In The Matter Of:

Georgia Department of Coummunity Health

Hearing, PM Session

November 22, 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
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1 APPEARANCES

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HEALTH POLICY COUNSEL & GENERAL COUNSEL

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4 CHIEF HEALTH POLICY OFFICER

5 MR. RYAN LOKE
SPECIAL PROJECTS COORDINATOR

6

JOI & FRANK GRECO

7 ASL INTERPRETERS

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23

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1 INDEX TO PROCEEDINGS

2 WELCOME AND PUBLIC NOTICE 4
3 SECTION 1332 PRESENTATION 5
4 PUBLIC COMMENTS 18
5 CARRIE MACASY 19
6 RALPH O'CONNOR 24
7 ABBIE FUKSMAN .,...........................29
8 GREG MILLIGAN 33
9 LAUREN PANCHLEY 39
10 SUSAN MARLING 43
11 WESLEY SANDERS.............................49
12 CYNTHIA PERSLEY 54
13 JOSEPH CALDWELL 57
14 LESLIE ANDERSON 59
15 JUNE DEEN 64
16 EVE BIRD 68
17 EILEEN DEOGRACIAS 69
18 END OF PUBLIC COMMENTS & CLOSING 71
19
20
21
22
23
24
25

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
6 November 22, 2019, and it is now 2:00 p.m.
7 This is a public hearing on reinsurance and
8 Georgia Access, Section 1332 State Relief
9 Waiver. This public notice was issued by
10 Governor Brian P. Kemp on November 4th of 2019.
11 This notice is incorporated into these
12 proceedings.
13 Pursuant to 31 CFR Section 33.112 and 45
14 CFR Section 155.1312, the state will provide a
15 public notice and comment period prior to
16 submitting the application for a new Section
17 1332 Waiver.
18 On November 4, 2019, the governor issued a
19 press release opening the 30-day public comment
20 period of this notice.
21 The public comment period will expire on
22 December 3, 2019. Individuals wishing to
23 provide written comments on or before December
24 3, 2019, may submit comments through an online
25 web form located at:

1 medicaid.georgia.gov/patientsfirst, or mailed
2 to:
3 The Office of the Governor
4 C/O Ryan Loke
5 206 Washington Street
6 Suite 115
7 State Capitol
8 Atlanta, Georgia 30334
9 Comment letters must be postmarked by
10 December 3, 2019, to be accepted.
11 At the conclusion of the comment period,
12 all oral comments presented today will be
13 transcribed and included in the final waiver
14 application. If you wish to make oral comments,
15 please sign the appropriate roster outside on
16 the front table, so you will be called when it's
17 appropriate.
18 At this time, does anyone need the services
19 of the sign language interpreter?
20 You may be seated, thank you.
21 At this time, I'll introduce Mr. Ryan Loke
22 from the Office of Governor Brian Kemp, Health
23 Policy Advisor and Special Project Coordinator,
24 to give an overview of the 1332 Waiver.
25 BY RYAN LOKE:

1 Great, Thank you, Matt.
2 And thank you all for being here today. I
3 had the court reporter tell me earlier this week
4 that I speak too fast and I'm going to try to
5 slow it down. If I start talking too fast,
6 somebody throw something at me and I'll slow
7 down a little bit.
8 Again, thank you all for being here today.
9 I'm Ryan Loke. I'm Special Projects Coordinator
10 and Health Policy Advisor in the Office of
11 Governor Brian P. Kemp. I am here today to
12 provide a brief overview of the Georgia Section
13 1332 Waiver application, Reinsurance plus
14 Georgia Access.
15 For folks that were here this morning, my
16 colleague to the left of me, Blake Fulenwider
17 discussed Georgia's Section 1115 application,
18 Georgia Pathways, which creates a new pathway
19 for folks to earn Medicaid coverage or their
20 employer-sponsored insurance, under 100 percent
21 of the federal poverty level.
22 Our Section 1332 Application for
23 Reinsurance plus Georgia Access is meant to pick
24 up where Georgia Pathways leaves off, at 101
25 percent of the federal poverty level, where

1 federal subsidies of the ACA kick in for
2 individuals seeking individual market coverage
3 in this state.
4 The two waivers are designed to be
5 submitted simultaneously, but not together, in a
6 way to address continuum with health coverage
7 for all individuals in this state, between
8 zero percent of poverty up to 400 percent of
9 poverty and beyond that.
10 As Matt mentioned briefly, earlier, this is
11 our sixth and final public comment hearing. We
12 have held five previous to this in areas across
13 the state over the course of the last two weeks.
14 We will accept written comments via mail to
15 the address to my office listed on the screen
16 here, as well as the web form available up until
17 December 3rd on the website listed on the screen
18 here. Individuals can provide web form comments
19 to us.
20 All these comments must be received by
21 midnight on December 3rd, be postmarked by
22 December 3rd and within the final waiver
23 application submitted to the government. We
24 will respond to all public comments received
25 thematically as required by federal law.

1 This slide show, plus the 1332 Waiver
2 application and the 1332 public notice are all
3 on the Governor's website, as well as the
4 Department of Community Health's website.
5 As many of you may know, Senate Bill 106
6 was signed into law on March 27th of this year
7 and authorized the Governor to submit one or
8 more Section 1332 Waivers of the Affordable Care
9 Act to the United States Department of Health
10 and Human Services and the United States
11 Treasury.
12 These 1332 Waivers must be submitted by
13 December 31, 2021. And upon approval of these
14 1332 Waivers that we are authorized, as a state
15 to implement them as such, in the terms and
16 conditions per the federal government.
17 1332 Waivers are a portion of the Patient
18 Protection and the Affordable Care Act and have
19 been authorized and in place since late 2016,
20 early 2017. Presently 13 states have been
21 approved for a Section 1332 Waiver, 12 of which
22 have been for some form of the state-based
23 reinsurance program. That is a portion of our
24 waiver today, and I will discuss that waiver
25 later this afternoon.

1 A little bit of background on 1332 Waivers,
2 per the statute and their purpose, is so that
3 states may waive portions of the ACA to pursue
4 innovative strategies to provide access to
5 high-quality, affordable health insurance.
6 When the federal government, specifically
7 the United States Department of Health and Human
8 Services and the United States Treasury are
9 evaluating 1332 applications, they have to keep
10 in mind the four statutory guardrails that are
11 listed on the screen to my right.
12 Those are comprehensiveness, that the
13 waiver application must provide coverage that's
14 at least as comprehensive as provided absent the
15 waiver. Affordability -- in that it provides
16 cautionary protections on spending against
17 excessive out-of-pocket spending, is at least as
18 affordable as absent the waiver. Coverage -- in
19 that the application offers healthcare coverage
20 to a comparable number of residents as absent
21 the waiver. Most importantly, the federal
22 government says the waiver application must be
23 deficit neutral. It must not increase the
24 federal deficit.
25 A little bit about our waiver development

1 process. We kicked off this project in June
2 following passage of Senate Bill 106 in March.
3 We brought on our consulting team, Deloitte
4 Consulting. They've done a phenomenal job with
5 us in this process, to work through with us over
6 the course of the last five months.
7 Shortly after Deloitte was brought on
8 board, the state released, on The Department of
9 Community Health's website, a national and
10 Georgia environmental scan looking at Section
11 1115 and Section 1332 applications nationwide.
12 Then, compiling and estimating all of
13 Georgia's health data that the state had access
14 to, through various means in our Georgian
15 environmental scan, we posted those in July. I
16 encourage folks to take a look through those if
17 you haven't already. It's about 150 pages of
18 very dense and detailed information of which
19 served as the backbone, if you will, for waiver
20 development.
21 Shortly after the national environmental
22 scan was released, we convened a stakeholder
23 group of about 55 stakeholders from provider
24 organizations, members of the General Assembly,
25 physicians, so on and so forth, and various

1 constituencies to help advise our team and the
2 consulting team on what waiver applications and
3 what waiver development would look like, and
4 what they were able to glean from our national
5 and Georgian environmental scan.
6 On November 4th, the DCH board and the
7 Governor released both the 1115 and 1332
8 Applications to the public for a required,
9 30-day public comment period, and notice.
10 And then, like I said earlier, those
11 applications, this slide show and the public
12 notice are available on the website. We've been
13 in constant communication with our federal
14 partners at the Centers for Medicaid and
15 Medicare Services.
16 We're holding six public hearings across
17 the state, and this will be our sixth and final
18 public hearing. And like I said earlier, we've
19 been accepting public comments online or by mail
20 up until December 3rd of this year.
21 A little bit about our Section 1332
22 application: We started with the overall goal
23 of improving access and affordability of
24 individual healthcare coverage in Georgia. We
25 identified several sub-strategies through which

1 our 1332 application can meet that goal, and
2 I'll discuss this briefly. First and foremost,
3 it was to reduce premiums, particularly in
4 high-cost regions. We have individuals in this
5 state, particularly in Southwest Georgia and
6 some rural areas, that are paying upwards of
7 $1,000 per month for individual market premiums
8 off of Healthcare.gov. We want to reduce
9 premiums for every individual purchasing
10 individual market coverage. And I'll talk about
11 this a little later; how a reinsurance program
12 can be tailored to lower costs in higher-cost
13 rural areas, as a result.
14 Secondly, we wanted to incentivize carriers
15 to offer plans in more counties across the
16 state. Presently, we have six carriers offering
17 individual market coverage through
18 Healthcare.gov in Georgia, but about 100
19 counties that only have one carrier to offer
20 their coverage in those counties.
21 We would want to be able to foster
22 innovation to provide better access to
23 healthcare coverage, expand choice and
24 affordability options for consumers, attract
25 uninsured individuals to the market, maintain

1 access to the Affordable Care Act's qualified
2 health plans and catastrophic plans, and then,
3 finally, maintain protections for individuals
4 with pre-existing conditions.
5 I think it's very important to note that
6 pre-existing protections are not a waivable
7 provision of the Affordable Care Act under any
8 waiver authority, and we are not seeking to
9 waive that provision. And that's spelled out
10 several times within our waiver application.
11 Our waiver design is in two parts. We will
12 be the first state in the country to test a
13 two-part, two-phase 1332 waiver application and
14 waiver program.
15 The first piece is a state-based
16 reinsurance program that will begin in plan year
17 2021. I'll talk about that and the elements of
18 that here in a minute. And secondly, in 2022,
19 we will transition Georgia from operating on the
20 federally facilitated exchange, Healthcare.gov,
21 and allow for a network of web-brokers, as well
22 as the insurance carriers, to serve as "no wrong
23 door" enrollment portals, if you will, for
24 individuals seeking individual work and coverage
25 in the state. And that will begin in plan year

1 2022.
2 A little bit about our reinsurance program.
3 As I mentioned earlier, 12 states have already
4 received approval for a Section 1332 authority
5 to operate state-based reinsurance programs.
6 Our model is most similar to what Colorado has
7 just been approved for. We are seeking a
8 claims-based reinsurance model that will target
9 higher-cost claims in higher-cost regions, with
10 the goal of achieving a 10 percent reduction in
11 premiums in year one across the state. The
12 actual range, of which is listed in the waiver,
13 I believe is about 5 percent to upwards of 25
14 percent in those high-cost areas.
15 We've established our attachment point at
16 $20,000 and our cap at $500,000 worth of claims.
17 We have tiered out insurance rating regions into
18 three tiers, by low cost to high cost and you
19 can see the coinsurance rates that are listed
20 here as between 15 percent all the way up to
21 80 percent. And again, that 80 percent will be
22 mostly rural Georgia, with the highest-cost
23 premiums in the state presently. And again,
24 we're targeting a 10 percent reduction of the
25 average premiums across the state in year one.

1 Secondly, our Georgia Access Model will
2 begin in plan year 2022, moving the state away
3 from the FFE, Healthcare.gov, and allowing for
4 the private sector insurance carriers to be the
5 enrollment portals for individuals seeking
6 individual market coverage in the state.
7 The state will maintain several critical
8 back-end functions as listed on the screen up
9 here. They will be responsible for certifying
10 plans that are eligible for subsidies. Both the
11 existing qualified health plans that are in the
12 Affordable Care Act, and what we're calling
13 eligible, non-qualified health plans. And those
14 are health plans that have all of the consumer
15 protections available to them under the
16 Affordable Care Act, I believe. The federal
17 cite is 45 CFR Section 147. And that's things
18 like maintaining protections for individuals
19 with pre-existing conditions; cannot medically
20 underwrite; same medical coverage until 26; so
21 on and so forth.
22 But the eligible non-QHPs may not offer the
23 full suite of essential health benefits, but
24 will have to maintain the consumer protections,
25 as I outlined earlier, in order to be eligible

1 for a subsidy.
2 The State will also be responsible for
3 calculating eligibility for subsidies. We have
4 proposed, in the first year of this program, in
5 plan year 2022, for the state to mirror the
6 federal government subsidy structure. I've
7 reserved the right in the future years, with the
8 federal government's consent, against those four
9 guardrails that I talked about earlier, to
10 adjust that subsidy structure as needed. The
11 state will also be the issuer of the subsidy to
12 the plans on behalf of the individuals and we
13 will ultimately provide program oversight and
14 compliance.
15 The private sector, the network of
16 web-brokers and insurance carriers, will also
17 serve a key operations aspect in this, in that
18 they will be the portals for which consumers
19 shop, compare and purchase plans, and then,
20 also, be responsible for education, outreach,
21 and customer service.
22 A little bit about what stays the same and
23 what the benefits of moving to the Georgia
24 Access Model in plan year 2022 are for the
25 state.

1 Staying the same, again, the access to the
2 ACA's current qualified health plan and
3 high-deductible plan options. Again,
4 protections for individuals with pre-existing
5 conditions and the consumer protections outlines
6 in the Affordable Care Act, the subsidies that
7 are present today to support affordability for
8 individuals whose income is between 100 percent
9 of the Federal Poverty Level, and 400 percent of
10 the Federal Poverty Level.
11 A benefit of moving in this direction is
12 the ability for consumers to read all of the
13 plan options available to them, which are
14 licensed and in good standing with the state via
15 the web-broker platforms.
16 Also, the ability for consumers to enroll
17 and reenroll directly with an insurance carrier,
18 rather than have to go through a poor shopping
19 experience, like they do presently on
20 Healthcare.gov.
21 Next, expanding consumer choice of
22 affordable options with the addition of subsidy
23 eligible, non-qualified health plans.
24 And then, it also provides the state the
25 flexibility to adjust this plan in the future,

1 rather than being boxed into a federal program
2 as we are presently under the Affordable Care
3 Act.
4 Again, we will respond to all written,
5 mailed-in and oral comments thematically in our
6 submitted waiver application. We intend to
7 submit both Georgia Pathways, our Section 1115
8 Waiver and Georgia Access and Reinsurance in our
9 Section 1332 Waiver application by the end of
10 this calendar year, after we have had time to
11 pull through all of the public comments that
12 we've received and responded accordingly, per
13 federal law. And we will need to have those
14 comments to our office or submitted online by
15 December 3rd of this year.
16 And with that, I'll turn it back to Mr.
17 Krull to pick up our public comment period.
18 Thank you.
19 BY MR. KRULL:
20 Thank you, Ryan.
21 A couple housekeeping items, everything's
22 being transcribed today by a court reporter.
23 And since this room doesn't have the capability
24 for an audio system, we ask that you come up to
25 the front here, near the court reporter and

1 direct your comments here, to the front, so she
2 can transcribe your testimony.
3 I'm going to call through the list of
4 people who signed up to make a public comment.
5 I'll go down the roster and give each person who
6 has signed an opportunity to speak.
7 Please limit your comments to ten minutes.
8 Keep your comments limited to the issues that
9 directly relate to the proposed public notice.
10 Earlier this morning we had the public
11 hearing on the 1115 Medicaid Demonstration
12 Waiver, and this is for the 1332 Waiver.
13 At the end of your ten minutes, if you have
14 not completed your presentation, I may ask for a
15 brief closing statement and you'll also be able
16 to submit your remaining comments in writing
17 through the web form or through the mail.
18 With that said, I'll call the first person
19 on the list who signed up to speak. And it
20 looks like Carrie Macasy.
21 You'll come up here and make your comments
22 so that the court reporter can hear you.
23 MS. CARRIE MACASY, REPRESENTING GEORGIA CHAPTER OF
24 THE CYSTIC FIBROSIS FOUNDATION:
25 My name is Carrie Macasy and I'm here on

1 behalf of the Georgia Chapter of the Cystic
2 Fibrosis Foundation. I serve on their board, as
3 well as having a 21-year-old daughter who lives
4 with Cycstic Fibrosis.
5 For those of you who may not know, Cystic
6 Fibrosis, or CF, is a life-threatening, genetic
7 disease that makes the body produce thick,
8 sticky mucus that clogs the lungs and leads to
9 respiratory infections and other problems. It
10 affects more than 30,000 children and adults in
11 the U.S. and just over 800 people here in
12 Georgia.
13 There is no cure for Cystic Fibrosis. In
14 1955, children with CF rarely lived long enough
15 to attend elementary school. Today, people with
16 CF are achieving milestones like attending
17 college, getting married and having children.
18 Goals that used to seem impossible.
19 Yet, half the people with CF are still
20 dying before they turn 30 years old. My
21 daughter's care is complex and requires
22 intensive daily treatments. She's a junior at
23 UGA studying public health and she's
24 participating fully in her academic,
25 philanthropic and social endeavors.

1 To do all of this, she manages taking more
2 than 50 pills per day, she takes inhaled
3 medications through a nebulizer, and performs
4 several chest, physical therapy breathing
5 treatments to maintain this.
6 Because of her illness, my family requires
7 a health plan that covers a broad range of
8 medicines, equipment, medical visits and
9 hospitalizations that are part of her routine.
10 While I applaud Governor Kemp's attempts to
11 reform our current system, which is terribly
12 flawed, some of these proposed changes in the
13 state's 1332 Waiver will not work for people
14 with CF, and have the potential to do great harm
15 for our community.
16 First, the waiver would allow the state to
17 subsidize the sale of non-qualified health
18 insurance plans on the individual marketplace.
19 This could destabilize the marketplace as
20 healthier people buy these cheaper, skimpier
21 plans and drive up the cost of comprehensive
22 coverage for those people who require it,
23 including individuals with CF.
24 I can speak to this personally. My husband
25 is self-employed. The first year of the

1 Affordable Care Act our monthly health insurance
2 premiums were $1,100 with an individual
3 deductible of $1,000.
4 Today, we pay about $2000 a month in
5 premiums and have a $6,200 individual
6 deductible.
7 We've seen the cost increase and our
8 coverage decrease. Each year it has become more
9 and more difficult to secure the services that
10 my daughter needs to live.
11 For people with CF, their only option is
12 insurance that covers the comprehensive,
13 specialized care they need. Other cheaper
14 options will not cover the necessary services,
15 and so will not benefit people with CF.
16 Second, the proposal and a budget cap to
17 limit subsidies from marketplace plans would
18 also be harmful to people with CF. If more
19 people could qualify for subsidies, apply for
20 coverage than the state predicts, then people
21 who need this financial assistance to afford
22 their coverage would be put on a waiting list to
23 receive it. So if they come in at the end of
24 it, it doesn't work well for them.
25 They can't afford to be on a waiting list

1 both financially and for the sake of their
2 health and well-being. Any loss or gaps in
3 health coverage puts the health of people with
4 CF at risk. People with Cystic Fibrosis already
5 face enormous costs to manage their disease.
6 While most people have health insurance, almost
7 60 percent of them have skipped or delayed care
8 due to cost concerns.
9 I can speak to this very personally right
10 now. Two weeks ago, my daughter was to be
11 admitted into Emory University. We had to put a
12 pause on that because I didn't know if our
13 carrier would help. It's a new hospital and
14 it's out of network. So we just didn't know if
15 they would pay for it. So she is coming home
16 this weekend. We're trying to do something
17 different. She'll have a PIC line placed, which
18 is a central line to receive IV antibiotics and
19 oral antibiotics. We're still not 100 percent
20 sure what our carrier will pay. But she has to
21 have it because she has to live.
22 The changes proposed in the waiver can hurt
23 people with CF in Georgia by increasing the
24 costs of their coverage and making it harder for
25 them to access the treatments and the care they

1 need to live longer, healthier lives.
2 On behalf of this community, I respectfully
3 urge you not to submit this waiver to the
4 federal government.
5 I know I'm not supposed to speak about the
6 1115 Georgia Pathways, but I missed that this
7 morning, if I could just speak to the work
8 requirement and the reporting requirement.
9 Living with chronic illness is devastating.
10 It is unpredictable. When my daughter gets sick
11 or has to go to be hospitalized, she is
12 typically sick weeks in advance. So while she
13 looks great, and she could be great, being in
14 the hospital having a line puts her out of
15 communication for weeks on end. It's a
16 difficult, burdensome requirement to add to
17 people living with a chronic health condition.
18 Thank you very much for the opportunity to
19 share this, the community's concerns with you
20 today.
21 BY MR. KRULL:
22 Thank you.
23 Ralph O'Connor.
24 MR. RALPH O'CONNOR:
25 Good afternoon. My name is Ralph O'Connor.

1 I am representing myself. I am a Georgia
2 licensed navigator slash certified application
3 counselor and I volunteer with the Center for
4 Pan Asian Community Services in Chamblee to help
5 people, mostly immigrants, navigate their way
6 through the Healthcare.gov website.
7 I'd like to commend the Governor's Office.
8 The Governor's Office is responsible for the
9 Reinsurance program and trying to help reduce
10 the wide geographical disparities we currently
11 have in the cost of healthcare in Georgia.
12 So most of my comments are going to be
13 about the Georgia Access Model, and that's where
14 my concerns are.
15 When I work with a client through CPACS, we
16 go through all the pain of the front-end, well,
17 of putting all their information into the system
18 so the system knows whether they're eligible to
19 be on the marketplace in the first place, and
20 what, if any, their subsidy will be.
21 My concern with the way the state appears
22 to be proposing it is that when we have back-end
23 function, unless I am misunderstanding it, that
24 the customer will buy their insurance policy
25 upfront. But they need to know how much subsidy

1 they're going to get. For many people, it's a
2 significant subsidy, and so I hope that's going
3 to be taken care of, what you call "back-end"
4 and "front-end." And my hope is -- I'm a
5 literal person, so I hope that's not the way it
6 is. The customers need to know how much they
7 are going to have to pay out-of-pocket for the
8 premiums, what their deductibles are going to
9 be, what their maximum out-of-pocket is going to
10 be. It's not a secret, but it's not
11 well-publicized.
12 There's something called cost-sharing
13 reductions under the Affordable Care Act, but
14 they only apply to a narrower income range. I
15 think it's 100 to 250 percent of the federal
16 poverty level, and only if you pick a silver
17 level policy. You're familiar with the bronze,
18 silver, gold. So somebody could pick a bronze
19 level policy and end up costing them more than
20 if they picked a silver one, just because of the
21 way the law is written. And I hope that the
22 Georgia Access system will have that built into
23 it.
24 One of the other concerns I have is when
25 I'm working with a client, they can shop across

1 all the different insurance companies. Now,
2 hopefully, with the Georgia Access Models, there
3 will be brokers that will provide the same
4 service because to ask them, "Okay, you go here
5 and see what Blue Cross/Blue Shield is charging,
6 then you go over here to see another one and
7 another." It's going to be, which I think is
8 your goal, is to have a one-stop shop.
9 One of the other recommendations I would
10 have is that maternity care, prenatal, and
11 delivery, not be an option for most policies,
12 even if they're non-qualified. As someone
13 mentioned this morning, and I think most people
14 know Georgia is one of the worst states in the
15 country for maternal mortality, and if we say,
16 "Okay, only the women that are planning to get
17 pregnant buy this insurance," that automatically
18 doubles that part of the premium costs because
19 none of the guys are gonna do it, right? We're
20 not gonna get pregnant. And most of the women
21 of non-childbearing age are not going to do it,
22 which jacks up that part of the premium. I
23 don't know how much maternal care contributes to
24 the cost of an insurance policy, but just
25 something to think about.

1 I think many people would feel good about
2 this, maternal care is a common good, even
3 though it's not affecting us. And it's probably
4 not going to -- if we spread the cost out among
5 everybody in Georgia, it's not going to be that
6 much. But if we focus it down, it's only going
7 to be paid by women who are planning on getting
8 pregnant, then it's going to cost more and
9 probably some of them that should get it are
10 going to opt out.
11 One of the other things, this just general
12 comment, the last speaker mentioned this and
13 everybody talks about it. What's the premium?
14 What's the deductible?
15 One of the other benefits that we tell our
16 clients is if you have health insurance, even if
17 you haven't met your deductible, you're paying
18 the negotiated rate for whatever service it is.
19 If I walk into the doctor's office and I don't
20 have insurance, I'm paying sticker price, which
21 is a heck of a lot more. So I would rather have
22 an insurance company negotiating for me than me
23 negotiating for me. So that's just a comment.
24 I don't know if there's any way to fix that.
25 Healthcare.gov -- I think there's one page

1 in there, if you look for it, that tells you
2 that. But it's not clear, that just by having
3 an insurance policy, you're saving some money,
4 even though you haven't come anywhere near the
5 deductible.
6 I think that is it, yes.
7 Thanks very much for the chance to comment.
8 BY MR. KRULL:
9 Thank you, Mr. O'Connor, for being here and
10 your comments.
11 Abbie Fuksman.
12 MS. ABBIE FUKSMAN:
13 So I spoke earlier, and this time around
14 I'd like to speak from two different
15 perspectives. One is -- I had -- for quite a
16 few years, I was a vice president with Empire
17 Blue Cross/Blue Shield in New York. Besides
18 writing the PP program for Empire Cross before I
19 ended up becoming the VP, I could pretty much
20 give you guys a dissertation on cherry-picking,
21 what insurance companies do, how they do it to
22 make the very most money they could.
23 But times have changed. And one of the
24 things that I think isn't being addressed.
25 Before I continue with what I want to read, is

1 when we look at dollars being spent in
2 healthcare, what we see in terms of change is
3 that there is a switch from physical healthcare
4 delivery cost to specialized pharmaceutical
5 delivery costs. I don't see that addressed in
6 any of these proposals. I think that it is
7 something that the state needs to reevaluate and
8 decide how they're going to place this for
9 future costs in both of these waivers, because I
10 don't see it addressed in either one. And I can
11 see it, just in terms of where insurance dollars
12 or suspending spending on the executives versus
13 medical directors versus Ph.D pharmacists. And
14 that's the trend that they're going, so they
15 know how their dollars are going out. So it'd
16 be great if the State could start taking a look
17 at that.
18 The 1332 Waiver, or the dismantling of
19 healthcare.gov, will create a third-party
20 platform of brokers and insurance companies
21 where junk plans, short-term plans and subpar
22 plans will once again be alive and well to cause
23 havoc on healthcare consumers of Georgia.
24 Junk plans are terrible for Georgians,
25 designed to strip the Affordable Care Act's

1 vital consumer protections. These plans don't
2 have to provide comprehensive coverage and
3 allows insurers to discriminate against people
4 with pre-existing conditions. And I do want to
5 talk about pre-existing conditions right here.
6 Because even though in this waiver it appears
7 that you're trying to protect that, Senator
8 Perdue, a couple of weeks ago, voted in favor of
9 a bill that allows for pre-existing conditions
10 to be able to be placed in insurance plans.
11 Now, if the federal government has passed
12 that -- that kind of came in quietly with all
13 the other stuff going on -- so if the federal
14 government has passed that, for these subpar
15 plans, I don't know how you guys are going to
16 get around not being able to negotiate these
17 subpar plans without allowing them to put that
18 into the plan. So regardless of what's said up
19 here, I do believe that pre-existing conditions
20 will end up in many of these subpar plans and
21 people will not know it until they've purchased
22 the plan.
23 When junk plans are allowed to proliferate,
24 consumers are led to websites where third-party
25 brokers sell non-ACA compliant health insurance

1 plans. Patients end up saddled with huge
2 medical bills when they discover their insurance
3 won't cover the basics like hospitalization or
4 prescription drugs, sometimes leading to
5 bankruptcy. Groups like the American Cancer
6 Society, Cancer Action Network and the
7 Consumer's Union have warned against the
8 expansion of these junk plans. With the latter
9 arguing that it would put meaningful coverage
10 out of the reach for many Americans, especially
11 those with chronic or pre-existing conditions.
12 Governor Kemp's efforts to undermine The
13 Affordable Care Act in Georgia are equally
14 dangerous and threatening to leave millions of
15 Georgians without the access of care.
16 Georgia's elected leaders are showing their
17 constituents that when it comes to making it
18 easier for people to access quality health
19 coverage, all they offer is lip service, despite
20 recent polling showing that 70 percent of people
21 support ending junk plans. They are part of
22 Kemp's proposal, along with preventing coverage
23 for almost 3 million people in Georgia with
24 pre-existing conditions.
25 Affording your healthcare is the core

1 economic issue of our time, yet healthcare
2 affects all of us, but few of us will affect the
3 healthcare proposal.
4 BY MR. KRULL:
5 Thank you, Ms. Fuksman, for being here and
6 your comments today.
7 Greg Milligan.
8 MR. GREG MILLIGAN:
9 Good afternoon. My name is Greg Milligan.
10 I am a volunteer with the Georgia Government
11 Relations Advisory Committee for The National
12 Multiple Sclerosis Society. My wife lives with
13 Multiple Sclerosis, and I reside in Acworth.
14 The National Multiple Sclerosis Society
15 appreciates the opportunity to submit comments
16 on Georgia's 1332 Waiver Demonstration Proposal
17 to CMS.
18 The National MS Society's vision is a world
19 free of MS. Our mission is to ensure that
20 people affected by MS can live their best lives
21 as we stop MS in its tracks, restore what has
22 been lost and end MS forever.
23 MS is an unpredictable, often disabling
24 disease of the central nervous system that
25 disrupts the flow of information within the

1 brain, and between the brain and body. Symptoms
2 vary from person-to-person and range from
3 numbness and tingling to walking difficulties,
4 fatigue, dizziness, pain, depression, blindness
5 and paralysis.
6 The progress, severity and specifics of MS
7 in any one person cannot yet be predicted, but
8 advances in research and treatment are leading
9 to a better understanding and moving us closer
10 to a world free of MS.
11 Nearly one million people are living with
12 MS in the United States. Given that the average
13 age of an MS diagnosis is between the ages of 20
14 and 50, this is a disease that often hits people
15 during their prime employment years, and too
16 often it is financially devastating. Access to
17 needed healthcare services and early and
18 consistent control of disease activities appears
19 to play key roles in preventing accumulation of
20 disability, prolonging the ability of people
21 with MS to remain active and protecting quality
22 of life.
23 While we applaud efforts to establish a
24 state-operated reinsurance program in Georgia,
25 we have significant concerns that the current

1 waiver proposals will not reduce costs, enhance
2 access, and improve quality of care. Ideally,
3 the Georgia Access model would give many more
4 Georgians a pathway to affordable, high-quality
5 insurance.
6 In October 2018, the Trump administration
7 issued guidance that dramatically reinterpreted
8 the statutory requirements of the 1332 waiver
9 program. The guidance purports to provide
10 states greater flexibility to design waivers
11 that satisfy the Section 1332 guardrails, which
12 are statutory requirements, not regulatory
13 requirements, that prohibit approval of waivers
14 likely to reduce coverage take-up; the
15 affordability or comprehensiveness of coverage;
16 or increase the federal deficit.
17 Georgia is the first state to release a
18 Section 1332 Waiver application that seeks to
19 take advantage of the laxer standards set forth
20 in October 2018. The Georgia Access model
21 portion of the waiver application proposes,
22 beginning in 2022, to make substantial
23 additional changes to the ACA framework not yet
24 attempted by any other state.
25 A core aim of the waiver application is to

1 encourage enrollment in health coverage that is
2 not comprehensive and blows through the Section
3 1332 comprehensiveness guardrail. This proposal
4 may send many Georgians living with MS over the
5 edge of a financial cliff.
6 The application appears to try to downplay
7 the logical implications of this approach by
8 relying on several completely unsubstantiated
9 assumptions.
10 The application says it assumes that
11 eligible non-qualified health plans will provide
12 90 percent of the benefits that QHPs do. It
13 provides no explanation or analysis to support
14 this assumption whatsoever. Notably, the 90
15 percent assumption is regarding covered benefits
16 only; the application explicitly declines to
17 make assumptions about cost-sharing. To put it
18 a different way, the application assumes an
19 eligible non-QHP might provide 90 percent of
20 qualified health plan's benefits, but the
21 non-qualified health plan could also impose
22 severe cost-sharing limitations, which would
23 make the actuarial value of the plan far lower
24 than its QHP counterpart.
25 Crucially, the application simply assumes

1 that comprehensive coverage plans and QHPs will
2 continue to be available in all insurance rating
3 areas in Georgia. (If this were not the case,
4 then the application would fail even under the
5 lax October 2018 guidance.)
6 However, the application provides no
7 explanation nor analysis to support this
8 assumption whatsoever. Though required to
9 demonstrate compliance with the guardrails, the
10 application does not. Instead, it assumes
11 compliance.
12 One of the most troubling aspects of
13 eligible qualifying health plans is that they
14 are not required to comply with essential health
15 benefits coverage requirements or prohibitions
16 on annual or lifetime caps on benefits created
17 under the ACA. Prior to the passage of the ACA
18 and creation of the 10 EHB categories, people
19 with MS routinely found themselves enrolled in
20 plans that failed to provide coverage for the
21 complex healthcare needs related to MS. The
22 Society often heard from individuals and
23 families upon discovering that they were not
24 covered for the critical components of quality
25 care, such as specialty pharmaceutical,

1 neurology care, rehabilitation therapies, MRIs
2 and durable medical equipment.
3 We appreciate that the application
4 acknowledges that allowing state subsidies to be
5 used by non-ACA compliant to coverage will
6 produce adverse selection, and this will cause
7 the cost of comprehensive coverage to increase.
8 Relying on the unsupported assumptions just
9 noted, the application suggests that
10 comprehensive coverage will only be about
11 one percent more expensive. However, we might
12 reasonably expect -- and the application offers
13 no evidence to suggest otherwise -- that a
14 system designed to boost enrollment in skimpier
15 plans (including plans such as short-term
16 products that aren't eligible for a subsidy)
17 will produce a substantially greater premium
18 increase for ACA compliant coverage.
19 Furthermore, regarding affordability, the
20 program's cap on subsidy funding appears to
21 likely violate the Section 1332 affordability
22 guardrail as it appears in the federal statute.
23 The Administration's waiver concept papers
24 encourage consideration of a cap on the growth
25 rate of the subsidy, but even this guidance

1 acknowledges that such a mechanism alone is
2 unlikely to meet the affordability guardrail.
3 By design, it would leave many individuals who
4 qualify for coverage subsidies under the ACA
5 without any financial assistance at all. The
6 state's assertion that the cap will not be
7 reached in one year cannot be credited because
8 it is based on the same unsubstantiated
9 assumptions.
10 The actuarial document itself notes that
11 the enrollment impacts of the program are
12 uncertain.
13 Georgians deserve to know what lies beyond
14 the affordability guardrail.
15 Within our to-be-filed written comments,
16 the Society will provide more detailed
17 information and express additional concerns
18 about implementation, federal deficit
19 neutrality, and the small scope of the possible
20 increase in covered Georgians.
21 Thank you for your time and consideration.
22 BY MR. KRULL:
23 Thank you, Mr. Milligan, for being here and
24 your comments.
25 Lauren Panchly.

1 MS. LAUREN PANCHLY, STUDENT:
2 Good afternoon and thank you for this
3 opportunity to provide comment on the 1332
4 Waiver. My name is Lauren Panchly and I am a
5 master of public health student at Emory
6 University.
7 I want to begin by thanking you for your
8 commitment to improving health care for
9 Georgians and I express my support for the
10 state's reinsurance program included in the
11 waiver plan.
12 However, I do have several concerns
13 regarding other elements of the waiver, that I
14 would like to speak on.
15 Purchasing health insurance is already an
16 arduous, confusing process. As someone who
17 studies and works in health policy everyday, I
18 am very familiar with how it works, but even
19 still, the process confuses me from time to
20 time. I can only imagine how difficult it is
21 for a Georgia consumer with no background in
22 healthcare or policy to find coverage that is
23 right for them.
24 This is why Healthcare.gov, a centralized,
25 unbiased site for consumers to visit and compare

1 qualified plans is so important. Dismantling
2 it, and instead, having Georgians visit a series
3 of independent websites belonging to e-brokers
4 and insurance companies, whose main motivation
5 is to make profits and not necessarily provide
6 the best coverage options for consumers, will
7 make coverage even more difficult and
8 burdensome. And it will likely result in people
9 choosing the wrong plan for them, without
10 knowing. This is why I urge you to modify the
11 waiver to keep Healthcare.gov as is.
12 In the same vein, the waiver would expand
13 access to health plans that don't meet the
14 minimum standards put in place by the Affordable
15 Care Act, which is also problematic. Plans that
16 don't cover the people at risk for essential
17 health benefits put people at risk of not having
18 coverage that they may desperately need.
19 This is particularly true for coverage
20 prescription drugs, mental health care services,
21 and maternity care. Georgia has some of the
22 highest rates in the country for maternal
23 mortality and pre-term birth, issues that our
24 state legislature is already working to address.
25 Allowing the subsidization of non-ACA

1 compliant plans like those that don't cover
2 maternity and newborn care as an essential
3 health benefit would effectively work at cross
4 purposes to what the Georgia General Assembly is
5 trying to achieve. Additionally, the marketing
6 tactics these substandard plans use often
7 obscure the fact that they don't include all the
8 best, that they don't affect essential health
9 benefits, meaning consumers may purchase these
10 plans without a full understanding of what they
11 do or rather, do not cover. For these reasons,
12 I believe this waiver should restrict the use of
13 premium subsidies only to QHPs offering all EHBs
14 established by the ACA.
15 Again, thank you for taking the first steps
16 to improving health care in Georgia. It's
17 encouraging to know that this issue matters to
18 state leaders. But on behalf of the many
19 Georgians that cannot be here today but will be
20 impacted by this waiver, I ask you to reconsider
21 certain elements of the 1332 Waiver,
22 specifically those concerning the effective
23 dismantling of Healthcare.gov and the rollback
24 of important protections for private health
25 plans offered in the state's marketplace.

1 Thank you.
2 BY MR. KRULL:
3 Thank you for being here and your comments.
4 Susan Marling.
5 MS. SUSAN MARLING:
6 My name is Susan Marling and I am a Georgia
7 citizen. I've been purchasing individual
8 healthcare for the last 22 years, so I have seen
9 this process from the last two decades. The
10 single most important policy issue to me is
11 healthcare. And The Affordable Care Act is the
12 single most influential piece of legislation
13 that has affected my day-to-day life in the last
14 decade. There is nothing else that comes close
15 that has given me peace of mind, that allows me
16 to sleep at night, that has allowed me to
17 purchase health insurance without fear of
18 discrimination for previous conditions, age or
19 gender.
20 I do support the waiver for reinsurance
21 phase one. I am adamantly opposed to the phase
22 two waiver, the Georgia Access Model, which is
23 just quite the name, because I don't think
24 that's what it does at all.
25 The top three reasons I have for opposing:

1 Number one, non-qualified health plans are just
2 policies. Number two, Healthcare.gov is the
3 only platform I trust to purchase individual
4 health insurance. I do not, in any way, shape
5 or form, ever want to return to a broker
6 situation. I never want to have to rely on
7 somebody else to tell me what a policy does.
8 And I'll explain why. Number three, I do not
9 trust the state of Georgia to manage subsidy
10 money. And putting caps on subsidy money is a
11 step backwards, not forwards.
12 So first, let me explain. Non-qualified
13 health plans are junk policies. My husband and
14 I began purchasing individual health insurance
15 in 1997. We have had employer health insurance.
16 We were quite naïve about health insurance. And
17 our first policy was an association policy that
18 was sold to us by a professional healthcare
19 broker. Well, thank God we never got sick and
20 had to use that policy because we could've lost
21 everything we owned. I have multiple friends
22 who either purchased junk policies thinking they
23 were getting a full policy or maybe, even in
24 2010, they didn't switch over to a qualified
25 health plan. Those people lost their savings

1 when they ended up in the situation that
2 required actual medical insurance.
3 In addition, allowing junk policies not
4 only jeopardizes Georgia citizens, it raises the
5 rates for the regular policies that do cover
6 actual medical conditions. So I have no
7 interest in a junk policy. I don't want to live
8 in a state where junk policies are promoted as a
9 reasonable alternative.
10 My second point was that healthcare.gov is
11 the only platform I trust to purchase individual
12 health insurance. During the many, many years
13 of dealing with brokers and buying health
14 insurance, I learned not to trust a single one
15 of 'em. I do not want to return to the days of
16 shopping insurance with a broker who may sell me
17 a policy that is not in my best interest. It
18 may be a policy that they're trying to win a
19 contest to go out and if they sell so many
20 policies they get a free vacation.
21 I became an expert at reading my health
22 insurance policies and this is one of them.
23 Okay? This is one I was sold probably -- and it
24 was a good company, it was a good policy -- but
25 look. I used to learn that I had to sit down

1 that day it came in the mail and read it because
2 if I didn't our health was in jeopardy. And
3 this is what the state of Georgia and Brian Kemp
4 is saying, "Oh, it will be great for you, Susan.
5 Buy it up. Buy up a policy like that." Right.
6 I had one policy that when I sat down and
7 read it they had inserted a substantial rider,
8 one that would have ensured that if I had ever
9 had an allergic reaction to anything I would've
10 not been covered. One broker's office lost my
11 medical history that I had sent with the policy
12 application. Back then it was all snail mail.
13 But they lost it. So the girl -- she didn't
14 want to get in trouble -- she just went and got
15 the one from the previous year and stuck it in
16 and sent it in. Well, I had had surgery. I
17 wouldn't have been covered for anything related
18 to that in my policy because I had not "told
19 them everything," I had not been honest. And
20 that goes to pre-existing conditions, I realize,
21 but we're being crazy if we think that some of
22 these policies won't count that.
23 I want one place where I can go to to
24 compare apples to apples. And that's what
25 Healthcare.gov gives me. I do not have to go to

1 multiple places. I go to one place. It is very
2 specific. These are your options, these are the
3 companies, these are your deductibles. I do not
4 want to lose that. Healthcare.gov has just been
5 fabulous. In spite of problems that need to be
6 addressed, it's fabulous.
7 I do not trust the state of Georgia to
8 manage subsidy money and I noticed in the
9 presentation that it was not mentioned that
10 subsidies will revert to a first-come,
11 first-serve scenario. So right now, the way it
12 works, every Georgian who is eligible for a
13 subsidy under ACA gets it. If you are eligible
14 and you do everything you're supposed to do, buy
15 your insurance, you get your subsidy. And that
16 is not what Georgia is promoting. They're
17 saying basically get in line and possibly you'll
18 get it. That doesn't seem fair.
19 With the current law, I can rest assured
20 that if I need it, if I experience a life event,
21 I have a safety net. So if something happens in
22 my life where I can't afford to buy health
23 insurance, there is a safety net there to catch
24 me. I can apply for and receive the subsidy if
25 my circumstances warrant that. That seems much

1 more fair to me than to change to a system where
2 you may or may not receive a subsidy, even if
3 you qualify.
4 So to restate, I am opposed to phase two,
5 if you didn't figure that out, of the 1332
6 waiver. In my personal life, the ACA has made a
7 tremendous difference. It is the most positive
8 legislation, a fabulous first step towards
9 healthcare.
10 And I would ask that Brian Kemp and all of
11 my elected officials work to find solutions,
12 such as the reinsurance waiver, that reduce
13 premium costs for health insurance without
14 blowing up the system that currently services
15 about 450,000 Georgians.
16 There are other things that could be done.
17 We could do a full Medicaid expansion. We can
18 work on transparency of costs from providers and
19 health insurers. There are many other options
20 besides just blowing up the system that, for
21 some, has worked so well.
22
23 BY MR. KRULL:
24 Thank you, Miss Marling, for being here and
25 your comments.

1 Wesley Sanders.
2 MR. WESLEY SANDERS:
3 Good afternoon. My name is Wesley Sanders.
4 I am the Vice President of Finance Analytics out
5 of Alliant Health Plans. We are a qualified
6 health care plan issuer. We have been issuing
7 health plans on the Affordable Care Act exchange
8 since their inception in 2014. We are also the
9 only health plan in the state that is locally
10 owned. We are owned by providers in Northwest
11 Georgia.
12 My colleague Joe Caldwell is going to
13 offer some comments on the reinsurance portion
14 of this waiver.
15 I am going to offer a few comments on the
16 state access model and our experience with the
17 Affordable Care Act markets.
18 With regards to the state access model, I
19 am concerned about the enormous potential for
20 adverse selection that's going to be created by
21 a lot of plans, to exclude essential benefits.
22 We will remain at risk. So currently, in the
23 Affordable Care Act markets there's a mechanism
24 called risk adjustment that allows -- that
25 basically creates an equilibrium where plans

1 offering different networks, different levels of
2 coverage, can effectively compete against one
3 another. In our market, we compete against a
4 company called Ambetter, they own Peachcare
5 which is one of the Medicaid CMO's that's been
6 offering coverage in the state for a while, and
7 their model is a narrower network strategy.
8 So their plans tend to be lower cost
9 because they have a narrower network, fewer
10 providers in network makes them lower cost. Our
11 model is a different one. We have a broader
12 network, which tends to mean our plans cost a
13 little bit more, but risk adjustment means we're
14 compensated for that. So the parent company of
15 Ambetter pays into the state risk-adjustment
16 pool and we receive money to compensate for the
17 fact that we have a higher level -- that we've
18 taken on high-risk. That allows the markets to
19 work in equilibrium where there are plans that
20 are available for folks who maybe -- they don't
21 necessarily need the broad network, they're not
22 as concerned about access to academic medical
23 centers or those sorts of things, but also allow
24 for plans to still effectively compete where
25 they're with a broader network.

1 And the challenge is that this model says
2 that those plans would have to be sold in the
3 same risk pool as the QHPs. And the challenge
4 for that is that risk adjustment begins to not
5 really be able to work when the types of plans
6 that are sold become very, very different. We
7 can compete against Ambetter, we're competing
8 against at least -- they have to offer the same
9 ten BHPs and those sorts of things. Once you
10 exclude certain BHPs, it's highly likely that
11 the differential in premium becomes really,
12 really big, because, you could say, "Well, for
13 non-BHP we're going to exclude specialty drug
14 medications", which are obviously a huge driver
15 of costs.
16 We could exclude maternity, that sort of
17 thing. Then what would happen is, if it's in
18 the same risk pool, you have risk adjustment,
19 you can either make a risk adjustment strong
20 enough where that non-eligible product basically
21 becomes not viable because you're having to pay
22 so much into risk adjustment, or the more likely
23 thing that I think would happen -- and I'm not
24 an actuary, I'm not, you know, I haven't been
25 really trying to model this, just trying to

1 figure out exactly how it would work is very
2 difficult.
3 What would likely happen is you did enough
4 with an adverse selection and it death spiraled
5 in the QHP market, because all of the healthier
6 people are looking at these plans that appear
7 more attractive on the surface, because they are
8 lower premium, and then the QHP plans are left
9 with all the high-risk members. And the
10 reinsurance pool can compensate to that to some
11 degree, but, eventually, you run into a problem
12 where the costs of the QHPs just keep going up.
13 And what I think that ends up happening there
14 is, especially for folks who either are above
15 400 percent of the federal poverty level or
16 folks who maybe don't get in in time to get
17 these subsidies, they're left without any
18 options. So people who, like a young
19 entrepreneur who's trying to start a family,
20 maternity may not be an option for a
21 non-eligible QHP. Prior to the ACA and the QHP
22 in 2014, there were very few individual plans in
23 the state that sold that had maternity coverage.
24 In those days you had to pay for a rider, which
25 was quite expensive.

1 So our concern is that if you set up this
2 two-tiered system, where both are subsidy
3 eligible, the QHP plans are going to be left
4 with all of the higher cost risks, which is
5 ultimately going to raise costs for all people
6 who have pre-existing conditions. That's not --
7 I appreciate some of the comments of the folks
8 here today -- but it's something like 27 percent
9 of the people have some sort of pre-existing
10 condition that would have gotten you excluded
11 prior to the Act, the ACA.
12 So as the state looks at designing an
13 access model, I think continuing to look at how
14 you make sure that the QHPs are not so
15 disadvantaged that the only winning move is not
16 to play. Because that's what happens, that's
17 why risk adjustment is in place, and the QHP
18 market today is so that plans that are offering
19 comprehensive, broader coverage are still
20 incentivized to get two to remain in there. If
21 there aren't things to incentivize plans to
22 remain in the market when they're competing
23 against the lower of -- these lower quality,
24 less covering plans, then the plans ultimately
25 will have no choice but to exit.

1 I appreciate your time.
2 BY MR. KRULL:
3 Thank you Mr. Sanders for being here and we
4 appreciate the comments.
5 Cynthia Persley.
6 MS. CYNTHIA PERSLEY:
7 I'm here today as just a private citizen
8 who's a three-time cancer survivor and a stroke
9 survivor. My health issues required me to
10 ultimately retire early. So my husband and I
11 are going on the ACA this next year.
12 I commend Georgia's attempts to lower
13 premiums and I think the reinsurance program is
14 a great thing. I think small employers being
15 able to contribute to their employees'
16 healthcare plans is also a good thing. However,
17 I am concerned. I mean, I'm a walking
18 pre-existing condition. Healthcare.gov is a
19 really useful way to do a comparison without
20 having to consider "What is the broker's self
21 interest," as a lot of folks said here today.
22 You know, they have a profit motive.
23 Whereas Healthcare.gov does not have a profit
24 motive. I think it hurts free market in the
25 sense that it's harder to compare. That's one

1 thing.
2 The non-ACA compliant plans also concern me
3 because I never expected to have a stroke and,
4 fortunately it wasn't serious enough that I
5 needed long-term rehabilitation care, but I do
6 know people who've been through strokes who have
7 needed that.
8 You say, "Okay, I don't need that. I'm
9 not going to have a car accident. I'm not going
10 to take a plan that has that." Until they need
11 it. And then what? So that to me is a big
12 concern.
13 As other folks have said here, it's good to
14 increase the costs for people like me, the
15 walking pre-existing condition, because we have
16 to have the healthy people in the plan to --
17 that's what insurance does, it spreads the risk
18 amongst everyone. And if the healthy people
19 are -- the healthier people aren't in, then it
20 leaves someone like me back where we would've
21 been -- I was terrified when I got sick that I
22 would be so disabled and not be able to get
23 healthcare at all, because they just wouldn't
24 want to take me. And I know there are some
25 guardrails for that, but it seems risky to even

1 go there. And it does, but people with
2 pre-existing conditions are in jeopardy, I
3 believe.
4 And then the subsidy caps, you know,
5 getting on a waiting list. Somebody who loses
6 their job in August may not be able to get a
7 subsidy. And then, what do they do? How do
8 they get their coverage? My insurance through
9 my employer that I was on for a while, was
10 taking more than a third of our income. And
11 that didn't include deductibles.
12 Getting on the ACA has lowered that to 10
13 percent of my income. So now I don't have to
14 sit there every month and wonder what can I pay?
15 Some things come up. Can I afford to repair my
16 car? Can I get my air conditioning fixed? The
17 things that people have to make choices. This
18 makes my life a lot less stressful and I'm
19 grateful, so very grateful for it. So I think
20 that that should be taken off of the waivers.
21 And just one final comment; I found it
22 interesting that the one Atlanta hearing was up
23 in Kennesaw. I drove from Newnan to be here.
24 It's that important to me. I will deal with the
25 Friday night traffic going home, I used to

1 commute to Atlanta, so I know what it is like.
2 And I just found that rather troubling.
3 BY MR. KRULL:
4 Thank you for your time.
5 Joseph Caldwell.
6 MR. JOSEPH CALDWELL, REPRESENTING ALLIANT HEALTH
7 PLANS:
8 My name is Joseph Caldwell. I am the Chief
9 Financial Officer of Alliant Health Plans
10 located up in Northwest Georgia.
11 First off, I'd like to thank Governor Kemp
12 for going down this path of discovery towards
13 spinning a 1332 waiver that might be approved by
14 CMS. Also, thank you, Mr. Loke and Mr.
15 Fulenwider for your time.
16 My comments are really about the
17 reinsurance program and the effects that it
18 might have on premiums, which are all positive
19 for consumers. And we have a firm belief that
20 the more consumers that are in a market, the
21 better. Prices get lower, that expands the
22 market size overall when we are in the business
23 of health insurance.
24 Some of the problems, though, with the
25 waiver currently seem to be that the federal

1 funding mechanism, while that is somewhat
2 guaranteed upfront, the claims aren't actually
3 paid until 21 months after a person begins their
4 initial coverage in January. So there's a big,
5 big cash flow effect. The state is going to
6 receive its money way earlier on in the process
7 than when a carrier will receive their money.
8 There's money out there that could be paid out
9 to carriers earlier. The reason why I mention
10 this is because we are in a rural market. We
11 insure a lot of very sick folks and the cash
12 flow burn there is really problematic.
13 The second problem with the 1332
14 reinsurance program, that I can see, is that the
15 funding mechanism currently just comes out of
16 general funds. And with the problems that
17 carriers had in 2014 and continued in '16 with
18 receiving funds from even the federal
19 government, it would likely lower premiums more
20 if that funding mechanism from the state was
21 more clearly defined than just out of general
22 funds. I know that other states like Colorado
23 have taken it out of the HIP fee dollars that
24 would have been paid during years that pay was
25 forgiven.

1 Even other states have put a tax on some
2 providers depending on the status to what the
3 mechanism is that they've found to take care of
4 the funding mechanism problem. But I think
5 given the enrollment projections within the
6 waiver, while I believe that they are
7 actuarially sound, from what I can tell, there's
8 always a possibility that someone is incorrect.
9 And there's currently not a great mechanism
10 on the upper end of the reinsurance program to
11 make sure that carriers are reimbursed, and
12 therefore, I think carriers will lower prices by
13 less than they could if the funding mechanism
14 from the state was actually pretty defined in
15 the document.
16 With that, I thank you for your time. And
17 we will be submitting written comments with a
18 little more detail on those portions.
19 BY MR. KRULL:
20 Thank you Mr. Caldwell for being here.
21 Thank you for your comments.
22 Leslie Anderson.
23 MS. LESLIE ANDERSON, REPRESENTING JEWISH COMMUNITY
24 RELATIONS COUNCIL AND GIPPC.
25 Good afternoon. My name is Leslie

1 Anderson. I sm the Executive Director of the
2 Jewish Community Relations Council and also
3 serve on the board of the Georgia Interfaith
4 Public Policies Center. So first I'd like to
5 share a comment from the GIPPC, which represents
6 faith groups from across the state of Georgia.
7 We believe that neither justice nor love
8 are exhibited in the plan that does not provide
9 access to healing for all Georgians. This
10 waiver does not adequately cover homeless or
11 mentally ill Georgians, caregivers or seasonal
12 workers. It leaves our the great majority of
13 uninsured Georgians, doing little to alleviate
14 the suffering among out indigent neighbors.
15 For these reasons we, as a people of faith,
16 cannot support this waiver application.
17 Now, that is probably in relation to 1115
18 that was presented earlier this morning. A
19 particular concern is the issue of equality and
20 equity of health insurance coverage and
21 healthcare for all Georgians.
22 Speaking as a Jewish woman and speaking for
23 the community, Jews believe that human life is
24 divine and we have a moral obligation to equally
25 protect that life, regardless of how much money

1 it has, or where it lives, or what party
2 affiliation it might have or what religion it is
3 a part of. So as part of our ethos, we feel the
4 need to point out when we feel like government
5 policy may be interfering with taking care of
6 those divine lives that are within each one of
7 us.
8 For Judaism we have a history of healthcare
9 being important that goes back to the Middle
10 Ages. (indiscernible) is one of our great
11 leaders, and leaders considered healthcare to be
12 one of the top ten communal services that all
13 cities should provide to their people.
14 Self-governing Jewish communities have insured
15 that all their citizens have access to
16 healthcare throughout time. We believe that
17 there is a responsibility of our society,
18 including our city and state, to provide a basic
19 baseline of equitable access to a basic level of
20 coverage and care.
21 Our concern with this current bill is
22 that -- the current Act, is that the ACA and
23 Healthcare.gov provides a baseline that would be
24 lost under this particular provision.
25 Third-party sites, as mentioned in the

1 other statements, would be much harder to
2 manage, to negotiate, and to figure out what
3 compares to what, to allow equitable access and
4 information people need. In the process,
5 people would potentially lose the ability to
6 find the coverage that actually fits their needs
7 and what would help make their life prosper to
8 be healthy.
9 We have -- starting back in 1975, our Union
10 of Reformed Judaism has supported universal
11 healthcare. Our Central Conference of American
12 Rabbis which represents all of our denominations
13 has also supported comprehensive, national
14 healthcare insurance programs since 1976. This
15 is not a new issue nor a new stance for us.
16 And we believe, very firmly, that where
17 there's a way to alleviate suffering that we are
18 obligated to do so.
19 Insurance should be made available on an
20 equitable basis and according to people's
21 ability to pay.
22 We also have a saying that if a physician
23 withholds his services, for whatever reason,
24 that it is as if he is shedding blood.
25 Now, I know that sounds extreme, but under

1 this current bill or this current Act, my fear
2 is that we would, in fact, be withholding
3 services by not having equitable and easy access
4 healthcare to coverage for all people in Georgia
5 that need it, and that it would be
6 discriminatory against certain peoples based on
7 their ability to pay and their ability to
8 understand what is being presented to them.
9 So beyond the marketplace, how would
10 Georgia ensure the expansion of insurance
11 providers into the 100 counties that only have
12 one insurance provider? I worry about that
13 because having a monopoly does not allow for the
14 marketplace to do its job. It's a monopoly.
15 Also, the subsidies and the idea that the
16 subsidies are first come, first served is
17 absolutely not equitable, nor is it equal, nor
18 is it fair. And that, fundamentally, doesn't
19 feel right to me.
20 And last but not least, on a personal
21 level, I have a younger brother who is mentally
22 retarded and he has cerebral palsy. Luckily,
23 he's pretty high functioning, he is able mostly
24 to live on his own with enlisting some support.
25 However, if he were having to confront this

1 particular marketplace, as is proposed here, I
2 would be worried about his safety and his
3 ability to choose an effective plan that would
4 meet his needs, not only in terms of his chronic
5 health issues, but also in terms of costs, as
6 well as in terms of knowing what he was actually
7 being covered for. This is a young man who can
8 be taken for a ride in a taxicab and be charged
9 excessive amounts. I'm horrified at the idea of
10 what might happen if he is unable to understand
11 the language that's being provided to him
12 through this system, as it's proposed. Also,
13 what might happen to him in terms of his
14 economic vulnerability and ability to be cared
15 for.
16 Thank you.
17 BY MR. KRULL:
18 Thank you, Ms. Anderson, for being here.
19 We appreciate your comments.
20 June Deen.
21 MS. JUNE DEEN, REPRESENTING THE AMERICAN LUNG
22 ASSOCIATION:
23 I'm June Deen. I'm with the American Lung
24 Association. The American Lung Association of
25 Georgia appreciates the opportunity to share our

1 perspective on the Georgia Access Model
2 proposal.
3 The Lung Association is the oldest
4 volunteer health agency in the United States.
5 It represents 35 million Americans with lung
6 disease, including more than 1.2 million
7 individuals in Georgia.
8 For patients with lung disease, including
9 asthma, COPD and lung cancer, having quality and
10 affordable healthcare is essential. While the
11 Lung Association supports reinsurance programs
12 that help to stabilize premiums in the
13 individual marketplace, we're deeply concerned
14 that The Georgia Access Model Proposal will
15 jeopardize access to quality and affordable
16 healthcare coverage for patients with lung
17 disease and other pre-existing conditions.
18 Under the Georgia Access Model Proposal
19 Georgia will create a new state-administered
20 subsidy system where subsidies can be used to
21 purchase plans that do not include all of the
22 the current protections for patients. The
23 standards for these plans and the draft waiver
24 application are very vague, but clearly do not
25 have to cover all essential health benefits,

1 which will inevitably be a backdoor for plans to
2 charge more to patients with pre-existing
3 conditions that need comprehensive coverage.
4 We have some questions about these plans.
5 The State claims that these plans will provide
6 90 percent of the benefits that current
7 qualified healthcare plans cover. How is this
8 determined? Will individuals who currently
9 qualify for cost-sharing reductions still get
10 this financial assistance under the state
11 administered subsidies? How will the state
12 guarantee that insurers will still offer
13 qualified health plans in areas after the
14 implementation of this new subsidy program?
15 Additionally, while anyone who meets the
16 eligibility criteria for financial assistance in
17 Georgia currently receives it, patients could be
18 placed on the waitlist if the state runs out of
19 money under the Georgia Access Model. This
20 clearly jeopardizes access to affordable care
21 for patients with lung disease.
22 Finally, Georgia would no longer use
23 Healthcare.gov and instead have people enroll
24 directly through insurers or brokers. These
25 entities could sell ACA compliant plans

1 alongside other types of plans, like short-term
2 plans. They discriminate against people with
3 pre-existing conditions, creating confusion to
4 consumers that can lead them to purchase
5 coverage that does not meet their needs.
6 It is also unclear how the state will
7 ensure that 450,000 Georgians who currently
8 purchase coverage through Healthcare.gov will
9 not lose it during the transition to this new
10 enrollment system.
11 The American Lung Association of Georgia
12 opposes this waiver proposal. Instead, we
13 encourage Georgia to focus on solutions that
14 promote adequate, affordable and accessible
15 coverage without jeopardizing access to care for
16 patients with lung disease and other
17 pre-existing conditions.
18 Thank you for your consideration.
19 BY MR. KRULL:
20 Thank you Ms. Deen for being here and for
21 your comments.
22 Eve Bird. Good afternoon, Ms. Bird and
23 thank you for being here.
24 MS. EVE BIRD, REPRESENTING ROSALYNN CARTER MENTAL
25 HEALTH PROGRAM:

1 My name is Eve Bird and I am the Director
2 of the Mental Health Program, Rosalynn Carter
3 Mental Health Program at the Carter Center, here
4 in Atlanta. My comments will focus on the
5 proposed waiving of mental health and substance
6 use treatment as an essential health benefit, a
7 a person, also personally, whose family has been
8 directly impacted by the current opioid
9 epidemic, as well as the rising suicide among
10 our young people. The Carter Center Mental
11 Health Program has always been a huge proponent
12 of full implementation of mental health parity
13 and Substance Abuse Equity Act in 2008, which
14 would require our health insurance coverage to
15 be on par with our other physical health
16 coverage. We, in 2018, The Morehouse School of
17 Medicine, determined Georgia to receive a key on
18 this enforcing of the Mental Health Parity Act.
19 Fortunately, the ACA made mental health and
20 substance use an essential health benefit and
21 many Georgians, including my family, have
22 benefited from that.
23 It does not make sense to us, in the midst
24 of an opioid epidemic, rising suicide rates,
25 when one in four or one in five of us will

1 suffer from a mental illness in a year's time,
2 and when 50 percent of persons with a chronic
3 illness will suffer from a depressive episode.
4 When we know, in fact, that when someone has the
5 ability to receive evidence-based treatments and
6 supports, they can take care of their families,
7 they can remain at work, they can live a
8 productive, taxpaying life.
9 So we are speaking out against the
10 elimination of behavioral health and substance
11 use as an essential health benefit. We don't
12 feel that it makes sense to our Georgia health
13 citizens, businesses in Georgia and Georgia's
14 overall economic status.
15 Thank you for the opportunity.
16 BY MR. KRULL:
17 Thank you Ms. Bird for being here. We
18 appreciate your comments.
19 Eileen Deogracias.
20 MS. EILEEN DEOGRACIAS:
21 Good afternoon. My name is Eileen
22 Deogracias. I am a wife, I'm a mom and I'm also
23 a pediatric occupational therapist. I work with
24 babies. I'm a feeding therapist. I work with
25 kids with feeding disorders from, I guess from

1 birth to 21.
2 I'm here because I wanted to speak for the
3 clients that I see, the children that I see. I
4 am an occupational therapist. I practice in
5 Gwinnett County and we see children with special
6 needs. A lot of them have medical -- complex
7 medical conditions and as an occupational
8 therapist, my job is to provide early
9 intervention to provide occupational therapy
10 just to give them a fighting chance, just to
11 give them the ability to participate in things
12 that we take for granted, just like eating, or
13 walking, or going to school, or attending family
14 gatherings. That's what I do. And my concern
15 is that non-QHPs could decline to cover entire
16 essential health benefits categories such as
17 rehab and habilitation and that's where
18 occupational therapy, physical therapy, and
19 speech therapy fall under.
20 I, myself, am a small business owner. I
21 have coverage, my husband and I have coverage.
22 I have two kids, and you purchase that coverage
23 in the hope that if we do need it, we have
24 something to fall back on. The families that I
25 work with are, you know, low to middle class

1 families and a lot of them are entrepreneurs. A
2 lot of them purchase their own insurance. And
3 their concern is that, you know, they have kids
4 and one of their kids would actually have to use
5 the health insurance that they had and they
6 would not have coverage. I am worried for these
7 families. These families, just like my family,
8 that would not have the coverage that they would
9 need in case they need it.
10 Again, I'm speaking for myself, I'm
11 speaking as a professional, and I'm speaking for
12 the families that I serve in Gwinnett County.
13 Thank you very much for this opportunity.
14 BY MR. KRULL:
15 Thank you Ms. Deogracias.
16 At this time we would like to thank each of
17 you for coming out today to provide oral
18 comments. Let me reiterate that the public
19 comment period for these proposed changes will
20 expire on December 3, 2019.
21 As I indicated earlier, written comments
22 will be introduced into the official record, as
23 well as the transcription of the oral comments
24 that we've heard this afternoon.
25 Thank you, once again, for your attendance.

1 There being no further person who wishes to make
2 a comment, this public hearing is adjourned at
3 3:23 p.m.
4 (Hearing adjourned at 3:23 p.m.)
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24 CERTIFICATE
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1 STATE OF GEORGIA:

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3 I hereby certify that the foregoing

4 transcript was taken down, as stated in the

5 caption, and the questions and answers thereto

6 were reduced to writing under my direction;

7 that the foregoing pages 1 through 72 represent

8 a true and correct transcript of the evidence

9 given.

10

11 I further certify that I am not of kin or

12 counsel to the parties in the case; am not in

13 the regular employ of counsel for any of said

14 parties; nor am I in anywise interested in the

15 result of said case.

16

17 This, the 30th day of November, 2019.

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21 ______________________________

22 Jane P. Day, CCR
5722-2335-0164-6848

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$1,000 (2) 12:7;22:3
$1,100 (1) 22:2
$20,000 (1) 14:16
$2000 (1) 22:4
$500,000 (1) 14:16
$6,200 (1) 22:5

A

ABBIE (3) 3:7;29:11,12
ability (11) 17:12,16;34:20;62:5,21;63:7,7;64:3,14;69:5;70:11
able (10) 11:4;12:21;19:15;31:10,16;51:5;54:15;55:22;56:6;63:23
above (1) 52:14
absent (3) 9:14,18,20
absolutely (1) 63:17
Abuse (1) 68:13
ACA (17) 7:1;9:3;35:23;37:17,17;38:18;39:4;42:14;47:13;48:6;52:21;53:11;54:11;56:12;61:22;66:25;68:19
academic (2) 20:24;50:22
ACA's (1) 17:2
accept (1) 7:14
accepted (1) 5:10
accepting (1) 11:19
Access (40) 4:8;6:14,23;9:4;10:13;11:23;12:22;13:1;15:1;16:24;17:1;18:8;23:25;25:13;26:22;27:2;32:15,18;34:16;35:2,3,20;41:13;43:22;49:16,18;50:22;53:13;60:9;61:15,19;62:3;63:3;65:1,14,15,18;66:19,20;67:15
accessible (1) 67:14
accident (1) 55:9
according (1) 62:20
accordingly (1) 18:12
accumulation (1) 34:19
achieve (1) 42:5
achieving (2) 14:10;20:16
acknowledges (2) 38:4;39:1
across (7) 7:12;11:16;12:15;14:11,25;26:25;60:6
Act (20) 8:9,18;13:7;15:12,16;17:6;18:3;22:1;26:13;32:13;41:15;43:11;49:7,17,23;53:11;61:22;63:1;68:13,18
Action (1) 32:6
active (1) 34:21
activities (1) 34:18
Act's (2) 13:1;30:25
actual (3) 14:12;45:2,6
actually (5) 58:2;59:14;62:6;64:6;71:4
actuarial (2) 36:23;39:10
actuarially (1) 59:7
actuary (1) 51:24
Acworth (1) 33:13
adamantly (1) 43:21
add (1) 24:16
addition (2) 17:22;45:3
additional (2) 35:23;39:17
Additionally (2) 42:5;66:15
address (3) 7:6,15;41:24
addressed (4) 29:24;30:5,10;47:6
adequate (1) 67:14
adequately (1) 60:10
adjourned (2) 72:2,4
adjust (2) 16:10;17:25
adjustment (7) 49:24;50:13;51:4,18,19,22;53:17
administered (1) 66:11
administration (1) 35:6
Administration's (1) 38:23
admitted (1) 23:11
adults (1) 20:10
advance (1) 24:12
advances (1) 34:8
advantage (1) 35:19
adverse (3) 38:6;49:20;52:4
advise (1) 11:1
Advisor (2) 5:23;6:10
Advisory (1) 33:11
affect (2) 33:2;42:8
affected (2) 33:20;43:13
affecting (1) 28:3
affects (2) 20:10;33:2
affiliation (1) 61:2
afford (4) 22:21,25;47:22;56:15
Affordability (9) 9:15;11:23;12:24;17:7;35:15;38:19,21;39:2,14
Affordable (25) 8:8,18;9:5,18;13:1,7;15:12,16;17:6,22;18:2;22:1;26:13;30:25;32:13;35:4;41:14;43:11;49:7,17,23;65:10,15;66:20;67:14
Affording (1) 32:25
afternoon (9) 8:25;24:25;33:9;40:2;49:3;59:25;67:22;69:21;71:24
Again (10) 6:8;14:21,23;17:1,3;18:4;30:22;42:15;71:10,25
against (12) 9:16;16:8;31:3;32:7;50:2,3;51:7,8;53:23;63:6;67:2;69:9
age (3) 27:21;34:13;43:18
agency (1) 65:4
ages (2) 34:13;61:10
ago (2) 23:10;31:8
aim (1) 35:25
air (1) 56:16
alive (1) 30:22
allergic (1) 46:9
alleviate (2) 60:13;62:17
Alliant (3) 49:5;57:6,9
allow (5) 13:21;21:16;50:23;62:3;63:13
allowed (2) 31:23;43:16
allowing (5) 15:3;31:17;38:4;41:25;45:3
allows (5) 31:3,9;43:15;49:24;50:18
almost (2) 23:6;32:23
alone (1) 39:1
along (1) 32:22
alongside (1) 67:1
alternative (1) 45:9
always (2) 59:8;68:11
Ambetter (3) 50:4,15;51:7
American (6) 32:5;62:11;64:21,23,24;67:11
Americans (2) 32:10;65:5
among (3) 28:4;60:14;68:9
amongst (1) 55:18
amounts (1) 64:9
analysis (2) 36:13;37:7
Analytics (1) 49:4
ANDERSON (5) 3:14;59:22,23;60:1;64:18
annual (1) 37:16
antibiotics (2) 23:18,19
anywise (1) 73:14
appear (1) 52:6
APPEARANCES (1) 2:1
appears (6) 25:21;31:6;34:18;36:6;38:20,22
applaud (2) 21:10;34:23
apples (2) 46:24,24
application (34) 4:16;5:14;6:13,17,22;7:23;8:2;9:13,19,22;11:22;12:1;13:10,13;18:6,9;25:2;35:18,21,25;36:6,10,16,18,25;37:4,6,10;38:3,9,12;46:12;60:16;65:24
applications (5) 9:9;10:11;11:2,8,11
apply (3) 22:19;26:14;47:24
appreciate (6) 38:3;53:7;54:1,4;64:19;69:18
appreciates (2) 33:15;64:25
approach (1) 36:7
appropriate (2) 5:15,17
approval (3) 8:13;14:4;35:13
approved (3) 8:21;14:7;57:13
arduous (1) 40:16
areas (6) 7:12;12:6,13;14:14;37:3;66:13
arguing (1) 32:9
around (2) 29:13;31:16
Asian (1)

25:4
ASL (1)
2:7
aspect (1)
16:17
aspects (1)
37:12
Assembly (2)
10:24;42:4
assertion (1)
39:6
assistance (4)
22:21;39:5;66:10,
16
association (7)
44:17;64:22,24,24;
65:3,11;67:11
assumes (4)
36:10,18,25;37:10
assumption (3)
36:14,15;37:8
assumptions (4)
36:9,17;38:8;39:9
assured (1)
47:19
asthma (1)
65:9
Atlanta (5)
1:21;5:8;56:22;
57:1;68:4
attachment (1)
14:15
attempted (1)
35:24
attempts (2)
21:10;54:12
attend (1)
20:15
attendance (1)
71:25
attending (2)
20:16;70:13
attract (1)
12:24
attractive (1)
52:7
audio (1)
18:24
August (1)
56:6
authority (2)
13:8;14:4
authorized (3)
8:7,14,19
automatically (1)
27:17
available (7)
7:16;11:12;15:15;
17:13;37:2;50:20;
62:19
average (2)
14:25;34:12
away (1)
15:2

B

babies (1)
69:24
back (6)
18:16;46:12;55:20;
61:9;62:9;70:24
backbone (1)
10:19
backdoor (1)
66:1
back-end (3)
15:8;25:22;26:3
background (2)
9:1;40:21
backwards (1)
44:11
bankruptcy (1)
32:5
based (2)
39:8;63:6
baseline (2)
61:19,23
basic (2)
61:18,19
basically (3)
47:17;49:25;51:20
basics (1)
32:3
basis (1)
62:20
became (1)
45:21
become (2)
22:8;51:6
becomes (2)
51:11,21
becoming (1)
29:19
began (1)
44:14
begin (4)
13:16,25;15:2;40:7
beginning (1)
35:22
begins (2)
51:4;58:3
behalf (4)
16:12;20:1;24:2;
42:18
behavioral (1)
69:10
belief (1)
57:19
belonging (1)
41:3
benefit (6)
17:11;22:15;42:3;
68:6,20;69:11
benefited (1)
68:22
benefits (14)
15:23;16:23;28:15;
36:12,15,20;37:15,16;
41:17;42:9;49:21;
65:25;66:6;70:16
Besides (2)
29:17;48:20
best (4)
33:20;41:6;42:8;
45:17
better (3)
12:22;34:9;57:21
beyond (3)
7:9;39:13;63:9
BHPs (2)
51:9,10
big (4)
51:12;55:11;58:4,5
Bill (5)
8:5;10:2;31:9;
61:21;63:1
bills (1)
32:2
BIRD (6)
3:16;67:22,22,24;
68:1;69:17
birth (2)
41:23;70:1
bit (7)
6:7;9:1,25;11:21;
14:2;16:22;50:13
BLAKE (2)
2:;6:16
blindness (1)
34:4
blood (1)
62:24
blowing (2)
48:14,20
blows (1)
36:2
Blue (2)
27:5;29:17
board (4)
10:8;11:6;20:2;
60:3
body (2)
20:7;34:1
boost (1)
38:14
both (6)
11:7;15:10;18:7;
23:1;30:9;53:2
boxed (1)
18:1
brain (2)
34:1,1
breathing (1)
21:4
Brian (5)
4:10;5:22;6:11;
46:3;48:10
brief (2)
6:12;19:15
briefly (2)
7:10;12:2
broad (2)
21:7;50:21
broader (3)
50:11,25;53:19
broker (3)
44:5,19;45:16
brokers (5)
27:3;30:20;31:25;
45:13;66:24
broker's (2)
46:10;54:20
bronze (2)
26:17,18
brother (1)
63:21
brought (2)
10:3,7
budget (1)
22:16
built (1)
26:22
burdensome (2)
24:16;41:8
burn (1)
58:12
business (2)
57:22;70:20
businesses (1)
69:13
buy (7)
21:20;25:24;27:17;
46:5,5;47:14,22
buying (1)
45:13

C

C/O (1)
5:4
calculating (1)
16:3
CALDWELL (6)
3:13;49:12;57:5,6,
8;59:20
calendar (1)
18:10
call (3)
19:3,18;26:3
called (4)
5:16;26:12;49:24;
50:4
calling (1)
15:12
came (2)
31:12;46:1
can (32)
7:18;12:1,12;14:19;
19:2,22;21:24;23:9,
22;26:25;30:10;
33:20;40:20;46:23;
47:19,24;48:17;50:2;
51:7,19;52:10;56:14,
15,16;58:14;59:7;
64:7;65:20;67:4;69:6,
7,7
Cancer (4)
32:5,6;54:8;65:9
cap (5)
14:16;22:16;38:20,
24;39:6
capability (1)
18:23
Capitol (1)
5:7
caps (3)
37:16;44:10;56:4
caption (1)
73:5
car (2)
55:9;56:16
Care (42)
8:8,18;13:1,7;
15:12,16;17:6;18:2;
20:21;22:1,13;23:7,
25;26:3,13;27:10,23;
28:2;30:25;32:13,15;
35:2;37:25;38:1;40:8;
41:15,20,21;42:2,16;
43:11;49:6,7,17,23;
55:5;59:3;61:5,20;
66:20;67:15;69:6
cared (1)
64:14
caregivers (1)
60:11
CARRIE (4)
3:5;19:20,23,25
carrier (5)
12:19;17:17;23:13,
20;58:7
carriers (9)
12:14,16;13:22;
15:4;16:16;58:9,17;
59:11,12
CARTER (4)
67:24;68:2,3,10
case (4)
37:3;71:9;73:12,15
cash (2)
58:5,11
catastrophic (1)
13:2
catch (1)
47:23
categories (2)
37:18;70:16
cause (2)
30:22;38:6
cautionary (1)
9:16
CCR (1)
73:22
CCR# (1)

1:14
Center (4) 25:3;60:4;68:3,10
Centers (2) 11:14;50:23
central (3) 23:18;33:24;62:11
centralized (1) 40:24
cerebral (1) 63:22
certain (3) 42:21;51:10;63:6
CERTIFICATE (1) 72:24
Certified (2) 1:18;25:2
certify (2) 73:3,11
certifying (1) 15:9
CF (11) 20:6,14,16,19;21:14,23;22:11,15,18;23:4,23
CFR (3) 4:13,14;15:17
challenge (2) 51:1,3
Chamblee (1) 25:4
chance (2) 29:7;70:10
change (2) 30:2;48:1
changed (1) 29:23
changes (4) 21:12;23:22;35:23;71:19
CHAPTER (2) 19:23;20:1
charge (1) 66:2
charged (1) 64:8
charging (1) 27:5
cheaper (2) 21:20;22:13
cherry-picking (1) 29:20
chest (1) 21:4
CHIEF (2) 2:4;57:8
children (5) 20:10,14,17;70:3,5
choice (3) 12:23;17:21;53:25
choices (1) 56:17
choose (1) 64:3
choosing (1) 41:9
chronic (5) 24:9,17;32:11;64:4;69:2
circumstances (1) 47:25
cite (1) 15:17
cities (1) 61:13
citizen (2) 43:7;54:7
citizens (3) 45:4;61:15;69:13
city (1) 61:18
claims (4) 14:9,16;58:2;66:5
claims-based (1) 14:8
class (1) 70:25
clear (1) 29:2
clearly (3) 58:21;65:24;66:20
client (2) 25:15;26:25
clients (2) 28:16;70:3
cliff (1) 36:5
clogs (1) 20:8
close (1) 43:14
closer (1) 34:9
CLOSING (2) 3:18;19:15
CMO's (1) 50:5
CMS (2) 33:17;57:14
Cobb (1) 1:5
coinsurance (1) 14:19
colleague (2) 6:16;49:12
college (1) 20:17
Colorado (2) 14:6;58:22
coming (2) 23:15;71:17
commend (2) 25:7;54:12
comment (17) 4:15,19,21;5:9,11;7:11;11:9;18:17;19:4;28:12,23;29:7;40:3;56:21;60:5;71:19;72:2
COMMENTS (41) 3:4,18;4:23,24;5:12,14;7:14,18,20,24;11:19;18:5,11,14;19:1,7,8,16,21;25:12;29:10;33:6,15;39:15,24;43:3;48:25;49:13,15;53:7;54:4;57:16;59:17,21;64:19;67:21;68:4;69:18;71:18,21,23
commitment (1) 40:8
Committee (1) 33:11
common (1) 28:2
communal (1) 61:12
communication (2) 11:13;24:15
communities (1) 61:14
COMMUNITY (10) 1:1;4:4;8:4;10:9;21:15;24:2;25:4;59:23;60:2,23
community's (1) 24:19
commute (1) 57:1
companies (5) 27:1;29:21;30:20;41:4;47:3
company (4) 28:22;45:24;50:4,14
comparable (1) 9:20
compare (4) 16:19;40:25;46:24;54:25
compares (1) 62:3
comparison (1) 54:19
compensate (2) 50:16;52:10
compensated (1) 50:14
compete (4) 50:2,3,24;51:7
competing (2) 51:7;53:22
compiling (1) 10:12
completed (1) 19:14
completely (1) 36:8
complex (3) 20:21;37:21;70:6
compliance (3) 16:14;37:9,11
compliant (6) 31:25;38:5,18;42:1;55:2;66:25
comply (1) 37:14
components (1) 37:24
comprehensive (11) 9:14;21:21;22:12;31:2;36:2;37:1;38:7,10;53:19;62:13;66:3
comprehensiveness (3) 9:12;35:15;36:3
concept (1) 38:23
concern (8) 25:21;53:1;55:2,12;60:19;61:21;70:14;71:3
concerned (4) 49:19;50:22;54:17;65:13
concerning (1) 42:22
concerns (7) 23:8;24:19;25:14;26:24;34:25;39:17;40:12
conclusion (1) 5:11
condition (4) 24:17;53:10;54:18;55:15
conditioning (1) 56:16
conditions (20) 8:16;13:4;15:19;17:5;31:4,5,9,19;32:11,24;43:18;45:6;46:20;53:6;56:2;65:17;66:3;67:3,17;70:7
Conference (1) 62:11
confront (1) 63:25
confuses (1) 40:19
confusing (1) 40:16
confusion (1) 67:3
consent (1) 16:8
consider (1) 54:20
consideration (3) 38:24;39:21;67:18
considered (1) 61:11
consistent (1) 34:18
constant (1) 11:13
constituencies (1) 11:1
constituents (1) 32:17
consulting (3) 10:3,4;11:2
consumer (6) 15:14,24;17:5,21;31:1;40:21
consumers (12) 12:24;16:18;17:12,16;30:23;31:24;40:25;41:6;42:9;57:19,20;67:4
Consumer's (1) 32:7
contest (1) 45:19
continue (2) 29:25;37:2
continued (1) 58:17
continuing (1) 53:13
continuum (1) 7:6
contribute (1) 54:15
contributes (1) 27:23
control (1) 34:18
convened (1) 10:22
COORDINATOR (3) 2:;5:23;6:9
COPD (1) 65:9
core (2) 32:25;35:25
Corporate (1) 1:19
cost (15) 14:18,18;21:21;22:7;23:8;25:11;27:24;28:4,8;30:4;38:7;50:8,10,12;53:4
costing (1) 26:19
costs (14) 12:12;23:5,24;27:18;30:5,9;35:1;48:13,18;51:15;52:12;53:5;55:14;64:5
cost-sharing (4) 26:12;36:17,22;66:9

COUNCIL (2)
59:24;60:2
COUNSEL (6)
2:,;4:4,5;73:12,13
counselor (1)
25:3
count (1)
46:22
counterpart (1)
36:24
counties (4)
12:15,19,20;63:11
country (3)
13:12;27:15;41:22
County (2)
70:5;71:12
couple (2)
18:21;31:8
course (2)
7:13;10:6
Court (5)
1:18;6:3;18:22,25;
19:22
cover (10)
22:14;32:3;41:16;
42:1,11;45:5;60:10;
65:25;66:7;70:15
coverage (62)
6:19;7:2,6;9:13,18,
19;11:24;12:10,17,20,
23;13:24;15:6,20;
21:22;22:8,20,22;
23:3,24;31:2;32:9,19,
22;35:14,15;36:1;
37:1,15,20;38:5,7,10,
18;39:4;40:22;41:6,7,
18,19;50:2,6;52:23;
53:19;56:8;58:4;
60:20;61:20;62:6;
63:4;65:16;66:3;67:5,
8,15;68:14,16;70:21,
21,22;71:6,8
covered (6)
36:15;37:24;39:20;
46:10,17;64:7
covering (1)
53:24
covers (2)
21:7;22:12
CPACS (1)
25:15
crazy (1)
46:21
create (2)
30:19;65:19
created (2)
37:16;49:20
creates (2)
6:18;49:25
creating (1)
67:3
creation (1)
37:18
credited (1)
39:7
criteria (1)
66:16
critical (2)
15:7;37:24
Cross (2)
29:18;42:3
Cross/Blue (2)
27:5;29:17
Crucially (1)
36:25
cure (1)
20:13
current (11)
17:2;21:11;34:25;
47:19;61:21,22;63:1,
1;65:22;66:6;68:8
currently (9)
25:10;48:14;49:22;
57:25;58:15;59:9;
66:8,17;67:7
customer (2)
16:21;25:24
customers (1)
26:6
Cycstic (1)
20:4
CYNTHIA (3)
3:12;54:5,6
CYSTIC (5)
19:24;20:1,5,13;
23:4

D

daily (1)
20:22
dangerous (1)
32:14
data (1)
10:13
daughter (4)
20:3;22:10;23:10;
24:10
daughter's (1)
20:21
Day (5)
1:13;21:2;46:1;
73:17,22
days (2)
45:15;52:24
day-to-day (1)
43:13
DCH (1)
11:6
deal (1)
56:24
dealing (1)
45:13
death (1)
52:4
decade (1)
43:14
decades (1)
43:9
December (10)
4:22,23;5:10;7:17,
21,22;8:13;11:20;
18:15;71:20
decide (1)
30:8
decline (1)
70:15
declines (1)
36:16
decrease (1)
22:8
deductible (5)
22:3,6;28:14,17;
29:5
deductibles (3)
26:8;47:3;56:11
DEEN (5)
3:15;64:20,21,23;
67:20
deeply (1)
65:13
deficit (4)
9:23,24;35:16;
39:18
defined (2)
58:21;59:14
degree (1)
52:11
delayed (1)
23:7
delivery (3)
27:11;30:4,5
Deloitte (2)
10:3,7
demonstrate (1)
37:9
Demonstration (2)
19:11;33:16
denominations (1)
62:12
dense (1)
10:18
DEOGRACIAS (5)
3:17;69:19,20,22;
71:15
DEPARTMENT (6)
1:1;4:4;8:4,9;9:7;
10:8
depending (1)
59:2
depression (1)
34:4
depressive (1)
69:3
deserve (1)
39:13
design (3)
13:11;35:10;39:3
designed (3)
7:4;30:25;38:14
designing (1)
53:12
desperately (1)
41:18
despite (1)
32:19
destabilize (1)
21:19
detail (1)
59:18
detailed (2)
10:18;39:16
determined (2)
66:8;68:17
devastating (2)
24:9;34:16
development (3)
9:25;10:20;11:3
diagnosis (1)
34:13
difference (1)
48:7
different (8)
23:17;27:1;29:14;
36:18;50:1,1,11;51:6
differential (1)
51:11
difficult (5)
22:9;24:16;40:20;
41:7;52:2
difficulties (1)
34:3
direct (1)
19:1
direction (2)
17:11;73:6
directly (4)
17:17;19:9;66:24;
68:8
Director (2)
60:1;68:1
directors (1)
30:13
disability (1)
34:20
disabled (1)
55:22
disabling (1)
33:23
disadvantaged (1)
53:15
discover (1)
32:2
discovering (1)
37:23
discovery (1)
57:12
discriminate (2)
31:3;67:2
discrimination (1)
43:18
discriminatory (1)
63:6
DISCUSS (3)
1:2;8:24;12:2
discussed (1)
6:17
disease (10)
20:7;23:5;33:24;
34:14,18;65:6,8,17;
66:21;67:16
dismantling (3)
30:18;41:1;42:23
disorders (1)
69:25
disparities (1)
25:10
disrupts (1)
33:25
dissertation (1)
29:20
divine (2)
60:24;61:6
dizziness (1)
34:4
doctor's (1)
28:19
document (2)
39:10;59:15
dollars (4)
30:1,11,15;58:23
done (2)
10:4;48:16
door (1)
13:23
doubles (1)
27:18
down (8)
6:5,7;19:5;28:6;
45:25;46:6;57:12;
73:4
downplay (1)
36:6
DRAFT (2)
1:3;65:23
dramatically (1)
35:7
drive (1)
21:21
driver (1)
51:14
drove (1)
56:23
drug (1)
51:13
drugs (2)
32:4;41:20
due (1)
23:8
durable (1)
38:2
during (4)
34:15;45:12;58:24;
67:9
dying (1)

20:20

E

earlier (13)
6:3;7:10;11:10,18;14:3;15:25;16:9;19:10;29:13;58:6,9;60:18;71:21
early (4)
8:20;34:17;54:10;70:8
earn (1)
6:19
easier (1)
32:18
easy (1)
63:3
eating (1)
70:12
e-brokers (1)
41:3
economic (3)
33:1;64:14;69:14
edge (1)
36:5
education (1)
16:20
effect (1)
58:5
effective (2)
42:22;64:3
effectively (3)
42:3;50:2,24
effects (1)
57:17
efforts (2)
32:12;34:23
EHB (1)
37:18
EHBs (1)
42:13
EILEEN (4)
3:17;69:19,20,21
either (4)
30:10;44:22;51:19;52:14
elected (2)
32:16;48:11
elementary (1)
20:15
elements (3)
13:17;40:13;42:21
eligibility (2)
16:3;66:16
eligible (13)
15:10,13,22,25;17:23;25:18;36:11,19;37:13;38:16;47:12,13;53:3
elimination (1)
69:10
else (2)
43:14;44:7
em (1)
45:15
Emory (2)
23:11;40:5
Empire (2)
29:16,18
employ (1)
73:13
employees' (1)
54:15
employer (2)
44:15;56:9
employers (1)
54:14
employer-sponsored (1)
6:20
employment (1)
34:15
encourage (4)
10:16;36:1;38:24;67:13
encouraging (1)
42:17
END (10)
3:18;18:9;19:13;22:23;24:15;26:19;31:20;32:1;33:22;59:10
endeavors (1)
20:25
ended (2)
29:19;45:1
ending (1)
32:21
ends (1)
52:13
enforcing (1)
68:18
enhance (1)
35:1
enlisting (1)
63:24
enormous (2)
23:5;49:19
enough (4)
20:14;51:20;52:3;55:4
enroll (2)
17:16;66:23
enrolled (1)
37:19
enrollment (7)
13:23;15:5;36:1;38:14;39:11;59:5;67:10
ensure (3)
33:19;63:10;67:7
ensured (1)
46:8
entire (1)
70:15
entities (1)
66:25
entrepreneur (1)
52:19
entrepreneurs (1)
71:1
environmental (4)
10:10,15,21;11:5
epidemic (2)
68:9,24
episode (1)
69:3
equal (1)
63:17
equality (1)
60:19
equally (2)
32:13;60:24
equilibrium (2)
49:25;50:19
equipment (2)
21:8;38:2
equitable (5)
61:19;62:3,20;63:3,17
equity (2)
60:20;68:13
especially (2)
32:10;52:14
essential (12)
15:23;37:14;41:16;42:2,8;49:21;65:10,25;68:6,20;69:11;70:16
establish (1)
34:23
established (2)
14:15;42:14
estimating (1)
10:12
ethos (1)
61:3
evaluating (1)
9:9
EVE (4)
3:16;67:22,24;68:1
even (14)
27:12;28:2,16;29:4;31:6;37:4;38:25;40:18;41:7;44:23;48:2;55:25;58:18;59:1
event (1)
47:20
eventually (1)
52:11
everybody (2)
28:5,13
everyday (1)
40:17
everyone (1)
55:18
everything's (1)
18:21
evidence (2)
38:13;73:8
evidence-based (1)
69:5
exactly (1)
52:1
excessive (2)
9:17;64:9
exchange (2)
13:20;49:7
exclude (4)
49:21;51:10,13,16
excluded (1)
53:10
Executive (1)
60:1
executives (1)
30:12
exhibited (1)
60:8
existing (1)
15:11
exit (1)
53:25
expand (2)
12:23;41:12
expanding (1)
17:21
expands (1)
57:21
expansion (3)
32:8;48:17;63:10
expect (1)
38:12
expected (1)
55:3
expensive (2)
38:11;52:25
experience (3)
17:19;47:20;49:16
expert (1)
45:21
expire (2)
4:21;71:20
explain (2)
44:8,12
explanation (2)
36:13;37:7
explicitly (1)
36:16
express (2)
39:17;40:9
extreme (1)
62:25

F

fabulous (3)
47:5,6;48:8
face (1)
23:5
facilitated (1)
13:20
fact (4)
42:7;50:17;63:2;69:4
fail (1)
37:4
failed (1)
37:20
fair (3)
47:18;48:1;63:18
faith (2)
60:6,15
fall (2)
70:19,24
familiar (2)
26:17;40:18
families (7)
37:23;69:6;70:24;71:1,7,7,12
family (6)
21:6;52:19;68:7,21;70:13;71:7
far (1)
36:23
fast (2)
6:4,5
fatigue (1)
34:4
favor (1)
31:8
fear (2)
43:17;63:1
federal (26)
6:21,25;7:1,25;8:16;9:6,21,24;11:13;15:16;16:6,8;17:9,10;18:1,13;24:4;26:15;31:11,13;35:16;38:22;39:18;52:15;57:25;58:18
federally (1)
13:20
fee (1)
58:23
feeding (2)
69:24,25
feel (5)
28:1;61:3,4;63:19;69:12
few (4)
29:16;33:2;49:15;52:22
fewer (1)
50:9
FFE (1)
15:3
FIBROSIS (6)
19:24;20:2,4,6,13;23:4
fighting (1)
70:10
figure (3)
48:5;52:1;62:2
final (5)

5:13;7:11,22;11:17;
56:21
finally (2)
13:3;66:22
Finance (1)
49:4
financial (6)
22:21;36:5;39:5;
57:9;66:10,16
financially (2)
23:1;34:16
find (3)
40:22;48:11;62:6
firm (1)
57:19
firmly (1)
62:16
First (17)
12:2;13:12,15;16:4;
19:18;21:16,25;
25:19;35:17;42:15;
44:12,17;48:8;57:11;
60:4;63:16,16
first-come (1)
47:10
first-serve (1)
47:11
fits (1)
62:6
five (3)
7:12;10:6;68:25
fix (1)
28:24
fixed (1)
56:16
flawed (1)
21:12
flexibility (2)
17:25;35:10
flow (3)
33:25;58:5,12
focus (3)
28:6;67:13;68:4
folks (10)
6:15,19;10:16;
50:20;52:14,16;53:7;
54:21;55:13;58:11
following (1)
10:2
foregoing (2)
73:3,7
foremost (1)
12:2
forever (1)
33:22
forgiven (1)
58:25
form (6)
4:25;7:16,18;8:22;
19:17;44:5
forth (3)
10:25;15:21;35:19
fortunately (2)
55:4;68:19
FORUM (1)
1:2
forwards (1)
44:11
foster (1)
12:21
found (4)
37:19;56:21;57:2;
59:3
FOUNDATION (2)
19:24;20:2
four (3)
9:10;16:8;68:25
framework (1)
35:23
FRANK (1)
2:
free (4)
33:19;34:10;45:20;
54:24
Friday (1)
56:25
friends (1)
44:21
front (3)
5:16;18:25;19:1
front-end (2)
25:16;26:4
FUKSMAN (4)
3:7;29:11,12;33:5
FULENWIDER (3)
2:;6:16;57:15
full (5)
15:23;42:10;44:23;
48:17;68:12
fully (1)
20:24
function (1)
25:23
functioning (1)
63:23
functions (1)
15:8
fundamentally (1)
63:18
funding (6)
38:20;58:1,15,20;
59:4,13
funds (3)
58:16,18,22
further (2)
72:1;73:11
Furthermore (1)
38:19
future (3)
16:7;17:25;30:9

G

gaps (1)
23:2
gatherings (1)
70:14
gender (1)
43:19
GENERAL (7)
2:;4:5;10:24;28:11;
42:4;58:16,21
genetic (1)
20:6
geographical (1)
25:10
GEORGIA (75)
1:1,3,7,21;4:1,8;
5:8;6:12,14,18,23,24;
10:10;11:24;12:5,18;
13:19;14:22;15:1;
16:23;18:7,8;19:23;
20:1,12;23:23;24:6;
25:1,11,13;26:22;
27:2,14;28:5;30:23;
32:13,23;33:10;
34:24;35:3,17,20;
37:3;40:21;41:21;
42:4,16;43:6,22;44:9;
45:4;46:3;47:7,16;
49:11;57:10;60:3,6;
63:4,10;64:25;65:1,7,
14,18,19;66:17,19,22;
67:11,13;68:17;
69:12,13;73:1
Georgian (3)
10:14;11:5;47:12
Georgians (16)
30:24;32:15;35:4;
36:4;39:13,20;40:9;
41:2;42:19;48:15;
60:9,11,13,21;67:7;
68:21
Georgia's (6)
6:17;10:13;32:16;
33:16;54:12;69:13
gets (2)
24:10;47:13
GIPPC (2)
59:24;60:5
girl (1)
46:13
Given (4)
34:12;43:15;59:5;
73:9
gives (1)
46:25
glean (1)
11:4
goal (4)
11:22;12:1;14:10;
27:8
Goals (1)
20:18
God (1)
44:19
goes (2)
46:20;61:9
gold (1)
26:18
gonna (2)
27:19,20
Good (15)
4:3;17:14;24:25;
28:1,2;33:9;40:2;
45:24,24;49:3;54:16;
55:13;59:25;67:22;
69:21
government (11)
7:23;8:16;9:6,22;
16:6;24:4;31:11,14;
33:10;58:19;61:4
government's (1)
16:8
Governor (10)
4:10,18;5:3,22;
6:11;8:7;11:7;21:10;
32:12;57:11
Governor's (3)
8:3;25:7,8
granted (1)
70:12
grateful (2)
56:19,19
Great (10)
6:1;21:14;24:13,13;
30:16;46:4;54:14;
59:9;60:12;61:10
greater (2)
35:10;38:17
GRECO (1)
2:
GREG (4)
3:8;33:7,8,9
group (1)
10:23
Groups (2)
32:5;60:6
growth (1)
38:24
guarantee (1)
66:12
guaranteed (1)
58:2
guardrail (4)
36:3;38:22;39:2,14
guardrails (5)
9:10;16:9;35:11;
37:9;55:25
guess (1)
69:25
guidance (4)
35:7,9;37:5;38:25
guys (3)
27:19;29:20;31:15
Gwinnett (2)
70:5;71:12

H

habilitation (1)
70:17
half (1)
20:19
happen (5)
51:17,23;52:3;
64:10,13
happening (1)
52:13
happens (2)
47:21;53:16
harder (3)
23:24;54:25;62:1
harm (1)
21:14
harmful (1)
22:18
havoc (1)
30:23
healing (1)
60:9
HEALTH (93)
1:1;2:,4;4:3,5;5:22;
6:10;7:6;8:9;9:5,7;
10:13;13:2;15:11,13,
14,23;17:2,23;20:23;
21:7,17;22:1;23:2,3,3,
6;24:17;28:16;31:25;
32:18;36:1,11,20,21;
37:13,14;40:5,8,15,
17;41:13,17,20;42:3,
8,16,24;43:17;44:1,4,
13,14,15,16,25;45:12,
13,21;46:2;47:22;
48:13,19;49:5,6,7,9;
54:9;57:6,9,23;60:20;
64:5;65:4,25;66:13;
67:25;68:2,3,5,6,11,
12,14,15,18,19,20;
69:10,11,12;70:16;
71:5
healthcare (29)
9:19;11:24;12:23;
25:11;30:2,3,23;
32:25;33:1,3;34:17;
37:21;40:22;43:8,11;
44:18;48:9;54:16;
55:23;60:21;61:8,11,
16;62:11,14;63:4;
65:10,16;66:7
Healthcaregov (20)
12:8,18;13:20;15:3;
17:20;25:6;28:25;
30:19;40:24;41:11;
42:23;44:2;45:10;
46:25;47:4;54:18,23;
61:23;66:23;67:8
healthier (4)
21:20;24:1;52:5;
55:19
Health's (2)
8:4;10:9
healthy (3)
55:16,18;62:8
hear (1)

19:22
heard (2)
37:22;71:24
hearing (7)
4:7;7:11;11:18;
19:11;56:22;72:2,4
hearings (1)
11:16
heck (1)
28:21
held (1)
7:12
help (6)
11:1;23:13;25:4,9;
62:7;65:12
hereby (1)
73:3
high (2)
14:18;63:23
high-cost (2)
12:4;14:14
high-deductible (1)
17:3
higher (2)
50:17;53:4
higher-cost (3)
12:12;14:9,9
highest (1)
41:22
highest-cost (1)
14:22
highly (1)
51:10
high-quality (2)
9:5;35:4
high-risk (2)
50:18;52:9
Highway (1)
1:6
HIP (1)
58:23
history (2)
46:11;61:8
hits (1)
34:14
holding (1)
11:16
home (2)
23:15;56:25
homeless (1)
60:10
honest (1)
46:19
hope (5)
26:2,4,5,21;70:23
hopefully (1)
27:2
horrified (1)
64:9
hospital (2)
23:13;24:14
hospitalization (1)
32:3
hospitalizations (1)
21:9
hospitalized (1)
24:11
housekeeping (1)
18:21
huge (3)
32:1;51:14;68:11
Human (3)
8:10;9:7;60:23
hurt (1)
23:22
hurts (1)
54:24
husband (4)
21:24;44:13;54:10;
70:21

I

idea (2)
63:15;64:9
Ideally (1)
35:2
identified (1)
11:25
ill (1)
60:11
illness (4)
21:6;24:9;69:1,3
imagine (1)
40:20
immigrants (1)
25:5
impacted (2)
42:20;68:8
impacts (1)
39:11
implement (1)
8:15
implementation (3)
39:18;66:14;68:12
implications (1)
36:7
important (6)
13:5;41:1;42:24;
43:10;56:24;61:9
importantly (1)
9:21
impose (1)
36:21
impossible (1)
20:18
improve (1)
35:2
improving (3)
11:23;40:8;42:16
Inc (1)
1:17
incentivize (2)
12:14;53:21
incentivized (1)
53:20
inception (1)
49:8
include (3)
42:7;56:11;65:21
included (2)
5:13;40:10
including (6)
21:23;38:15;61:18;
65:6,8;68:21
income (4)
17:8;26:14;56:10,
13
incorporated (1)
4:11
incorrect (1)
59:8
increase (7)
9:23;22:7;35:16;
38:7,18;39:20;55:14
increasing (1)
23:23
independent (1)
41:3
INDEX (1)
3:1
indicated (1)
71:21
indigent (1)
60:14
indiscernible (1)
61:10
individual (17)
7:2;11:24;12:7,9,
10,17;13:24;15:6;
21:18;22:2,5;43:7;
44:3,14;45:11;52:22;
65:13
Individuals (18)
4:22;7:2,7,18;12:4,
25;13:3,24;15:5,18;
16:12;17:4,8;21:23;
37:22;39:3;65:7;66:8
inevitably (1)
66:1
infections (1)
20:9
influential (1)
43:12
information (5)
10:18;25:17;33:25;
39:17;62:4
inhaled (1)
21:2
initial (1)
58:4
innovation (1)
12:22
innovative (1)
9:4
inserted (1)
46:7
Instead (4)
37:10;41:2;66:23;
67:12
insurance (53)
6:20;9:5;13:22;
14:17;15:4;16:16;
17:17;21:18;22:1,12;
23:6;25:24;27:1,17,
24;28:16,20,22;29:3,
21;30:11,20;31:10,
25;32:2;35:5;37:2;
40:15;41:4;43:17;
44:4,14,15,16;45:2,
12,14,16,22;47:15,23;
48:13;55:17;56:8;
57:23;60:20;62:14,
19;63:10,12;68:14;
71:2,5
insure (1)
58:11
insured (1)
61:14
insurers (4)
31:3;48:19;66:12,
24
intend (1)
18:6
intensive (1)
20:22
interest (3)
45:7,17;54:21
interested (1)
73:14
interesting (1)
56:22
Interfaith (1)
60:3
interfering (1)
61:5
interpreter (1)
5:19
INTERPRETERS (1)
2:7
intervention (1)
70:9
into (14)
4:11;8:6;14:17;
18:1;23:11;25:17;
26:22;28:19;31:18;
50:15;51:22;52:11;
63:11;71:22
introduce (1)
5:21
introduced (1)
71:22
issue (5)
33:1;42:17;43:10;
60:19;62:15
issued (3)
4:9,18;35:7
issuer (2)
16:11;49:6
issues (4)
19:8;41:23;54:9;
64:5
issuing (1)
49:6
items (1)
18:21
IV (1)
23:18

J

jacks (1)
27:22
Jane (2)
1:13;73:22
January (1)
58:4
jeopardize (1)
65:15
jeopardizes (2)
45:4;66:20
jeopardizing (1)
67:15
jeopardy (2)
46:2;56:2
JEWISH (4)
59:23;60:2,22;
61:14
Jews (1)
60:23
job (4)
10:4;56:6;63:14;
70:8
Joe (1)
49:12
JOI (1)
2:
JOSEPH (4)
3:13;57:5,6,8
Judaism (2)
61:8;62:10
July (1)
10:15
JUNE (5)
3:15;10:1;64:20,21,
23
junior (1)
20:22
junk (10)
30:21,24;31:23;
32:8,21;44:13,22;
45:3,7,8
justice (1)
60:7

K

keep (4)
9:9;19:8;41:11;
52:12
Kemp (6)
4:10;5:22;6:11;
46:3;48:10;57:11
Kemp's (3)
21:10;32:12,22

Kennesaw (2)
1:7;56:23
key (3)
16:17;34:19;68:17
kick (1)
7:1
kicked (1)
10:1
kids (4)
69:25;70:22;71:3,4
kin (1)
73:11
kind (1)
31:12
knowing (2)
41:10;64:6
knows (1)
25:18
KRULL (18)
2:2;4:2,3;18:17,19;
24:21;29:8;33:4;
39:22;43:2;48:23;
54:2;57:3;59:19;
64:17;67:19;69:16;
71:14

L

language (2)
5:19;64:11
last (7)
7:13;10:6;28:12;
43:8,9,13;63:20
late (1)
8:19
later (2)
8:25;12:11
latter (1)
32:8
LAUREN (4)
3:9;39:25;40:1,4
law (5)
7:25;8:6;18:13;
26:21;47:19
lax (1)
37:5
laxer (1)
35:19
lead (1)
67:4
leaders (4)
32:16;42:18;61:11,
11
leading (2)
32:4;34:8
leads (1)
20:8
learn (1)
45:25
learned (1)
45:14
least (4)
9:14,17;51:8;63:20
leave (2)
32:14;39:3
leaves (3)
6:24;55:20;60:12
led (1)
31:24
left (4)
6:16;52:8,17;53:3
legislation (2)
43:12;48:8
legislature (1)
41:24
LESLIE (4)
3:14;59:22,23,25
less (3)
53:24;56:18;59:13
letters (1)
5:9
level (11)
6:21,25;17:9,10;
26:16,17,19;50:17;
52:15;61:19;63:21
levels (1)
50:1
Library (1)
1:5
licensed (2)
17:14;25:2
lies (1)
39:13
life (10)
34:22;43:13;47:20,
22;48:6;56:18;60:23,
25;62:7;69:8
life-threatening (1)
20:6
lifetime (1)
37:16
likely (7)
35:14;38:21;41:8;
51:10,22;52:3;58:19
limit (2)
19:7;22:17
limitations (1)
36:22
limited (1)
19:8
line (4)
23:17,18;24:14;
47:17
lip (1)
32:19
list (5)
19:3,19;22:22,25;
56:5
listed (6)
7:15,17;9:11;14:12,
19;15:8
literal (1)
26:5
little (10)
6:7;9:1,25;11:21;
12:11;14:2;16:22;
50:13;59:18;60:13
live (7)
22:10;23:21;24:1;
33:20;45:7;63:24;
69:7
lived (1)
20:14
lives (6)
20:3;24:1;33:12,20;
61:1,6
Living (4)
24:9,17;34:11;36:4
locally (1)
49:9
located (2)
4:25;57:10
logical (1)
36:7
LOKE (6)
2:5;5:4,21,25;6:9;
57:14
long (1)
20:14
longer (2)
24:1;66:22
long-term (1)
55:5
look (7)
10:16;11:3;29:1;
30:1,16;45:25;53:13
looking (2)
10:10;52:6
looks (3)
19:20;24:13;53:12
lose (3)
47:4;62:5;67:9
loses (1)
56:5
loss (1)
23:2
lost (6)
33:22;44:20,25;
46:10,13;61:24
lot (8)
28:21;49:21;54:21;
56:18;58:11;70:6;
71:1,2
love (1)
60:7
low (2)
14:18;70:25
lower (11)
12:12;36:23;50:8,
10;52:8;53:23,23;
54:12;57:21;58:19;
59:12
lowered (1)
56:12
Luckily (1)
63:22
LUNG (12)
64:21,23,24;65:3,5,
8,9,11,16;66:21;
67:11,16
lungs (1)
20:8

M

MACASY (4)
3:5;19:20,23,25
mail (5)
7:14;11:19;19:17;
46:1,12
mailed (1)
5:1
mailed-in (1)
18:5
main (1)
41:4
maintain (5)
12:25;13:3;15:7,24;
21:5
maintaining (1)
15:18
majority (1)
60:12
makes (4)
20:7;50:10;56:18;
69:12
making (2)
23:24;32:17
man (1)
64:7
manage (4)
23:5;44:9;47:8;
62:2
manages (1)
21:1
many (14)
8:5;26:1;28:1;
31:20;32:10;35:3;
36:4;39:3;42:18;
45:12,12,19;48:19;
68:21
March (2)
8:6;10:2
market (14)
7:2;12:7,10,17,25;
15:6;50:3;52:5;53:18,
22;54:24;57:20,22;
58:10
marketing (1)
42:5
marketplace (9)
21:18,19;22:17;
25:19;42:25;63:9,14;
64:1;65:13
markets (3)
49:17,23;50:18
MARLING (5)
3:10;43:4,5,6;48:24
married (1)
20:17
master (1)
40:5
maternal (4)
27:15,23;28:2;
41:22
maternity (6)
27:10;41:21;42:2;
51:16;52:20,23
Matt (3)
4:3;6:1;7:10
matters (1)
42:17
MATTHEW (2)
2:2;4:2
maximum (1)
26:9
may (17)
4:24;5:20;8:5;9:3;
15:22;19:14;20:5;
36:4;41:18;42:9;
45:16,18;48:2,2;
52:20;56:6;61:5
maybe (3)
44:23;50:20;52:16
mean (2)
50:12;54:17
meaning (1)
42:9
meaningful (1)
32:9
means (2)
10:14;50:13
meant (1)
6:23
mechanism (9)
39:1;49:23;58:1,15,
20;59:3,4,9,13
Medicaid (5)
6:19;11:14;19:11;
48:17;50:5
medicaidgeorgiagov/patientsfirst (1)
5:1
medical (11)
15:20;21:8;30:13;
32:2;38:2;45:2,6;
46:11;50:22;70:6,7
medically (1)
15:19
Medicare (1)
11:15
medications (2)
21:3;51:14
Medicine (1)
68:17
medicines (1)
21:8
meet (5)
12:1;39:2;41:13;
64:4;67:5
meets (1)
66:15
members (2)
10:24;52:9
mental (10)
41:20;67:24;68:2,3,

5,10,12,18,19;69:1
mentally (2)
60:11;63:21
mention (1)
58:9
mentioned (6)
7:10;14:3;27:13;
28:12;47:9;61:25
met (1)
28:17
Middle (2)
61:9;70:25
midnight (1)
7:21
midst (1)
68:23
might (7)
36:19;38:11;57:13,
18;61:2;64:10,13
milestones (1)
20:16
MILLIGAN (5)
3:8;33:7,8,9;39:23
million (4)
32:23;34:11;65:5,6
millions (1)
32:14
mind (2)
9:10;43:15
minimum (1)
41:14
minute (1)
13:18
minutes (2)
19:7,13
mirror (1)
16:5
Miss (1)
48:24
missed (1)
24:6
mission (1)
33:19
misunderstanding (1)
25:23
model (19)
14:6,8;15:1;16:24;
25:13;35:3,20;43:22;
49:16,18;50:7,11;
51:1,25;53:13;65:1,
14,18;66:19
Models (1)
27:2
modify (1)
41:10
mom (1)
69:22
money (11)
29:3,22;44:10,10;
47:8;50:16;58:6,7,8;
60:25;66:19
monopoly (2)
63:13,14
month (3)
12:7;22:4;56:14
monthly (1)
22:1
months (2)
10:6;58:3
moral (1)
60:24
more (25)
8:8;12:15;20:10;
21:1;22:8,9,18;26:19;
28:8,21;35:3;38:11;
39:16;41:7;48:1;
50:13;51:22;52:7;
56:10;57:20;58:19,
21;59:18;65:6;66:2
Morehouse (1)
68:16
morning (6)
4:3;6:15;19:10;
24:7;27:13;60:18
mortality (2)
27:15;41:23
Most (12)
9:21;14:6;23:6;
25:12;27:11,13,20;
29:22;37:12;43:10,
12;48:7
mostly (3)
14:22;25:5;63:23
motivation (1)
41:4
motive (2)
54:22,24
move (1)
53:15
moving (4)
15:2;16:23;17:11;
34:9
MRIs (1)
38:1
much (12)
24:18;25:25;26:6;
27:23;28:6;29:7,19;
47:25;51:22;60:25;
62:1;71:13
mucus (1)
20:8
Multiple (5)
33:12,13,14;44:21;
47:1
must (6)
5:9;7:20;8:12;9:13,
22,23
myself (3)
25:1;70:20;71:10

N

naïve (1)
44:16
name (11)
19:25;24:25;33:9;
40:4;43:6,23;49:3;
57:8;59:25;68:1;
69:21
narrower (3)
26:14;50:7,9
national (7)
10:9,21;11:4;33:11,
14,18;62:13
nationwide (1)
10:11
navigate (1)
25:5
navigator (1)
25:2
near (2)
18:25;29:4
Nearly (1)
34:11
nebulizer (1)
21:3
necessarily (2)
41:5;50:21
necessary (1)
22:14
need (20)
5:18;18:13;22:13,
21;24:1;25:25;26:6;
41:18;47:5,20;50:21;
55:8,10;61:4;62:4;
63:5;66:3;70:23;71:9,
9
needed (4)
16:10;34:17;55:5,7
needs (7)
22:10;30:7;37:21;
62:6;64:4;67:5;70:6
negotiate (2)
31:16;62:2
negotiated (1)
28:18
negotiating (2)
28:22,23
neighbors (1)
60:14
neither (1)
60:7
nervous (1)
33:24
net (2)
47:21,23
network (10)
13:21;16:15;23:14;
32:6;50:7,9,10,12,21,
25
networks (1)
50:1
neurology (1)
38:1
neutral (1)
9:23
neutrality (1)
39:19
new (9)
4:16;6:18;23:13;
29:17;62:15,15;
65:19;66:14;67:9
newborn (1)
42:2
Newnan (1)
56:23
Next (2)
17:21;54:11
night (2)
43:16;56:25
non-ACA (4)
31:25;38:5;41:25;
55:2
non-BHP (1)
51:13
non-childbearing (1)
27:21
none (1)
27:19
non-eligible (2)
51:20;52:21
non-QHP (1)
36:19
non-QHPs (2)
15:22;70:15
non-qualified (8)
15:13;17:23;21:17;
27:12;36:11,21;44:1,
12
nor (6)
37:7;60:7;62:15;
63:17,17;73:14
North (1)
1:5
Northwest (2)
49:10;57:10
Notably (1)
36:14
note (1)
13:5
noted (1)
38:9
notes (1)
39:10
NOTICE (9)
3:2;4:9,11,15,20;
8:2;11:9,12;19:9
noticed (1)
47:8
November (6)
1:9;4:6,10,18;11:6;
73:17
number (4)
9:20;44:1,2,8
numbness (1)
34:3

O

obligated (1)
62:18
obligation (1)
60:24
obscure (1)
42:7
obviously (1)
51:14
occupational (5)
69:23;70:4,7,9,18
O'CONNOR (5)
3:6;24:23,24,25;
29:9
October (3)
35:6,20;37:5
off (5)
6:24;10:1;12:8;
56:20;57:11
offer (8)
12:15,19;15:22;
32:19;49:13,15;51:8;
66:12
offered (1)
42:25
offering (5)
12:16;42:13;50:1,6;
53:18
offers (2)
9:19;38:12
Office (9)
5:3,22;6:10;7:15;
18:14;25:7,8;28:19;
46:10
OFFICER (2)
2:4;57:9
official (1)
71:22
officials (1)
48:11
often (5)
33:23;34:14,16;
37:22;42:6
Old (2)
1:6;20:20
oldest (1)
65:3
once (3)
30:22;51:9;71:25
one (44)
8:7;12:19;14:11,25;
26:20,24;27:6,9,14;
28:11,15,25;29:15,23;
30:10;34:7,11;37:12;
38:11;39:7;43:21;
44:1;45:14,22,23;
46:6,8,10,15,23;47:1;
50:2,5,11;54:25;
56:21,22;61:6,10,12;
63:12;68:25,25;71:4
one-stop (1)
27:8
online (3)
4:24;11:19;18:14
only (17)
12:19;22:11;26:14,
16;27:16;28:6;36:16;

38:10;40:20;42:13;44:3;45:4,11;49:9;53:15;63:11;64:4
opening (1) 4:19
operate (1) 14:5
operating (1) 13:19
operations (1) 16:17
opioid (2) 68:8,24
opportunity (7) 19:6;24:18;33:15;40:3;64:25;69:15;71:13
opposed (2) 43:21;48:4
opposes (1) 67:12
opposing (1) 43:25
opt (1) 28:10
option (3) 22:11;27:11;52:20
options (9) 12:24;17:3,13,22;22:14;41:6;47:2;48:19;52:18
oral (6) 5:12,14;18:5;23:19;71:17,23
order (1) 15:25
organizations (1) 10:24
otherwise (1) 38:13
out (23) 13:9;14:17;23:14;24:14;28:4,10;30:15;32:10;45:19;48:5;49:4;52:1;58:8,8,15,21,23;60:14;61:4;62:2;66:18;69:9;71:17
outlined (1) 15:25
outlines (1) 17:5
out-of-pocket (3) 9:17;26:7,9
outreach (1) 16:20
outside (1) 5:15
over (6) 7:13;10:5;20:11;27:6;36:4;44:24
overall (3) 11:22;57:22;69:14
oversight (1) 16:13
overview (2) 5:24;6:12
own (3) 50:4;63:24;71:2
owned (3) 44:21;49:10,10
owner (1) 70:20

P

page (1) 28:25
pages (2) 10:17;73:7
paid (4) 28:7;58:3,8,24
pain (2) 25:16;34:4
palsy (1) 63:22
Pan (1) 25:4
PANCHLEY (1) 3:9
Panchly (3) 39:25;40:1,4
papers (1) 38:23
par (1) 68:15
paralysis (1) 34:5
parent (1) 50:14
parity (2) 68:12,18
part (6) 21:9;27:18,22;32:21;61:3,3
participate (1) 70:11
participating (1) 20:24
particular (3) 60:19;61:24;64:1
particularly (3) 12:3,5;41:19
parties (2) 73:12,14
partners (1) 11:14
parts (1) 13:11
party (1) 61:1
passage (2) 10:2;37:17
passed (2) 31:11,14
path (1) 57:12
pathway (2) 6:18;35:4
Pathways (4) 6:18,24;18:7;24:6
Patient (1) 8:17
Patients (8) 32:1;65:8,16,22;66:2,17,21;67:16
pause (1) 23:12
pay (10) 22:4;23:15,20;26:7;51:21;52:24;56:14;58:24;62:21;63:7
paying (3) 12:6;28:17,20
pays (1) 50:15
peace (1) 43:15
Peachcare (1) 50:4
pediatric (1) 69:23
people (54) 19:4;20:11,15,19;21:13,20,22;22:11,15,18,19,20;23:3,4,6,23;24:17;25:5;26:1;27:13;28:1;31:3,21;32:18,20,23;33:20;34:11,14,20;37:18;41:8,16,17;44:25;52:6,18;53:5,9;55:6,14,16,18,19;56:1,17;60:15;61:13;62:4,5;63:4;66:23;67:2;68:10
peoples (1) 63:6
people's (1) 62:20
per (5) 8:16;9:2;12:7;18:12;21:2
percent (26) 6:20,25;7:8,8;14:10,13,14,20,21,21,24;17:8,9;23:7,19;26:15;32:20;36:12,15,19;38:11;52:15;53:8;56:13;66:6;69:2
Perdue (1) 31:8
performs (1) 21:3
period (7) 4:15,20,21;5:11;11:9;18:17;71:19
PERSLEY (3) 3:12;54:5,6
person (7) 19:5,18;26:5;34:7;58:3;68:7;72:1
personal (2) 48:6;63:20
personally (3) 21:24;23:9;68:7
persons (1) 69:2
person-to-person (1) 34:2
perspective (1) 65:1
perspectives (1) 29:15
pharmaceutical (2) 30:4;37:25
pharmacists (1) 30:13
phase (3) 43:21,21;48:4
PhD (1) 30:13
phenomenal (1) 10:4
philanthropic (1) 20:25
physical (4) 21:4;30:3;68:15;70:18
physician (1) 62:22
physicians (1) 10:25
PIC (1) 23:17
pick (4) 6:23;18:17;26:16,18
picked (1) 26:20
piece (2) 13:15;43:12
pills (1) 21:2
place (7) 8:19;25:19;30:8;41:14;46:23;47:1;53:17
placed (3) 23:17;31:10;66:18
places (1) 47:1
plan (23) 13:16,25;15:2;16:5,24;17:2,3,13,25;21:7;31:18,22;36:21,23;40:11;41:9;44:25;49:6,9;55:10,16;60:8;64:3
planning (2) 27:16;28:7
plans (73) 12:15;13:2,2;15:10,11,13,14;16:12,19;17:23;21:18,21;22:17;30:21,21,22,24;31:1,10,15,17,20,23;32:1,8,21;36:11;37:1,13,20;38:15,15;41:1,13,15;42:1,6,10,25;44:1,13;49:5,7,21,25;50:8,12,19,24;51:2,5;52:6,8,22;53:3,18,21,24,24;54:16;55:2;57:7,9;65:21,23;66:1,4,5,7,13,25;67:1,2
plan's (1) 36:20
platform (3) 30:20;44:3;45:11
platforms (1) 17:15
play (2) 34:19;53:16
please (2) 5:15;19:7
plus (3) 6:13,23;8:1
pm (4) 1:10;4:6;72:3,4
point (3) 14:15;45:10;61:4
policies (11) 27:11;44:2,13,22;45:3,5,8,20,22;46:22;60:4
POLICY (27) 2:,4;4:4;5:23;6:10;25:24;26:17,19;27:24;29:3;40:17,22;43:10;44:7,17,17,20,23;45:7,17,18,24;46:5,6,11,18;61:5
polling (1) 32:20
pool (4) 50:16;51:3,18;52:10
poor (1) 17:18
portals (3) 13:23;15:5;16:18
portion (4) 8:17,23;35:21;49:13
portions (2) 9:3;59:18
positive (2) 48:7;57:18
possibility (1) 59:8
possible (1) 39:19
possibly (1) 47:17

posted (1)
10:15
postmarked (2)
5:9;7:21
potential (2)
21:14;49:19
potentially (1)
62:5
poverty (8)
6:21,25;7:8,9;17:9,
10;26:16;52:15
PP (1)
29:18
practice (1)
70:4
predicted (1)
34:7
predicts (1)
22:20
pre-existing (20)
13:4,6;15:19;17:4;
31:4,5,9,19;32:11,24;
46:20;53:6,9;54:18;
55:15;56:2;65:17;
66:2;67:3,17
pregnant (3)
27:17,20;28:8
premium (8)
27:18,22;28:13;
38:17;42:13;48:13;
51:11;52:8
premiums (13)
12:3,7,9;14:11,23,
25;22:2,5;26:8;54:13;
57:18;58:19;65:12
prenatal (1)
27:10
prescription (2)
32:4;41:20
present (1)
17:7
PRESENTATION (3)
3:3;19:14;47:9
presented (3)
5:12;60:18;63:8
Presently (5)
8:20;12:16;14:23;
17:19;18:2
president (2)
29:16;49:4
press (1)
4:19
pre-term (1)
41:23
pretty (3)
29:19;59:14;63:23
preventing (2)
32:22;34:19
previous (3)
7:12;43:18;46:15
price (1)
28:20
Prices (2)
57:21;59:12
prime (1)
34:15
prior (4)
4:15;37:17;52:21;
53:11
private (4)
15:4;16:15;42:24;
54:7
probably (4)
28:3,9;45:23;60:17
problem (3)
52:11;58:13;59:4
problematic (2)
41:15;58:12
problems (4)
20:9;47:5;57:24;
58:16
PROCEEDINGS (2)
3:1;4:12
process (7)
10:1,5;40:16,19;
43:9;58:6;62:4
produce (3)
20:7;38:6,17
product (1)
51:20
productive (1)
69:8
products (1)
38:16
professional (2)
44:18;71:11
profit (2)
54:22,23
profits (1)
41:5
program (23)
8:23;12:11;13:14,
16;14:2;16:4,13;18:1;
25:9;29:18;34:24;
35:9;39:11;40:10;
54:13;57:17;58:14;
59:10;66:14;67:25;
68:2,3,11
programs (3)
14:5;62:14;65:11
program's (1)
38:20
progress (1)
34:6
prohibit (1)
35:13
prohibitions (1)
37:15
Project (2)
5:23;10:1
projections (1)
59:5
PROJECTS (2)
2:;6:9
proliferate (1)
31:23
prolonging (1)
34:20
promote (1)
67:14
promoted (1)
45:8
promoting (1)
47:16
proponent (1)
68:11
proposal (9)
22:16;32:22;33:3,
16;36:3;65:2,14,18;
67:12
proposals (2)
30:6;35:1
proposed (8)
16:4;19:9;21:12;
23:22;64:1,12;68:5;
71:19
proposes (1)
35:21
proposing (1)
25:22
prosper (1)
62:7
protect (2)
31:7;60:25
protecting (1)
34:21
Protection (1)
8:18
protections (11)
9:16;13:3,6;15:15,
18,24;17:4,5;31:1;
42:24;65:22
provide (24)
4:14,23;6:12;7:18;
9:4,13;12:22;16:13;
27:3;31:2;35:9;36:11,
19;37:20;39:16;40:3;
41:5;60:8;61:13,18;
66:5;70:8,9;71:17
provided (2)
9:14;64:11
provider (2)
10:23;63:12
providers (5)
48:18;49:10;50:10;
59:2;63:11
provides (5)
9:15;17:24;36:13;
37:6;61:23
provision (3)
13:7,9;61:24
PUBLIC (28)
1:2;3:2,4,18;4:7,9,
15,19,21;7:11,24;8:2;
11:8,9,11,16,18,19;
18:11,17;19:4,9,10;
20:23;40:5;60:4;
71:18;72:2
pull (1)
18:11
purchase (10)
16:19;42:9;43:17;
44:3;45:11;65:21;
67:4,8;70:22;71:2
purchased (2)
31:21;44:22
purchasing (4)
12:9;40:15;43:7;
44:14
purports (1)
35:9
purpose (1)
9:2
purposes (1)
42:4
Pursuant (1)
4:13
pursue (1)
9:3
put (8)
22:22;23:11;31:17;
32:9;36:17;41:14,17;
59:1
puts (2)
23:3;24:14
putting (2)
25:17;44:10

Q

QHP (7)
36:24;52:5,8,21,21;
53:3,17
QHPs (6)
36:12;37:1;42:13;
51:3;52:12;53:14
qualified (9)
13:1;15:11;17:2;
36:20;41:1;44:24;
49:5;66:7,13
qualify (4)
22:19;39:4;48:3;
66:9
qualifying (1)
37:13
quality (7)
32:18;34:21;35:2;
37:24;53:23;65:9,15
quietly (1)
31:12
quite (4)
29:15;43:23;44:16;
52:25

R

Rabbis (1)
62:12
raise (1)
53:5
raises (1)
45:4
RALPH (4)
3:6;24:23,24,25
range (4)
14:12;21:7;26:14;
34:2
rarely (1)
20:14
rate (2)
28:18;38:25
rates (4)
14:19;41:22;45:5;
68:24
rather (5)
17:18;18:1;28:21;
42:11;57:2
rating (2)
14:17;37:2
reach (1)
32:10
reached (1)
39:7
reaction (1)
46:9
read (4)
17:12;29:25;46:1,7
reading (1)
45:21
realize (1)
46:20
really (7)
51:5,11,12,25;
54:19;57:16;58:12
reason (2)
58:9;62:23
reasonable (1)
45:9
reasonably (1)
38:12
reasons (3)
42:11;43:25;60:15
receive (9)
22:23;23:18;47:24;
48:2;50:16;58:6,7;
68:17;69:5
received (4)
7:20,24;14:4;18:12
receives (1)
66:17
receiving (1)
58:18
recent (1)
32:20
recommendations (1)
27:9
reconsider (1)
42:20
record (1)
71:22
reduce (6)
12:3,8;25:9;35:1,
14;48:12
reduced (1)
73:6

reduction (2)
14:10,24
reductions (2)
26:13;66:9
reenroll (1)
17:17
reevaluate (1)
30:7
reform (1)
21:11
Reformed (1)
62:10
regarding (3)
36:15;38:19;40:13
regardless (2)
31:18;60:25
regards (1)
49:18
Regency-Brentano (1)
1:17
Regional (1)
1:5
regions (3)
12:4;14:9,17
regular (2)
45:5;73:13
regulatory (1)
35:12
rehab (1)
70:17
rehabilitation (2)
38:1;55:5
reimbursed (1)
59:11
reinsurance (22)
4:7;6:13,23;8:23;
12:11;13:16;14:2,5,8;
18:8;25:9;34:24;
40:10;43:20;48:12;
49:13;52:10;54:13;
57:17;58:14;59:10;
65:11
reinterpreted (1)
35:7
reiterate (1)
71:18
relate (1)
19:9
related (2)
37:21;46:17
relation (1)
60:17
Relations (3)
33:11;59:24;60:2
release (2)
4:19;35:17
released (3)
10:8,22;11:7
Relief (1)
4:8
religion (1)
61:2
rely (1)
44:6
relying (2)
36:8;38:8
remain (5)
34:21;49:22;53:20,
22;69:7
remaining (1)
19:16
repair (1)
56:15
Reported (1)
1:13
reporter (4)
6:3;18:22,25;19:22
Reporters (1)
1:18
reporting (1)
24:8
represent (1)
73:7
REPRESENTING (6)
19:23;25:1;57:6;
59:23;64:21;67:24
represents (3)
60:5;62:12;65:5
require (2)
21:22;68:14
required (6)
7:25;11:8;37:8,14;
45:2;54:9
requirement (3)
24:8,8,16
requirements (4)
35:8,12,13;37:15
requires (2)
20:21;21:6
research (1)
34:8
reserved (1)
16:7
reside (1)
33:13
residents (1)
9:20
respectfully (1)
24:2
respiratory (1)
20:9
respond (2)
7:24;18:4
responded (1)
18:12
responsibility (1)
61:17
responsible (4)
15:9;16:2,20;25:8
rest (1)
47:19
restate (1)
48:4
restore (1)
33:21
restrict (1)
42:12
result (3)
12:13;41:8;73:15
retarded (1)
63:22
retire (1)
54:10
return (2)
44:5;45:15
revert (1)
47:10
ride (1)
64:8
rider (2)
46:7;52:24
right (9)
9:11;16:7;23:9;
27:19;31:5;40:23;
46:5;47:11;63:19
rising (2)
68:9,24
risk (14)
23:4;41:16,17;
49:22,24;50:13;51:3,
4,18,18,19,22;53:17;
55:17
risk-adjustment (1)
50:15
risks (1)
53:4
risky (1)
55:25
roles (1)
34:19
rollback (1)
42:23
room (1)
18:23
ROSALYNN (2)
67:24;68:2
roster (2)
5:15;19:5
routine (1)
21:9
routinely (1)
37:19
run (1)
52:11
runs (1)
66:18
rural (4)
12:6,13;14:22;
58:10
RYAN (6)
2:5;5:4,21,25;6:9;
18:20

S

saddled (1)
32:1
safety (3)
47:21,23;64:2
sake (1)
23:1
sale (1)
21:17
same (9)
15:20;16:22;17:1;
27:3;39:8;41:12;51:3,
8,18
Sanders (4)
49:1,2,3;54:3
SANDERS49 (1)
3:11
sat (1)
46:6
satisfy (1)
35:11
saving (1)
29:3
savings (1)
44:25
saying (3)
46:4;47:17;62:22
scan (4)
10:10,15,22;11:5
scenario (1)
47:11
school (3)
20:15;68:16;70:13
Sclerosis (3)
33:12,13,14
scope (1)
39:19
screen (4)
7:15,17;9:11;15:8
seasonal (1)
60:11
seated (1)
5:20
Second (3)
22:16;45:10;58:13
Secondly (3)
12:14;13:18;15:1
secret (1)
26:10
SECTION (22)
1:3;3:3;4:8,13,14,
16;6:12,17,22;8:8,21;
10:10,11;11:21;14:4;
15:17;18:7,9;35:11,
18;36:2;38:21
sector (2)
15:4;16:15
secure (1)
22:9
seeking (5)
7:2;13:8,24;14:7;
15:5
seeks (1)
35:18
seem (3)
20:18;47:18;57:25
seems (2)
47:25;55:25
selection (3)
38:6;49:20;52:4
self (1)
54:20
self-employed (1)
21:25
Self-governing (1)
61:14
sell (4)
31:25;45:16,19;
66:25
Senate (2)
8:5;10:2
Senator (1)
31:7
send (1)
36:4
sense (3)
54:25;68:23;69:12
sent (2)
46:11,16
series (1)
41:2
serious (1)
55:4
serve (5)
13:22;16:17;20:2;
60:3;71:12
served (2)
10:19;63:16
service (4)
16:21;27:4;28:18;
32:19
services (13)
5:18;8:10;9:8;
11:15;22:9,14;25:4;
34:17;41:20;48:14;
61:12;62:23;63:3
Session (1)
1:10
set (2)
35:19;53:1
several (6)
11:25;13:10;15:7;
21:4;36:8;40:12
severe (1)
36:22
severity (1)
34:6
shape (1)
44:4
share (3)
24:19;60:5;64:25
shedding (1)
62:24
Shield (2)
27:5;29:17
shop (3)
16:19;26:25;27:8
shopping (2)
17:18;45:16
Shortly (2)
10:7,21

short-term (3)
30:21;38:15;67:1
show (2)
8:1;11:11
showing (2)
32:16,20
sick (5)
24:10,12;44:19;
55:21;58:11
sign (2)
5:15,19
signed (4)
8:6;19:4,6,19
significant (2)
26:2;34:25
silver (3)
26:16,18,20
similar (1)
14:6
simply (1)
36:25
simultaneously (1)
7:5
single (3)
43:10,12;45:14
sit (2)
45:25;56:14
site (1)
40:25
sites (1)
61:25
situation (2)
44:6;45:1
six (2)
11:16;12:16
sixth (2)
7:11;11:17
size (1)
57:22
skimpier (2)
21:20;38:14
skipped (1)
23:7
slash (1)
25:2
sleep (1)
43:16
slide (2)
8:1;11:11
slow (2)
6:5,6
sm (1)
60:1
small (3)
39:19;54:14;70:20
snail (1)
46:12
social (1)
20:25
Society (6)
32:6;33:12,14;
37:22;39:16;61:17
Society's (1)
33:18
sold (5)
44:18;45:23;51:2,6;
52:23
solutions (2)
48:11;67:13
somebody (4)
6:6;26:18;44:7;
56:5
someone (5)
27:12;40:16;55:20;
59:8;69:4
sometimes (1)
32:4
somewhat (1)
58:1
sort (2)
51:16;53:9
sorts (2)
50:23;51:9
sound (1)
59:7
sounds (1)
62:25
Southwest (1)
12:5
speak (10)
6:4;19:6,19;21:24;
23:9;24:5,7;29:14;
40:14;70:2
speaker (1)
28:12
Speaking (6)
60:22,22;69:9;
71:10,11,11
SPECIAL (4)
2:;5:23;6:9;70:5
specialized (2)
22:13;30:4
specialty (2)
37:25;51:13
specific (1)
47:2
specifically (2)
9:6;42:22
specifics (1)
34:6
speech (1)
70:19
spelled (1)
13:9
spending (3)
9:16,17;30:12
spent (1)
30:1
spinning (1)
57:13
spiraled (1)
52:4
spite (1)
47:5
spoke (1)
29:13
spread (1)
28:4
spreads (1)
55:17
Square (1)
1:19
stabilize (1)
65:12
stakeholder (1)
10:22
stakeholders (1)
10:23
stance (1)
62:15
standards (3)
35:19;41:14;65:23
standing (1)
17:14
start (3)
6:5;30:16;52:19
started (1)
11:22
starting (1)
62:9
State (58)
4:8,14;5:7;7:3,7,13;
8:14;10:8,13;11:17;
12:5,16;13:12,25;
14:11,23,25;15:2,6,7;
16:2,5,11,25;17:14,
24;21:16;22:20;
25:21;30:7,16;35:17,
24;38:4;41:24;42:18;
44:9;45:8;46:3;47:7;
49:9,16,18;50:6,15;
52:23;53:12;58:5,20;
59:14;60:6;61:18;
66:5,10,11,18;67:6;
73:1
state-administered (1)
65:19
state-based (3)
8:22;13:15;14:5
stated (1)
73:4
statement (1)
19:15
statements (1)
62:1
state-operated (1)
34:24
States (13)
8:9,10,20;9:3,7,8;
14:3;27:14;34:12;
35:10;58:22;59:1;
65:4
state's (4)
21:13;39:6;40:10;
42:25
status (2)
59:2;69:14
statute (2)
9:2;38:22
statutory (3)
9:10;35:8,12
Staying (1)
17:1
stays (1)
16:22
step (2)
44:11;48:8
steps (1)
42:15
sticker (1)
28:20
sticky (1)
20:8
still (7)
20:19;23:19;40:19;
50:24;53:19;66:9,12
stop (1)
33:21
strategies (1)
9:4
strategy (1)
50:7
Street (1)
5:5
stressful (1)
56:18
strip (1)
30:25
stroke (2)
54:8;55:3
strokes (1)
55:6
strong (1)
51:19
structure (2)
16:6,10
stuck (1)
46:15
STUDENT (2)
40:1,5
studies (1)
40:17
studying (1)
20:23
stuff (1)
31:13
submit (6)
4:24;8:7;18:7;
19:16;24:3;33:15
submitted (5)
7:5,23;8:12;18:6,14
submitting (2)
4:16;59:17
subpar (4)
30:21;31:14,17,20
subsidies (15)
7:1;15:10;16:3;
17:6;22:17,19;38:4;
39:4;42:13;47:10;
52:17;63:15,16;
65:20;66:11
subsidization (1)
41:25
subsidize (1)
21:17
subsidy (23)
16:1,6,10,11;17:22;
25:20,25;26:2;38:16,
20,25;44:9,10;47:8,
13,15,24;48:2;53:2;
56:4,7;65:20;66:14
substance (4)
68:5,13,20;69:10
substandard (1)
42:6
substantial (2)
35:22;46:7
substantially (1)
38:17
sub-strategies (1)
11:25
suffer (2)
69:1,3
suffering (2)
60:14;62:17
suggest (1)
38:13
suggests (1)
38:9
suicide (2)
68:9,24
Suite (3)
1:20;5:6;15:23
support (8)
17:7;32:21;36:13;
37:7;40:9;43:20;
60:16;63:24
supported (2)
62:10,13
supports (2)
65:11;69:6
supposed (2)
24:5;47:14
sure (3)
23:20;53:14;59:11
surface (1)
52:7
surgery (1)
46:16
survivor (2)
54:8,9
SUSAN (5)
3:10;43:4,5,6;46:4
suspending (1)
30:12
switch (2)
30:3;44:24
Symptoms (1)
34:1
system (14)
18:24;21:11;25:17,
18;26:22;33:24;
38:14;48:1,14,20;
53:2;64:12;65:20;
67:10

T

table (1) 5:16
tactics (1) 42:6
tailored (1) 12:12
take-up (1) 35:14
talk (3) 12:10;13:17;31:5
talked (1) 16:9
talking (1) 6:5
talks (1) 28:13
target (1) 14:8
targeting (1) 14:24
tax (1) 59:1
taxicab (1) 64:8
taxpaying (1) 69:8
team (3) 10:3;11:1,2
tells (1) 29:1
ten (4) 19:7,13;51:9;61:12
tend (1) 50:8
tends (1) 50:12
terms (7) 8:15;30:2,11;64:4, 5,6,13
terrible (1) 30:24
terribly (1) 21:11
terrified (1) 55:21
test (1) 13:12
testimony (1) 19:2
thanking (1) 40:7
Thanks (1) 29:7
thematically (2) 7:25;18:5
therapies (1) 38:1
therapist (4) 69:23,24;70:4,8
therapy (5) 21:4;70:9,18,18,19
therefore (1) 59:12
thereto (1) 73:5
thick (1) 20:7
thinking (1) 44:22
third (1) 56:10
third-party (3) 30:19;31:24;61:25
though (5) 28:3;29:4;31:6; 37:8;57:24
threatening (1) 32:14
three (3) 14:18;43:25;44:8
three-time (1) 54:8
throughout (1) 61:16
throw (1) 6:6
tiered (1) 14:17
tiers (1) 14:18
times (2) 13:10;29:23
tingling (1) 34:3
to-be-filed (1) 39:15
Today (18) 4:5;5:12;6:2,8,11; 8:24;17:7;18:22; 20:15;22:4;24:20; 33:6;42:19;53:8,18; 54:7,21;71:17
together (1) 7:5
told (1) 46:18
top (2) 43:25;61:12
towards (2) 48:8;57:12
tracks (1) 33:21
traffic (1) 56:25
transcribe (1) 19:2
transcribed (2) 5:13;18:22
transcript (2) 73:4,8
transcription (1) 71:23
transition (2) 13:19;67:9
transparency (1) 48:18
Treasury (2) 8:11;9:8
treatment (2) 34:8;68:6
treatments (4) 20:22;21:5;23:25; 69:5
tremendous (1) 48:7
trend (1) 30:14
trouble (1) 46:14
troubling (2) 37:12;57:2
true (2) 41:19;73:8
Trump (1) 35:6
trust (5) 44:3,9;45:11,14; 47:7
try (2) 6:4;36:6
trying (8) 23:16;25:9;31:7; 42:5;45:18;51:25,25; 52:19
turn (2) 18:16;20:20
two (11) 7:4,13;13:11;23:10; 29:14;43:9,22;44:2; 48:4;53:20;70:22
two-part (1) 13:13
two-phase (1) 13:13
two-tiered (1) 53:2
types (2) 51:5;67:1
typically (1) 24:12

U

UGA (1) 20:23
ultimately (4) 16:13;53:5,24; 54:10
unable (1) 64:10
unbiased (1) 40:25
uncertain (1) 39:12
unclear (1) 67:6
under (16) 6:20;13:7;15:15; 18:2;26:13;37:4,17; 39:4;47:13;61:24; 62:25;65:18;66:10, 19;70:19;73:6
undermine (1) 32:12
underwrite (1) 15:20
uninsured (2) 12:25;60:13
Union (2) 32:7;62:9
United (6) 8:9,10;9:7,8;34:12; 65:4
universal (1) 62:10
University (2) 23:11;40:6
unless (1) 25:23
unlikely (1) 39:2
unpredictable (2) 24:10;33:23
unsubstantiated (2) 36:8;39:8
unsupported (1) 38:8
up (29) 6:24;7:8,16;11:20; 14:20;15:8;18:17,24; 19:4,19,21;21:21; 26:19;27:22;29:19; 31:18,20;32:1;45:1; 46:5,5;48:14,20; 52:12,13;53:1;56:15, 22;57:10
upfront (2) 25:25;58:2
upon (2) 8:13;37:23
upper (1) 59:10
upwards (2) 12:6;14:13
urge (2) 24:3;41:10
use (8) 42:6,12;44:20; 66:22;68:6,20;69:11; 71:4
used (5) 20:18;38:5;45:25; 56:25;65:20
useful (1) 54:19

V

vacation (1) 45:20
vague (1) 65:24
value (1) 36:23
various (2) 10:14,25
vary (1) 34:2
vein (1) 41:12
versus (2) 30:12,13
via (2) 7:14;17:14
viable (1) 51:21
vice (2) 29:16;49:4
violate (1) 38:21
vision (1) 33:18
visit (2) 40:25;41:2
visits (1) 21:8
vital (1) 31:1
volunteer (3) 25:3;33:10;65:4
voted (1) 31:8
VP (1) 29:19
vulnerability (1) 64:14

W

waiting (3) 22:22,25;56:5
waitlist (1) 66:18
waivable (1) 13:6
waive (2) 9:3;13:9
WAIVER (65) 1:3;4:1,9,17;5:13, 24;6:13;7:22;8:1,21, 24,24;9:13,15,18,21, 22,25;10:19;11:2,3; 13:8,10,11,13,14; 14:12;18:6,8,9;19:12, 12;21:13,16;23:22; 24:3;30:18;31:6; 33:16;35:1,8,18,21, 25;38:23;40:4,11,13; 41:11,12;42:12,20,21; 43:20,22;48:6,12; 49:14;57:13,25;59:6; 60:10,16;65:23;67:12

waivers (10)
7:4;8:8,12,14,17;9:1;30:9;35:10,13;56:20
waiving (1)
68:5
walk (1)
28:19
walking (4)
34:3;54:17;55:15;70:13
warned (1)
32:7
warrant (1)
47:25
Washington (1)
5:5
way (13)
7:6;14:20;25:5,21;26:5,21;28:24;36:18;44:4;47:11;54:19;58:6;62:17
web (4)
4:25;7:16,18;19:17
web-broker (1)
17:15
web-brokers (2)
13:21;16:16
website (6)
7:17;8:3,4;10:9;11:12;25:6
websites (2)
31:24;41:3
week (1)
6:3
weekend (1)
23:16
weeks (5)
7:13;23:10;24:12,15;31:8
WELCOME (1)
3:2
well-being (1)
23:2
well-publicized (1)
26:11
WESLEY (4)
3:11;49:1,2,3
What's (3)
28:13,14;31:18
whatsoever (2)
36:14;37:8
Whereas (1)
54:23
who's (2)
52:19;54:8
whose (3)
17:8;41:4;68:7
who've (1)
55:6
wide (1)
25:10
wife (2)
33:12;69:22
win (1)
45:18
winning (1)
53:15
wish (1)
5:14
wishes (1)
72:1
wishing (1)
4:22
withholding (1)
63:2
withholds (1)
62:23
within (6)
7:22;13:10;33:25;39:15;59:5;61:6
without (10)
31:17;32:15;39:5;41:9;42:10;43:17;48:13;52:17;54:19;67:15
woman (1)
60:22
women (3)
27:16,20;28:7
wonder (1)
56:14
work (16)
10:5;13:24;21:13;22:24;24:7;25:15;42:3;48:11,18;50:19;51:5;52:1;69:7,23,24;70:25
worked (1)
48:21
workers (1)
60:12
working (2)
26:25;41:24
works (3)
40:17,18;47:12
world (2)
33:18;34:10
worried (2)
64:2;71:6
worry (1)
63:12
worst (1)
27:14
worth (1)
14:16
writing (3)
19:16;29:18;73:6
written (7)
4:23;7:14;18:4;26:21;39:15;59:17;71:21
wrong (2)
13:22;41:9

Y

year (17)
8:6;11:20;13:16,25;14:11,25;15:2;16:4,5,24;18:10,15;21:25;22:8;39:7;46:15;54:11
years (7)
16:7;20:20;29:16;34:15;43:8;45:12;58:24
year's (1)
69:1
York (1)
29:17
young (3)
52:18;64:7;68:10
younger (1)
63:21

Z

zero (1)
7:8

1

1 (1)
73:7
1.2 (1)
65:6
10 (4)
14:10,24;37:18;56:12
100 (6)
6:20;12:18;17:8;23:19;26:15;63:11
101 (1)
6:24
106 (2)
8:5;10:2
1115 (7)
6:17;10:11;11:7;18:7;19:11;24:6;60:17
115 (1)
5:6
12 (2)
8:21;14:3
13 (2)
1:19;8:20
1332 (38)
1:3;3:3;4:1,8,17;5:24;6:13,22;8:1,2,8,12,14,17,21;9:1,9;10:11;11:7,21;12:1;13:13;14:4;18:9;19:12;21:13;30:18;33:16;35:8,11,18;36:3;38:21;40:3;42:21;48:5;57:13;58:13
140 (1)
1:20
147 (1)
15:17
15 (1)
14:20
150 (1)
10:17
155.1312 (1)
4:14
16 (1)
58:17
18 (1)
3:4
19 (1)
3:5
1955 (1)
20:14
1975 (1)
62:9
1976 (1)
62:14
1997 (1)
44:15

2

2:00 (2)
1:10;4:6
20 (1)
34:13
2008 (1)
68:13
2010 (1)
44:24
2014 (3)
49:8;52:22;58:17
2016 (1)
8:19
2017 (1)
8:20
2018 (4)
35:6,20;37:5;68:16
2019 (9)
1:9;4:6,10,18,22,24;5:10;71:20;73:17
2021 (2)
8:13;13:17
2022 (6)
13:18;14:1;15:2;16:5,24;35:22
206 (1)
5:5
21 (2)
58:3;70:1
21-year-old (1)
20:3
22 (3)
1:9;4:6;43:8
24 (1)
3:6
25 (1)
14:13
250 (1)
26:15
26 (1)
15:20
27 (1)
53:8
27th (1)
8:6
29 (1)
3:7

3

3 (5)
4:22,24;5:10;32:23;71:20
3:23 (2)
72:3,4
30 (1)
20:20
30,000 (1)
20:10
30144 (1)
1:7
30329 (1)
1:21
30334 (1)
5:8
30-day (2)
4:19;11:9
30th (1)
73:17
31 (2)
4:13;8:13
33 (1)
3:8
33.112 (1)
4:13
35 (1)
65:5
3535 (1)
1:6
39 (1)
3:9
3rd (5)
7:17,21,22;11:20;18:15

4

4 (2)
3:2;4:18
400 (3)
7:8;17:9;52:15
404-321-3333 (1)
1:22
41 (1)
1:6
43 (1)
3:10
45 (2)
4:13;15:17

450,000 (2)
48:15;67:7
4th (2)
4:10;11:6

5

5 (2)
3:3;14:13
50 (3)
21:2;34:14;69:2
54 (1)
3:12
55 (1)
10:23
57 (1)
3:13
5722-2335-0164-6848 (2)
1:14;73:
59 (1)
3:14

6

60 (1)
23:7
64 (1)
3:15
68 (1)
3:16
69 (1)
3:17

7

70 (1)
32:20
71 (1)
3:18
72 (1)
73:7

8

80 (2)
14:21,21
800 (1)
20:11

9

90 (4)
36:12,14,19;66:6