

In The Matter Of:
Georgia Department of Coummunity Health

Hearing, AM Session
November 18, 2019

Regency-Brentano, Inc.
13 Corporate Square
Suite 140
Atlanta, Georgia 30329
404.321.3333



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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
PUBLIC FORUM TO DISCUSS
GEORGIA SECTION 1115 - DRAFT WAIVER
PATIENTS FIRST ACT PUBLIC HEARING

GAINESVILLE CIVIC CENTER
CHATTAHOOCHEE ROOM
830 GREEN STREET
GAINESVILLE, GEORGIA 30501
November 18, 2019

9:00 a.m. Session

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

Regency-Brentano, Inc.
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13 Corporate Square
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Atlanta, Georgia 30329
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1 APPEARANCES

2 MR. MATTHEW KRULL
HEALTH POLICY COUNSEL & GENERAL COUNSEL

3 MR. BLAKE FULENWIDER
4 CHIEF HEALTH POLICY OFFICER

5 MR. RYAN LOKE
SPECIAL PROJECTS COORDINATOR

6 SYLVIA BRADFORD
7 ASL INTERPRETER

8

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GEORGIA PATHWAYS TO COVERAGE 1115

DEMONSTRATION WAIVER

BY MR. MATTHEW KRULL:

Good morning. I'm Matt Krull, Health Policy Counsel at the Department of Community Health, and also General Counsel. Today is November 18, 2019 and it is now 9:00 a.m.

This is the public hearing of Georgia Pathways to Coverage of the 1115 Demonstration Waiver. This public notice was issued by Commissioner Frank Berry on November 4, 2019. This notice is incorporated into these proceedings.

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

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

The public comment period will expire

1 December 3, 2019. Individuals who wish to
2 provide written comments on or before December
3 3, 2019 may submit comments through an online
4 form located at
5 medicaid.georgia.gov/patientsfirst, or to
6 Lavinia Luca, curator of the Board of Community
7 Health at P.O. Box 1966, Atlanta, Georgia
8 30301-1966. Comment letters must be postmarked
9 by December 3, 2019 to be accepted.

10 At the conclusion of the comment period,
11 all oral comments presented today will be
12 transcribed and provided to the Board of
13 Community Health, along with a copy of any
14 written comments received. The Board will be
15 asked to vote on this item for final adoption
16 at our December 13, 2019 meeting.

17 If you wish to make oral comments, please
18 sign on the appropriate roster at the back of
19 the room on the blue table, so you may be
20 recognized when it's time to take public
21 comments.

22 Does anyone need the services of the sign
23 language interpreter?

24 You may be at ease.

25 At this time, I'm going to introduce Mr.

1 Blake Fulenwider. He is the Chief Health
2 Policy Officer at The Department of Community
3 Health, to give an overview of the 1115 Waiver.

4
5 SECTION 1115 WAIVER PRESENTATION

6 BY MR. BLAKE FULENWIDER:

7 I think we're good, can everyone hear me
8 okay? I think we're good, thank you Matt.

9 Good morning, ladies and gentlemen, and
10 thank you for joining us today. I'm going to
11 provide a brief overview of the background and
12 waiver design of the 1115 Demonstration Waiver
13 that has been put forward by the department for
14 public comment.

15 As Matt indicated, if you wish to provide
16 public testimony, please sign up on the sheet
17 that is located on the table at the back of the
18 room.

19 You also have an opportunity, in addition
20 to this public forum, to submit comments online
21 at the link provided on the screen by December
22 3rd, of 2019, or you can mail your comments by
23 that same date to the address listed below.

24 As you may know, senate Bill 106, The
25 Patients First Act, was passed by the Georgia

1 General assembly and signed by Governor Kemp on
2 March 27, 2019. This legislation authorizes
3 the Department of Community Health to submit a
4 Section 1115 Demonstration Waiver to the
5 Centers for Medicare and Medicaid Services at
6 the federal level.

7 The legislation authorizes such submission
8 on or before June 30th, 2020 and also includes
9 a potential increase in Medicaid eligibility,
10 up to 100 percent of the Federal Poverty Level.
11 It also authorizes the Department the authority
12 to implement the 1115 Waiver without further
13 legislative action.

14 1115 waivers are broad in their authority
15 and they waive provisions of the Social
16 Security Act, specifically Title 19, and
17 authorizes the U.S. Department of Health and
18 Human Services' secretary the authority to
19 approve waivers that test different approaches
20 and delivery systems that promote the
21 objectives of the Medicaid Program.

22 While this waiver authority is broad, it
23 must be budget neutral for the federal
24 government and, they're typically approved for
25 five years period. And the waivers that had

1 been put forth for public comment are seeking a
2 five year authorization.

3 In 2017, the administration revised
4 criteria for 1115 Waivers, which increased
5 flexibility of states to design and demonstrate
6 different models. We began this process in
7 June of this year, with our consulting team
8 from Deloitte Consulting, by completing an
9 environmental scan both at the state and
10 national level, to look at state and national
11 healthcare trends. In July, we convened a
12 stakeholder work group of roughly 55 different
13 stakeholders from across a broad spectrum of
14 interests, to review the environmental scans
15 and begin formulations of options for
16 development.

17 We then moved into waiver
18 conceptualization and development and had then
19 moved onto drafting the 1115 Waiver that is out
20 for public comment at this time.

21 On November 4th of 2019, The Department of
22 Community Health Board approved the initial
23 adoption of the public notice of these waivers
24 which are posted on our website.

25 We are holding six hearings across the

1 state. This is our fourth hearing. We've been
2 in Savannah, Macon, and Bainbridge to date, and
3 we will be also in Rome and Kennesaw later this
4 week.

5 And again, we will be accepting public
6 comment until December 3rd, 2019.

7 To touch on specifics of the application,
8 we identify some core goals of the 1115
9 Demonstration Waiver. The first of which is
10 improving the health of low-income Georgians by
11 increasing access to healthcare coverage
12 through work and other employment-related
13 activities. A goal of reducing the ranks of
14 the uninsured in the state and we are among the
15 highest in the country, in terms of that
16 metric.

17 We wanted to promote the member transition
18 to commercial health insurance as people's
19 economic standing improves and encourage
20 Georgia Pathways participants to be active
21 consumers of their healthcare.

22 We want to support enrollment in
23 employer-sponsored insurance as much as
24 possible, as we increase the number of
25 Georgians who are employed and those who are

1 not employed, promote wage growth, incur all of
2 this for the state and ensuring the long-term
3 fiscal stability of the Medicaid Program.

4 Key features of the program include a new
5 Pathway to Medicaid coverage for low-income
6 Georgians who are currently not eligible today.
7 And so this program would not apply to any
8 category of assistance who is currently
9 eligible for Georgia Medicaid. So in the
10 low-income Medicaid program, that's primarily
11 pregnant women and children or in our Age,
12 Blind and Disabled Medicaid program, none of
13 these features would apply.

14 This is primarily targeted to childless
15 adults and low-income parents who are not
16 eligible today. We wanted to introduce
17 elements of commercial health insurance, so
18 you'll see features like premium requirements,
19 copayments, and a healthy rewards account to
20 encourage consumerism and healthy behaviors.
21 As well as premium assistance, which is growing
22 a voluntary health insurance premium payment
23 program that's currently in place in Georgia
24 Medicaid, we're requiring if you are below the
25 100 percent of the Federal Poverty Level and

1 it's cost effective for the state requiring
2 enrollment with a premium subsidy and employer
3 sponsored insurance.

4 This program, as it's drafted in the
5 waiver application, is set to begin on July 1st
6 of 2021.

7 The new population that would be eligible
8 are again, those who are not currently eligible
9 for Medicaid in Georgia, are ages 19 to 64
10 years old, with incomes below the Federal
11 Poverty Level, and are engaged in a minimum of
12 80 hours a month, which is, by definition part
13 time and qualifying activities -- -and I'll
14 touch on what those are in just a moment, and
15 In accordance with federal law would be United
16 States citizens or certain legal permanent
17 residents who are eligible for the program.

18 Qualifying activities include subsidized
19 and unsubsidized public and private sector
20 employment, on-the-job training, job readiness,
21 community service, vocational educational
22 training or enrollment in an institution of
23 higher education with a full-time course load.

24 I want to touch vocational educational
25 training in particular. This is an area we

1 sought to leverage an existing, successful
2 program through the high demand of career
3 initiative due to the technical college system
4 in Georgia, where if you're enrolled in
5 training -- vocational training for a large
6 number of identified fields of study, where
7 there is a career track that leads you into
8 jobs that have been identified where there's a
9 need in the state, then your premium
10 requirement and other contributions will be
11 waived for the period in which you are
12 enrolled.

13 We've also adopted elements of commercial
14 health insurance as part of this plan. For
15 those with incomes between fifty and a hundred
16 percent of Federal Poverty Level, there would
17 be premium requirements, copayments at the
18 point of service and will require participation
19 in a healthy rewards account.

20 Premium payments are based on income on a
21 sliding scale from \$7 to \$11 per month for a
22 household in which two members are eligible for
23 the program simultaneously. Premiums would be
24 capped at \$18 per month. Premium contributions
25 would be deposited in the healthy rewards

1 account and once you accrue \$200 or more in
2 that account, you'd be able to use those
3 dollars or those points for healthcare goods
4 and services that may not be a covered benefit,
5 such as over-the-counter drugs, dental
6 services, glasses and also includes copayments.

7 We also include a mandatory premium
8 assistance program which is again, growing the
9 voluntary health insurance premium payment
10 program that exists on the Medicaid state plan.

11 If it's cost effective, where as, the cost
12 of the premium assistance subsidy is less than
13 the cost of a capitation payment, then those
14 who are eligible for employer-sponsored
15 coverage are required to enroll in that
16 employer-sponsored coverage with that premium
17 assistance being paid through Medicaid dollars.

18 Again, I want to provide the links in
19 which you can provide your comments. At this
20 time I'll turn it back over to Mr. Krull, who
21 will open our public comment period.

22 BY MR. KRULL:

23 Thank you, Blake.

24 At this time I'll go to the roster and
25 give each person here who signed up an

1 opportunity to speak. Please limit your
2 comments to ten minutes and keep your comments
3 limited to the issues that directly relate to
4 the proposed public notice. At the end of your
5 ten minutes, if you have not completed your
6 presentation, I may ask for a brief closing
7 statement and you will be able to submit the
8 remaining comments in writing.

9 In this room we have a microphone and I
10 will just ask you to come to the front to use
11 the microphone and direct your comments here.

12 With that said, I will call the first
13 person to sign to speak and that is Deb Bailey.

14 DEB BAILEY REPRESENTING NORTHEAST GEORGIA HEALTH
15 SYSTEM:

16 Good morning. My name is Deb Bailey and I
17 represent the Northeast Georgia Health System
18 in Gainesville, Dahlonega, Braselton, Habersham
19 and Winder. We are a five-hospital system
20 serving over one million Georgians across an
21 18-county region.

22 I'm speaking today in support of the
23 Section 1115 Demonstration Waiver passed by the
24 2019/2020 Georgia Assembly and signed into law
25 by Governor Kemp.

1 We are grateful the state recognizes too
2 many of it's working, low-income citizens do
3 not have access to or are unable to afford
4 healthcare coverage.

5 As a not-for-profit hospital system, it is
6 our mission to improve the health of the
7 community in all we do. Therefore, last year
8 Northeast Georgia health system provided \$220
9 million of charity and indigent care. That was
10 \$56 million greater than the prior year. As a
11 percentage of our net-patient revenue, that is
12 19.8 percent. That is over 28,000 patient
13 encounters in one calendar year.

14 In addition to the charity and indigent
15 care, Northeast Georgia Health System incurred
16 \$116 million of bad debt last year,
17 representing 10.8 percent of the net-patient
18 revenue, as reflected in our last audited
19 financial statement.

20 Community benefit, in addition to those
21 items that I mentioned before, totaled over
22 \$6,000,000 to support community health
23 education, health screenings, and community
24 partnerships like those of the Good News
25 Clinic.

1 The system had a \$1.75 billion economic
2 impact on the 18 counties that we mentioned.
3 In addition to that, however, the Northeast
4 Georgia Health System has \$977 million of
5 bonded outstanding debt.

6 Therefore, as a not-for-profit system
7 providing this type of healthcare to our
8 communities, we applaud and appreciate Governor
9 Kemp and the Georgia General Assembly's effort
10 to increase access to healthcare coverage to
11 healthcare coverage by applying to this 1115
12 Waiver for the state of Georgia and for our
13 citizens.

14 Thank you for the time and the opportunity
15 to provide comments on behalf of the Northeast
16 Georgia Health System.

17 BY MR. KRULL:

18 Thank you, Ms. Bailey. Heather Breeden.

19 HEATHER BREEDEN REPRESENTING THE NATIONAL MS

20 SOCIETY:

21 Good morning, my name is Heather Breeden.

22 I serve as Senior Manager of Advocacy at the
23 National Multiple Sclerosis Society, and I
24 cover the Georgia Market. I reside in Sandy
25 Springs. The National Multiple Sclerosis

1 Society appreciates the opportunity to submit
2 comments on Georgia's 1115 Waiver Demonstration
3 Proposal to CMS.

4 The National MS Society's vision is a
5 world free of MS. Our mission is to ensure
6 that people affected by MS can live their best
7 lives as we stop MS in its tracks, restore what
8 has been lost and end MS forever.

9 MS is an unpredictable, often disabling
10 disease of the central nervous system that
11 disrupts the flow of information within the
12 brain, and between the brain and body.
13 Symptoms vary from person to person and range
14 from the numbness and tingling, to walking
15 difficulties, fatigue, dizziness, pain,
16 depression, blindness and paralysis.

17 The progress, severity, and specific
18 symptoms of MS in any one person cannot yet be
19 predicted, but advances in research and
20 treatment are leading to a better understanding
21 and moving us closer to a world free of MS.

22 Nearly 1,000,000 people are living with MS
23 in the United States. Given that the average
24 age of diagnosis is between the ages of 20 and
25 50, this is a disease that often hits people

1 during their prime employment years. Too
2 often, it is financially devastating.

3 Access to needed healthcare services and
4 early and consistent control of disease
5 activity appears to play key roles in
6 preventing accumulation of disability,
7 prolonging the ability of people with MS to
8 remain active and protecting quality of life.

9 We have significant concerns that current
10 proposals to the Patients First Act will not
11 reduce costs, enhance access and improve
12 quality of care. Ideally, the Act would give
13 many more Georgians a pathway to coverage.
14 Instead, the current 1115 Waiver Application
15 includes so many barriers to coverage that we
16 know that only a small fraction of insured,
17 low-income individuals living with MS will gain
18 coverage.

19 The barriers to coverage include work
20 reporting requirements, premium payments, and
21 other complicated provisions that have failed
22 in other states. Even worse, the state will
23 pay three times more per person to cover far
24 fewer people than traditional Medicaid
25 Expansion.

1 The combination of work requirements,
2 monthly premiums that vary by income as a
3 condition of eligibility copayments a new
4 member account to system, a healthy behavior
5 incentive program, and an employer premium
6 assistance program will result in huge
7 administrative costs as well as beneficiary
8 confusion.

9 Georgia only seems interested in providing
10 coverage to individuals deemed deserving. The
11 proposal explicitly notes of the waiver
12 demonstration "supports Georgians who are
13 working" by giving them the ability to receive
14 Medicaid coverage. I would like to remind you
15 that multiple sclerosis is not the result of
16 some sort of moral failing or character flaw.

17 The society opposes work requirements that
18 penalize people with MS who are unable to work
19 due to their MS or fail to meet burdensome
20 administrative requirements. People with MS
21 should not be penalized if their health
22 condition is preventing them from working,
23 particularly in a manner that revokes health
24 coverage and access to needed treatments and
25 services.

1 Relapsing and remitting MS is the most
2 common form of MS, and individuals in a period
3 of remission are often able to work.
4 Individuals with MS may experience a sudden,
5 unexpected and possibly severe relapse that
6 prevent them from working for a period of time.
7 They should not necessarily be forced into
8 difficult-to-obtain exemptions for Georgia's
9 Aged, Blind and Disabled Medicaid population
10 receiving SSI in order to have coverage.

11 Further, the proposed cost sharing
12 mechanisms, such as premiums and copayments,
13 will be barriers to accessing care because it
14 will be harder for people who already have
15 limited means to afford their care.

16 The society's position that the premiums,
17 particularly for those below the poverty line,
18 are a barrier to healthcare access, especially
19 for individuals with preexisting conditions
20 like this. Even small premium amounts may be
21 substantial for a low-income person or family,
22 potentially making coverage unaffordable for
23 those who need it most.

24 Research demonstrates that low income
25 individuals enrolled in Medicaid programs are

1 more price-sensitive compared to other
2 populations. If enrollees are required to pay
3 for care, they are more likely to go without
4 needed services, and are more likely to
5 experience long-term adverse outcomes.

6 Because cost-sharing is not necessarily
7 spread evenly throughout the year, it's timing
8 can create an acute burden for people with MS.
9 People with MS do not use medical care at the
10 same rate throughout the year, especially if
11 they are experiencing new disease activity,
12 which means they may face all their
13 cost-sharing bills for specialists like
14 neurologists and radiologists over a short
15 period. New disease activity means lesion
16 activity either on the brain or central nervous
17 system, which is only apparent through an MRI.
18 Neither an MS diagnosis nor disease activity
19 can be determined by a primary care doctor.
20 This can cause serious financial issues for
21 low-income individuals and families, which
22 means they may delay accessing care, even if it
23 is greatly needed.

24 Regarding the proposed Member Rewards
25 Accounts, which establishes a point reward

1 system, our position is that if a healthy
2 behavior or wellness program is to be
3 implemented, it must be designed to be
4 inclusive, beneficial, not discriminatory
5 because of health status. Somehow the
6 disability advocates have recommended making
7 activities, rather than outcomes, the wellness
8 goals.

9 It may be difficult for people living with
10 disabilities to accomplish a specific outcome.
11 For example, lose a targeted amount of weight
12 with limited mobility, but they may be able to
13 complete various health behavior activities.

14 Within our to-be-filed written comments,
15 the Society will provide more detailed
16 information and express additional concerns
17 about budget neutrality, dismantling of
18 transitional medical assistance, the
19 feasibility of the proposed employer system
20 program.

21 Thank you for your time and consideration.

22 BY MR. KRULL:

23 Thank you, Ms. Breedan, for your comments.

24 We appreciate them. Jordan Hussey.

25 JORDAN HUSSEY:

1 Hi, my name is Jordan Hussey and I am a
2 person in long-term recovery. I am the
3 executive director of Jay's Place Recovery
4 Center, a non-profit that offer support to
5 those seeking recovery from substance use
6 disorder and the family members of.

7 I'm actually here as a representative of
8 The Georgia Council of Substance Abuse. We'd
9 like to congratulate Governor Kemp, Lieutenant
10 Governor Duncan, Speaker Ralston and the
11 leadership of the Georgia General Assembly of
12 Georgia Access.

13 This is an important step in the ongoing
14 process to provide effective and affordable
15 coverage to the people of Georgia, demonstrates
16 the commitment of our state leadership to
17 address the complicated issues.

18 For far too long, too many Georgians have
19 not had access to safe and effective insurance.
20 For far too long, funding has been a barrier
21 for those who need quality access. While there
22 is still more to do, we are excited to help
23 contribute to this step in the process.

24 We do expect Georgia Access to enhance,
25 not impede, the ability of the Georgia recovery

1 community to utilize certain services
2 available.

3 We look forward to ensuring that job
4 requirements, transportation, reporting and
5 other aspects of Georgia Access has zero
6 unintentional consequences, which negatively
7 impact the Georgia recovery community.

8 As Georgia Access moves forward, GCSA will
9 do our best to make certain the details of
10 Georgia Access match the strong state of
11 support for a comprehensive approach for those
12 suffering from addiction or problems with
13 alcohol and drug use. That includes
14 prevention, treatment and recovery support,
15 three legs of the substance use disorder stool
16 that are essential to healthy communities.

17 The Georgia Council of Substance Abuse
18 looks forward to partnering with Governor Kemp
19 and our state leadership as they continue to
20 perfect the process and ensure those who suffer
21 from substance use disorder have safe,
22 effective and affordable access and funding for
23 the quality insurance coverage they deserve and
24 need.

25 This is the time for constructive

1 collaboration and productive work, and GCSA is
2 eager to move forward with Governor Kemp as we
3 work together for the people of Georgia.

4 BY MR. KRULL:

5 Thank you, Ms. Hussey. We appreciate your
6 comments. Carole Maddux.

7 BY CAROLE MADDUX, REPRESENTING GEORGIA INTERFAITH
8 PUBLIC POLICY CENTER:

9 Good morning. Hi, I'm Carole Maddux. I
10 am the executive director of the Georgia
11 Interfaith Public Policy Center, a non-profit
12 and non-partisan organization lead by faith
13 leaders from across the state of Georgia, to be
14 a uniting voice of the faithful and public
15 policy and the source of education and
16 spiritual formation to worshipping communities,
17 especially in the arenas of our mutual values
18 of mercy, justice, love and hospitality.

19 We believe that neither justice or love
20 are exhibited in a plan that does not provide
21 access to healing to all Georgians. This does
22 not adequately cover home *Jane Day* or chronically ill
23 Georgians, caregivers, or seasonal workers. It
24 actually leaves out a great majority of
25 uninsured Georgians, doing little to alleviate

1 the suffering among our indigent neighbors.

2 For these reasons, we, as people of faith,
3 cannot support this waiver application.

4 Thank you.

5 BY MR. KRULL:

6 Thank you, Ms. Maddux. Diana Lewis.

7 DIANA LEWIS REPRESENTING MERCY CARE:

8 I'm Diana Lewis, I represent Mercy Care.

9 We treat patients from across the state of
10 Georgia, but because our clinics are mostly
11 located closer to the downtown Atlanta area,
12 most of our patients come from Gwinnett, DeKalb
13 and Fulton.

14 As part of Atlanta's safety net for the
15 homeless and uninsured, Mercy Care serves a
16 population that is 75 percent uninsured and
17 living below 100 percent of the poverty level.
18 67 percent of our patients are also homeless.

19 Our primary care and behavioral health
20 teams are dedicated to helping people thrive by
21 managing chronic illness, such as diabetes and
22 hypertension, as well as anxiety and
23 depression.

24 The complex needs of our patients and lack
25 of access to insurance, makes their work both

1 difficult and essential to the health of
2 metro-Atlanta.

3 Mercy Care has actively supported the
4 state's decision to pursue an 1115 and 1332
5 Waivers. We also advocated for the
6 widely-supported plan to embed Grady Health
7 System's Healthy Georgian Solution into the
8 waiver proposal. It offers a comprehensive and
9 transformational approach for providing access
10 to care for the uninsured across metro-Atlanta
11 and in rural areas.

12 The current plan to implement Georgia
13 Pathways, which looks like traditional
14 Medicaid, does not address the barriers that
15 keep people from staying healthy. Lack of
16 transportation, healthy food, health education,
17 et cetera. The innovative Healthy Georgia
18 Solution can make Georgia a leader in
19 healthcare.

20 Embedding the Georgia Healthy Solution
21 into the waiver program would also open greater
22 access to specialty services, such as cancer
23 and heart care, as well as access to more
24 mental health services, severely lacking in
25 Georgia.

1 Mercy Care works to increase the number of
2 individuals we serve each year, but our clinics
3 are at capacity with 15,000 patients served in
4 2018, through over 60,000 visits, 12,000 of
5 those meeting the the mental health needs of
6 our patients.

7 We appreciate the work that has gone into
8 the 1115 Waiver proposal, but the barriers
9 built into the Georgia Pathways' plan are
10 significant. Putting work requirements before
11 healthcare needs will negatively impact access
12 to coverage being offered.

13 Patients with significant health, social,
14 housing and life issues are not in a position
15 to work until their health and social issues
16 are addressed.

17 As a result, Georgia Pathways will benefit
18 only a small number of relatively healthy
19 individuals who are currently employed or
20 meeting other related criteria. The state's
21 own estimates prove it. 400,000 uninsured in
22 Georgia live at or below 100 percent of the
23 Federal Poverty Level, yet only 50,000
24 individuals across the state will be covered
25 after five years.

1 We strongly encourage Governor Kemp and
2 the state to reconsider including the Healthy
3 Georgia Solution as part of Georgia's Georgia
4 Pathways. It is the cost-effective solution to
5 create a healthier Georgia.

6 Thank you.

7 BY MR. KRULL:

8 Thank you for your comments, Ms. Lewis.
9 Brittney Butler.

10 BRITTNEY BUTLER REPRESENTING GEORGIA STATE

11 UNIVERSITY, CIVIL RIGHTS AND LIBERTIES STUDENT:

12 Good morning. I come on behalf of Georgia
13 State University. I am a senior student there
14 and I am taking a class on civil rights and
15 liberties in Georgia, and my professor is the
16 Policy Director for the ACLU of Georgia,
17 Christopher Bruce.

18 I also come on behalf of my community as
19 the only African-American in the room.

20 Healthcare in the United States continues
21 to be a civil rights issue. Amitabh Chandra, the
22 Malcolm Weiner Professor of social policy at
23 Harvard Kennedy School, argues that there
24 continues to be inadequate healthcare for
25 minority patients, especially

1 African-Americans. This is revealed through
2 data related to hospital visits and medical
3 treatment of minority patients.

4 Research also shows that the impact of
5 race on health stems from differences in access
6 to resources and opportunities that can help or
7 enhance health. According to the Henry Kaiser
8 Family Foundation, as of October 2019, 32
9 percent of Georgia's population is low income.
10 In Georgia, 70 percent of the population is
11 covered by Medicaid, which is designed to
12 provide healthcare to low-income households.
13 The racial breakdown of Medicaid enrollees is
14 40 percent white, 46 percent black, 13 percent
15 other, while Georgia's demographics are about
16 60 percent white, about 32 percent black and 8
17 percent another.

18 Based on statistics, while
19 African-Americans make up only about 30 percent
20 of the local Georgia population, we make up the
21 majority of Medicaid enrollees in the state.
22 Statistically speaking, there is a racial
23 divide in Medicaid, thus making healthcare a
24 civil rights issue.

25 Section 1115 Medicaid Waivers allow states

1 the opportunity to test new approaches to
2 Medicaid that differ from what's required by
3 federal law. These waivers allow states to use
4 federal Medicaid and CHIP funds in whatever way
5 they would like, as they can prevent it as an
6 "experimental, pilot, or demonstration project
7 that's likely to assist in promoting the
8 objectives of the program." This also allows
9 states to make changes to Medicaid eligibility,
10 benefits and cost-sharing, and provider
11 payments across their program.

12 First and foremost, because healthcare is
13 a partisan issue, this state is Republican-led,
14 the overall initiative in this experiment would
15 be to cut back or place caps on Medicaid
16 expansion. Governor Kemp has already promised
17 to oppose any legislation that will expand
18 Medicaid while there are 1.38 million Georgians
19 who remain uninsured.

20 Additionally, this would have a
21 detrimental effect on those who benefit from
22 Medicaid, specifically African-Americans.
23 Additionally, Georgia has a history of
24 discriminatory practices against minority
25 groups, such as in the infringement of voter

1 rights. Without federal oversight of the way
2 Georgia is allocating the federal funds for
3 Medicaid and CHIP, it is logical to assume that
4 lawmakers will find a way to leave minority
5 groups out of the benefits of the program, as
6 long as they can find a way to say it is
7 serving the purpose of the program.

8 For example, in other Republican-led
9 states such as Washington, lawmakers have
10 attempted to set a work requirement in exchange
11 for Medicaid. In this case, a federal judge
12 had already ruled that this is illegal because
13 work requirements do not advance the purpose of
14 the Medicaid law.

15 Georgians should oppose the 1115 Medicaid
16 waiver until the governor and state lawmakers
17 find a way to make Medicaid a more expansive
18 program to help the millions of uninsured
19 Georgians that remain without access to
20 healthcare in this state.

21 Racism in healthcare persists while it
22 should be inclusive for everyone.

23 African-Americans do not just make up the
24 majority of the low-income population in
25 Georgia just because they happen to. There are

1 reasons why our community continues to suffer
2 at the hands of its oppressors. Until we can
3 do away with the discriminatory practices that
4 affect life-and-death situations in our
5 communities, we do not need to give the biased
6 lawmakers more power than they already have.

7 Thank you.

8 BY MR. KRULL:

9 Thank you, Ms. Butler, for your comments.

10 Lee Miller.

11 LEIGH MILLER:

12 Hi, everyone. My name is Leigh Miller. I
13 am not here on behalf of any organization. I
14 am a resident of Paul County. I am born and
15 raised in Georgia, and I am here as a mom who's
16 very concerned about the future of my children
17 and the future of all Georgians.

18 I'm an attorney. I'm also a wife and my
19 husband and I are small-business owners. When
20 my three year old daughter was diagnosed with
21 an autoimmune disease, type one diabetes, we
22 were thrown into a healthcare system that did
23 not care about us and it was not structured to
24 support us. Despite working our entire lives,
25 it threw our family into a financial spiral.

1 And that is why I am here today, because
2 of the future of my daughter who will always
3 have this preexisting condition, and she needs
4 the government to stand up and fight for her
5 and other people that are in her position.

6 The state of Georgia has offered no
7 legitimate reason, fiscal or otherwise, as to
8 why it will not accept Medicaid expansion under
9 the ACA, which would provide Medicaid to
10 400,000 people in Georgia. The only cost to
11 the state for this coverage would be 10 percent
12 and the federal government would pay the other
13 90 percent. This is stealing from Georgians.

14 We pay the same federal tax that other
15 states pay and they refuse to take the benefits
16 for those taxes. This has resulted in a crisis
17 in our state. Rural hospitals are closing and
18 the ACA marketplace is completely out of
19 balance and premiums are unaffordable for the
20 middle class and for self-employed citizens.

21 All of this is because of our choices.
22 Our governor has chosen this path and at this
23 point, Governor Kemp is in a unique position
24 where he can chose to expand Medicaid to over
25 400,000 people. The cost of covering that many

1 people would be \$213 million to Georgia, which
2 sounds like a lot, but the proposal that the
3 governor has on the floor today costs \$215
4 million. What he is proposing is actually \$2
5 million more than full expansion. That leaves
6 320,000 people without insurance.

7 Not only does this plan basically steal
8 our already paid federal tax dollars from us,
9 it throws off the intricate balance of
10 insurance in Georgia, putting in danger our
11 hospitals, our medical care, and causing
12 unsustainable fluctuation in health insurance
13 pricing.

14 In sum, this plan costs more money to
15 cover less people and endangers the people of
16 Georgia's lives. It is both morally and
17 fiscally irresponsible.

18 I am asking Governor Kemp to be a fiscal
19 conservative and to please fully expand
20 Medicaid, that's saving us both millions of
21 dollars and lives.

22 Thank you.

23 BY MR. KRULL:

24 Thank you, Ms. Miller, for your comments.

25 We would like to thank each of you for

1 coming today to provide oral comments into this
2 presentation.

3 Let me reiterate that public comment
4 period for the proposed changes will expire on
5 December 3rd of 2019. As I indicated earlier,
6 written comments will be introduced into the
7 official record, as well as the transcription
8 of the oral comments that we've heard this
9 morning.

10 The Board will be asked to vote on this
11 public notice for final adoption at the
12 December 12, 2019 board meeting, which will be
13 held on the fifth floor boardroom at The
14 Department of Community Health, which is at 2
15 Peachtree, Atlanta, Georgia. The board meeting
16 will be held at 10:30 a.m.

17 I'd like to thank you, once again, for
18 your attendance. There being no further person
19 who wishes to make a comment, this public
20 hearing is adjourned at 9:40 a.m.

21 (Meeting adjourned at 9:40 a.m.)
22
23
24
25

1 CERTIFICATE

2
3 STATE OF GEORGIA:4
5 I hereby certify that the foregoing
6 transcript was taken down, as stated in the
7 caption, and the questions and answers thereto
8 were reduced to writing under my direction; that
9 the foregoing pages 1 through 35 represent a true
10 and correct transcript of the evidence given.
1112 I further certify that I am not of kin or
13 counsel to the parties in the case; am not in the
14 regular employ of counsel for any of said
15 parties; nor am I in anywise interested in the
16 result of said case.
1718 This, the 19th day of November, 2019.
19
2021 _____
22 Jane P. Day,
23 Certified Court Reporter
24 5722-2335-0164-6848
25

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