model, the individual will be
7 able to see ACA compliant plans, catastrophic
8 plans, vision, dental and so on and so forth,
9 down the line, in one unique shopping
10 experience.

11 It will also allow consumers to enroll
12 direct with insurance carriers, rather than have
13 to go through a poor-shopping experience like
14 they do presently under Healthcare.gov. We
15 intend to expand consumer choice of affordable
16 options through the eligible non-qualified
17 health plans. Again, those are plans that will
18 be eligible for subsidies so long as they don't
19 exclude for preexisting conditions and do not
20 medially underwrite. And then, provides the
21 flexibility for the state to adjust this plan in
22 future years to meet the needs for the citizens,
23 rather than be constrained under the Affordable
24 Care Act as the state is presently doing.

25 Again, to go back to what we talked about

1 in the beginning on public comment, we will
2 receive oral comment today, so long as
3 individuals would like to provide oral comment.

4 You can provide a written comment on the
5 website that's listed up there and also mail-in
6 comments to the address that's listed there.
7 And those must be postmarked by midnight on
8 December 3rd.

9 And with that, I'll turn it back to Mr.
10 Krull.

11 BY MR. KRULL:

12 Thank you, Ryan.

13 At this time I will go down the roster and
14 give each person who signed an opportunity to
15 speak. Please limit your comments to ten
16 minutes. Keep your comments limited to the
17 issues that directly relate to proposed public
18 notice.

19 At the end of your ten minutes, if you have
20 not completed your presentation, I may ask for a
21 brief closing statement. You will also be able
22 to submit the remaining comments in writing.

23 With that said, I'll call first person who
24 signed this roster, Ross Childers.

25 Would you please come down to the

1 microphone?

2 Please speak loud and clearly. We have a
3 court reporter that is transcribing the
4 comments.

5 BY MR. RUSS CHILDERS, GEORGIA ASSOCIATION OF HEALTH
6 UNDERWRITERS REPRESENTATIVE:

7 My name is Russ Childers. I'm an insurance
8 agent from Americus, Georgia. We deal primarily
9 with health insurance problems. And I would
10 mention, that there seems to be some confusion,
11 because most health insurance agents in the
12 state of Georgia do what you mentioned in your
13 last paragraph today.

14 We show people that come to our office
15 every plan that's available. Whether it's
16 qualified for subsidies, whether it's not
17 qualified for subsidies, whatever is available.

18 We wouldn't call ourselves web-brokers,
19 although we use the internet to search for those
20 plans for people.

21 So one of the things we would encourage you
22 to do, is to work with insurance agents that are
23 currently working in the market, in terms of
24 developing this.

25 I would say that -- well, first, I should

1 have said this upfront -- I am here representing
2 Georgia Association of Health Underwriters,
3 which is an organization of over a thousand
4 health insurance agents here, in the state of
5 Georgia. And we're very supportive of your
6 approach.

7 In the first instance, the Reinsurance
8 Program. We've seen this work in several other
9 states where we have members. They've endorsed
10 those kinds of approaches too, and we feel like
11 that's a very good approach to take to clients.

12 The -- many of the states have used
13 reinsurance pose and, in fact, we've been in
14 touch with our members in Colorado that are very
15 excited about the opportunity they may have next
16 year, to enroll people in their exchange. They
17 will be somewhat designed like you're
18 envisioning in Georgia exchange.

19 We would urge caution because there are
20 insurance organizations in the state of Georgia
21 currently, that, I guess the best way to phrase
22 it, are taking advantage of extensive reputation
23 to offer plans at very excessive premiums that
24 qualify for some of the subsidies and those
25 kinds of things. We feel like they're taking

1 advantage of things.

2 We've seen rates in southwest Georgia, as
3 you mentioned earlier, as high as twice what you
4 mentioned, this market cycle. And that's only
5 been going on for a week or so.

6 It's very disturbing when you see one
7 company offering a product at twice the premium
8 of another company, and basically signing people
9 up because people aren't aware of the other
10 companies that are available.

11 We would, as I said earlier, appreciate any
12 opportunities to work with you and all of your
13 staff on this and any assistance you feel we may
14 be able to help you with, we'd be glad to do
15 that. We appreciate your hard work on this.
16 It's an area that is much needed but very,
17 especially the people that don't receive
18 subsidies, it's very, very expensive and almost
19 unobtainable for the average person.

20 So anything we can do to help, we'd be glad
21 to.

22 Thank you very much.

23 BY MR. KRULL:

24 Thank you, sir.

25 Next on the list is Lynn Snyder. Good

1 afternoon, Ms. Snyder. Thank you for coming.

2 BY MS. LYNN SNYDER, REPRESENTING GEORGIA WOMEN:

3 Hello. While listening to all of this, to
4 me it sounds like the legislators have chosen
5 the insurers over the consumers. Health
6 insurance is difficult to navigate. I have a
7 health background and I did work in HMOs and I
8 know how difficult it is for people to
9 understand what's covered by their plan and what
10 isn't covered by their plan.

11 Insurance brokers and e-brokers work for
12 the insurance companies. They don't work for
13 the consumer. So it's really easy for someone
14 to get taken advantage of. Healthy consumers
15 might be drawn to a plan that's deceptively
16 cheap, but doesn't cover any of the services
17 that they might need.

18 You say that the preexisting conditions are
19 going to be covered, but you haven't said how
20 costly those are going to be if they are
21 covered. If we get a whole bunch of healthy
22 people in the one insurance plan that doesn't
23 cover a lot because those people are healthy,
24 what's left for the consumer who needs
25 comprehensive coverage? It really puts a lot of

1 Georgians at risk. And actually, 30 percent of
2 all Georgians have preexisting conditions.

3 So what are you going to do to keep the
4 costs down for those consumers who do have those
5 preexisting conditions?

6 I think that the state has missed the mark
7 because those high-cost areas also have very few
8 providers. If you'll look at southwest Georgia
9 there may not be a doctor at all. With some
10 plans from middle Georgia, if you want to go to
11 the doctor you have to travel 90 miles to go.
12 So you have to look at it from the aspect of,
13 not just the insurance plan, but who are
14 providers in that plan and are they easily
15 accessible by the individuals?

16 And one other assumption you're making is
17 that all Georgians have internet access and
18 computers, and they don't. So you need to keep
19 that in mind. Especially those people in
20 southwest Georgia. They don't have broadband,
21 so how are they going to do all this stuff?

22 That's it, thank you.

23 BY MR. KRULL:

24 Thank you, Ms. Snyder. Next is Anita
25 Barkin.

1 BY MS. ANITA BARKIN, REPRESENTING GEORGIA WOMEN:

2 Thank you for providing this opportunity
3 for -- to hear public comment on a very
4 important issue. As I'm sure you're aware,
5 Georgia ranks poorly when compared to other
6 states on health outcomes and health waivers.
7 It's ranked somewhere between 43rd and 46th
8 among other states, and has the lowest
9 percentage of -- their tied with New Mexico --
10 we're tied of having the lowest percentage of
11 insured adults in the age group 18 to 64.

12 So I anxiously looked forward to hearing
13 what the state was going to offer in the way of
14 an innovative approach to this very complex
15 situation.

16 Aside from the reinsurance aspects of this
17 waiver, this model represents a 'return to
18 business as usual,' yet it improves the
19 situation and empowers, it certainly empowers
20 the insurance providers.

21 I have over 20 years experience managing an
22 insurance program. I can tell you that
23 insurance plans do not cover benefits like
24 mental health and substance abuse preventative
25 care without adding cost to the premium. I can

1 tell you that we, originally, in our program,
2 had three plans. We had a comprehensive plan
3 and then we had a middle-road plan and then we
4 had what is a non-qualified plan, one that
5 didn't adhere to ACA, and it was basically, we
6 called it our catastrophic program.

7 When clients looked at it because of the
8 complexity, the language used in describing
9 benefits and exclusions, which, I think, we can
10 all agree is extremely difficult for even us
11 knowledgeable about the language used in
12 insurance plans, people look at the costs. And
13 so they figured okay, I'm going to go with the
14 cheapest plan, at least I have some coverage.

15 When we looked at the experience of those
16 three plans, our catastrophic plan was nothing
17 but a cash cow for that insurance company. In
18 the meantime, people chose that plan because all
19 they saw was the price point, and they didn't
20 understand the exclusions and some of the
21 language used in the plan. Therefore, they
22 receive very little benefit from their coverage.
23 It was essentially handing money over to the
24 insurance companies.

25 Those individuals were somewhat like the

1 other two plans. So we have adverse selection,
2 and it's what happens when you have the level of
3 adverse selection that you have when you have
4 catastrophic plans on the market. So we ended
5 up dropping our catastrophic plan because it was
6 disadvantaging the individuals who were enrolled
7 in the other two programs for coverage.

8 People who had preexisting condition or
9 going to get pregnant and have a child knew that
10 wouldn't be in their coverage. Those plans
11 suffer and premiums went up. And the
12 catastrophic plans is nothing but providing a
13 cash cow to the insurers. This is what is being
14 proposed. It is not stated outright now, but if
15 you've worked with insurance companies long
16 enough and you know the structure to your plans,
17 it's pretty easy to read.

18 As my predecessor said -- remarked, it is
19 very difficult for people to understand that
20 market. You're going to have them chasing to
21 different sites to talk to brokers. During the
22 period when I moved to Georgia five years ago, I
23 looked at the health insurance plans available
24 in the marketplace, because I was in that
25 situation where I was debating COBRA or going on

1 the marketplace.

2 I had over 20 years experience working with
3 insurance plans and I had difficulty
4 understanding some of the language within the
5 benefits exclusions and how to apply, and who
6 the coverage would be under, and all I could
7 think was if I have to really spend hours
8 studying this on the internet, with access to
9 technologies and individuals who could provide
10 me guidance, what happens to the average person
11 who is trying to understand this?

12 People don't understand our insurance as it
13 is. This will further complicate the situation.
14 And with all the guarantees that were provided
15 in ACA, we're going to have people who need
16 mental health care and who aren't going to get
17 it.

18 We're going to have substance abuse issues,
19 people need care for their substance abuse.
20 I've watched this happen repeatedly when we had
21 (indiscernible) and before ACA. And, before the
22 ACA placed certain requirements into the system,
23 so that insurance companies could not benefit at
24 the expense of the consumer.

25 So this does not represent innovations,

1 right? When you look at the reason the waivers
2 were created it was to come up with innovative
3 solutions to these complex issues. This is not
4 innovation, this is a return to what we had
5 before.

6 And I could tell you, not only did I
7 oversee it in the healthcare plan, I managed a
8 clinic. I'm a nurse practitioner. I saw
9 patients who did not have the proper local
10 coverage and I see them today.

11 In Georgia, I worked in public healthcare
12 for four and a half years, and I can tell you
13 that people are confused. They say, wait a
14 minute, ACA was supposed to provide coverage for
15 everyone. Why can't I -- why can't these people
16 afford care? They can't afford care because
17 they were left out because they were in that gap
18 that was supposed to be covered by Medicaid.

19 And so people don't have insurance.
20 \$12,000 a year, you can't -- what they would
21 even spend for catastrophic, non-qualified plan
22 would be a big chunk of that \$12,000. And not
23 only that, they're not going to get anything for
24 their money, because it doesn't include the
25 things that we need to provide to people to keep

1 them healthy.

2 Once again, we're looking at a sick model
3 versus a preventative model of medicine and
4 coverage for prevention. So I think that while
5 I, you know, I'm excited that these
6 conversations are coming about in Georgia, and
7 how to get people affordable coverage, I think
8 there's a lot more work that needs to be done.

9 And there are guarantees that need to be in
10 place into this waiver so that we do not have
11 insurance companies running the marketplace
12 again, and having consumers disempowered,
13 because that is what is going to happen here.

14 People are going to disempower because
15 they're not going to have the tools they need,
16 the information they need, or the options they
17 need, and the affordability to really get the
18 kind of care that we want Georgians to have.

19 And we will stay 43rd to 46th in the
20 rankings across the state. And I have lots of
21 statistics about where we rank on internal child
22 health, where we rank on sexually transmitted
23 diseases.

24 This should be an embarrassment for all of
25 us working in the state on healthcare plans

1 because there is just no way in the United
2 States this should be happening.

3 So I'm asking that you go back and revisit
4 this waiver and look at putting more protections
5 there for the consumer rather than for the
6 insurance company.

7 Thank you.

8 BY MR. KRULL:

9 Thank you, Ms. Barkin, for your comment.

10 I want to thank each of you for coming
11 today to provide oral comments.

12 I reiterate that the public commentary for
13 the proposed changes will expire on December 3,
14 2019. As I indicated earlier, written comments
15 will be entered into the official record, as
16 well as the transcription of the oral comments
17 that we've heard here this afternoon.

18 I thank you, once again, for your
19 attendance. There being no further person who
20 wish to make comment, this public hearing is
21 adjourned at 1:30 p.m.

22 Thank you.

23 (This session is adjourned at 1:30 p.m.)
24
25

1 CERTIFICATE

2
3 STATE OF GEORGIA:4
5
6 I hereby certify that the foregoing
7 transcript was taken down, as stated in the caption,
8 and the questions and answers thereto were reduced
9 to writing under my direction; that the foregoing
10 pages 1 through 27 represent a true and correct
11 transcript of the evidence given.
1213 I further certify that I am not of kin or
14 counsel to the parties in the case; am not in the
15 regular employ of counsel for any of said parties;
16 nor am I in anywise interested in the result of said
17 case.
1819 This, the 17th day of November, 2019.
2021
22 23 _____
24 Jane P. Day
25 Certified Court Reporter
5722-2335-0164-6848

	Advisor (1) 4:24	6:9;10:11	basically (2) 18:8;22:5	caption (1) 28:7
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