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 404.321.3333



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1 GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2 PUBLIC FORUM TO DISCUSS 3 GEORGIA SECTION 1332 - DRAFT WAIVER 4 5 6 MERCER UNIVERSITY SCHOOL OF MEDICINE 7 **1550 COLLEGE STREET** MACON, GEORGIA 31207 8 9 10 November 13, 2019 11 1:00 p.m. Session 12 13 _____ _____ 14 Reported by Jane P. Day 15 CCR# 5722-2335-0164-6848 16 _____ 17 Regency-Brentano, Inc. Certified Court Reporters 18 19 13 Corporate Square 20 Suite 140 21 Atlanta, Georgia 30329 22 404-321-3333 23 24 25

1 APPEARANCES 2 MR. MATTHEW KRULL HEALTH POLICY COUNSEL & GENERAL COUNSEL 3 MR. BLAKE FULENWIDER CHIEF HEALTH POLICY OFFICER 4 5 MR. RYAN LOKE SPECIAL PROJECTS COORDINATOR 6 MS. LAVINIA LUCA 7 DIRECTOR OF MEDICAID COORDINATION 8 MR. PAUL KELLY ASL INTERPRETER 9 10 INDEX TO PROCEEDINGS 11 SECTION 1332 PRESENTATION4 12 13 PUBLIC COMMENTS15 14 MR. RUSS CHILDERS16 15 MS. LYNN SNYDER18 16 MS. ANITA BARKIN20 17 END OF ORAL COMMENTS & CLOSING27 18 19 20 21 22 23 24 25

1 GEORGIA 1332 WAIVER 2 BY MR. MATTHEW KRULL: 3 Good morning. I'm Matt Krull, Health Policy Counsel at the Department of Community 4 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 Brian Kemp on November 4th, of 2019. This 10 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 public notice and comment period prior to 14 submitting the application for a new Section 15 1332 Waiver. 16 17 On November 4, 2019, the governor issued a press release opening the 30-day public comment 18 19 period of this notice. 20 The public comment period will expire December 3, 2019. Individuals who wish to 21 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.

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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 out 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, Deliotte 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 result. 3 We are targeting a 10 percent reduction 4 5 across the state, and the actual range is from about 5 percent in metro-Atlanta, to about 25 6 7 percent. And so your higher costs depend on 8 where it is. In southwest Georgia, northeast 9 Georgia, northwest Georgia in particular. The second component of our waiver 10 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 it's operations on the federally facilitated 14 marketplace, known as Healthcare.gov, back to 15 the state level, and then utilizing a network of 16 web-brokers or insurance carriers to be the 17 enrollment portals for the individuals seeking 18 19 individual market coverage in this state. 20 The state will maintain several critical operations for this. Certifying plans that are 21 eligible for subsidies, both the existing 22 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 then, the benefits of moving the state away from 3 the FFE to this Georgia Access Model. 4 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 Again, exceptions for individuals with same. 9 preexisting conditions, that's not a waivable (sic) provision. We are not seeking to 10 undermine that. And then, the subsidies also, 11 12 that are available to individuals presently 13 under the ACA will maintain under this plan with efforts to keep the existing subsidy structure 14 for individuals, which have reserved the right. 15 In future years, we put the federal 16 17 (indiscernible) to adjust that subsidy structure, so long as it meets the four 18 19 guardrails that I discussed today. 20 A couple of the benefits to moving away from Healthcare.gov and moving away from the 21 FFE, this allows consumers to view all eligible 22 23 plans available to them in one shopping 24 experience. Presently under the ACA, individuals will 25

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 you mentioned earlier, as high as twice what you 3 mentioned, this market cycle. And that's only 4 5 been going on for a week or so. It's very disturbing when you see one 6 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 companies that are available. 10 We would, as I said earlier, appreciate any 11 12 opportunities to work with you and all of your 13 staff on this and any assistance you feel we may be able to help you with, we'd be glad to do 14 that. We appreciate your hard work on this. 15 It's an area that is much needed but very, 16 17 especially the people that don't receive subsidies, it's very, very expensive and almost 18 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 deceivingly
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. So what are you going to do to keep the 3 costs down for those consumers who do have those 4 5 preexisting conditions? I think that the state has missed the mark 6 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 plans from middle Georgia, if you want to go to 10 the doctor you have to travel 90 miles to go. 11 12 So you have to look at it from the aspect of, 13 not just the insurance plan, but who are providers in that plan and are they easily 14 accessible by the individuals? 15 And one other assumption you're making is 16 17 that all Georgians have internet access and computers, and they don't. So you need to keep 18 19 that in mind. Especially those people in 20 southwest Georgia. They don't have broadband, so how are they going to do all this stuff? 21 That's it, thank you. 22 BY MR. KRULL: 23 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	knowledgable 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

the marketplace.

1

16

17

25

2 I had over 20 years experience working with insurance plans and I had difficulty 3 understanding some of the language within the 4 5 benefits exclusions and how to apply, and who the coverage would be under, and all I could 6 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 me guidance, what happens to the average person 10 who is trying to understand this? 11 12 People don't understand our insurance as it 13 is. This will further complicate the situation. And with all the guarantees that were provided 14 in ACA, we're going to have people who need 15

mental health care and who aren't going to get it.

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

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. So I'm asking that you go back and revisit 3 this waiver and look at putting more protections 4 5 there for the consumer rather than for the 6 insurance company. 7 Thank you. BY MR. KRULL: 8 9 Thank you, Ms. Barkin, for your comment. I want to thank each of you for coming 10 today to provide oral comments. 11 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 well as the transcription of the oral comments 16 that we've heard here this afternoon. 17 I thank you, once again, for your 18 19 attendance. There being no further person who 20 wish to make comment, this public hearing is adjourned at 1:30 p.m. 21 Thank you. 22 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.
12	
13	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.
18	
19	This, the 17th day of November, 2019.
20	
21	$\Delta \Sigma$, λ ,
22	Jare Day
23	Jane P. Day
24	Certified Court Reporter 5722-2335-0164-6848
25	

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