

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☒ Myself ☐ Business/Organization

Business/Organization * American Cancer Society Cancer Action Network

Stakeholder Type * Advocacy Group

First Name * [REDACTED] **Last Name *** Youmans

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Reinsurance Program

Comments *

In our comments in response to Georgia's proposed 1332 waiver in December 2019, ACS CAN supported Georgia's proposed reinsurance program. We continue to support the proposed reinsurance program and urge its enactment. A well-designed reinsurance program can help to lower premiums and mitigate the plan risk associated with high-cost enrollees. We note that the draft waiver anticipates the reinsurance program will reduce premiums by 10.2 percent in plan year 2022. These savings could reduce federal government subsidy payments, and lower premiums for consumers who enroll in coverage through the exchange but are not eligible for subsidies.

Georgia's proposed reinsurance waiver is similar to that adopted in Colorado, which has been shown to reduce premiums. A reinsurance program may encourage insurance carriers to enter the market. A reinsurance program may also encourage plans already in the market to continue offering plans through the exchange. Further, the expected maintenance or increase in plan competition due to the reinsurance program may help to keep premiums from rising. These premium savings could help cancer patients and survivors afford health insurance coverage and may enable some individuals to enroll who previously could not afford coverage – the draft waiver anticipates increased enrollment of 0.4 percent.

We are pleased that the proposal states that Part I of the waiver will not impact the comprehensiveness of coverage in Georgia. ACS CAN believes that patient protections in current law – like the prohibition on pre-existing condition exclusions, prohibition on lifetime and annual limits, and Essential Health Benefits requirements – are crucial to making the healthcare system work for cancer patients and survivors.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

In the second part of its draft 1332 waiver, Georgia proposes to eliminate healthcare.gov as an enrollment platform for residents of Georgia and transition to an entirely new model, the Georgia Access Model, under which the private sector would provide front-end consumer shopping experiences and operations with the State validating whether an individual is eligible for subsidies and providing those subsidies to plans. Georgia would be responsible for ongoing program management and compliance of participating entities. The State believes this will help to promote competition and improve customer service.

We are concerned that under this proposal, consumers would be steered toward specific plan options. The waiver states that web-brokers will be required to display all available Qualified Health Plans (QHPs) and differentiate for customers plans that are eligible for Advanced Premium Tax Credits (APTCs)/Premium Tax Credits (PTCs) and those that are not. For patients with cancer and cancer survivors, it is crucial to choose a health insurance plan that provides coverage for their unique needs. Cancer patients and survivors must pay particular attention to whether a plan covers the medications they need, whether their (often multiple) physicians are in-network, whether their treatment center is in-network, and the cost-sharing that will be required of them.

Even if brokers don't outright omit plan choices in their systems, there is still the potential for them to display certain plans differently – or provide more clear and detailed information about certain plans they have an incentive to sell – and in other ways alter the plan shopping experience so that the consumer is not truly presented with all the relevant choices. Under the proposed waiver, an agent or broker could sell an individual a QHP or a non-QHP plan, the latter of which would not necessarily provide important patient protections such as coverage of Essential Health Benefits.

We are concerned the waiver fails to provide adequate information regarding the transition from the existing healthcare.gov platform to the new Georgia Access Model. While the waiver claims that an estimated 25,000 individuals would enroll in coverage under the Georgia Access Model, it fails to provide any evidence with which to substantiate this claim. We note that even with the best of intentions, as states transition from one model to another, enrollment often declines as evidenced by Nevada's recent experience. We are concerned that without adequate patient protections, which are not identified in the draft waiver, individuals in active cancer treatment could lose coverage or experience a gap in coverage. For cancer patients who are mid-treatment, a loss of health care coverage could seriously jeopardize their chance of survival

(character limit of 32,500)

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Comment Topic* General Comment / Other

Comments*

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on Georgia's revised Draft Section 1332 waiver proposal. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. Access to health care coverage is paramount for persons with cancer and survivors. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive. In the United States, more than 1.8 million Americans will be diagnosed with cancer this year – an estimated 55,190 in Georgia. An additional 15.5 million Americans are living with a history of cancer – 446,900 in Georgia. For these Americans access to affordable health insurance is a matter of life or death.

On behalf of the American Cancer Society Cancer Action Network, we thank you for the opportunity to comment on the proposed section 1332 waiver. We strongly support Georgia's proposed reinsurance waiver, which we believe will provide long-term viability of the individual market while not eroding important consumer protections. We have serious concerns with the proposed Georgia Access Model and would discourage Georgia from proceeding with the second phase of its 1332 waiver. If you have any questions, please feel free to contact me at 850-251-2111 or Heather.youmans@cancer.org.

(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/22/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * American Diabetes Association

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** De La Garza

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** Texas **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

July 22, 2020
Ryan Loke
c/o The Office of the Governor
206 Washington Street, Suite 115
State Capitol
Atlanta, GA 30334

Re: Georgia Section 1332 Modified Waiver Application

Dear Governor Kemp,

On behalf of the more than 34 million American living with diabetes and the 88 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the State of Georgia's modified 1332 Waiver application.

Diabetes is an epidemic nationally and in Georgia. There are around 1,183,000 Georgians with diabetes (both diagnosed and undiagnosed). Another 2,674,000 Georgians have prediabetes. People with diabetes have medical expenses that are about 2.3 times higher than those without diabetes. Diagnosed diabetes costs Georgia an estimated \$11 billion a year. For those with diabetes having access to healthcare is more important than ever.

We support state innovation that increases access to comprehensive and affordable health coverage and applaud the State's plan to establish a waiver-funded reinsurance program to improve the affordability of Affordable Care Act (ACA) compliant individual market health insurance.

While we are supportive of the reinsurance program as outlined, we believe that the subsequently proposed Georgia Access model will encourage consumer enrollment in substandard plans and put Georgians at risk of losing coverage altogether. Georgians with little or no experience buying or using health insurance, those with limited English proficiency, Georgians with low health literacy skills, and those with diabetes would be most at risk of experiencing adverse consequences from the outlined plan.

We are deeply troubled by, and strongly oppose, the State's proposal to eliminate the option for consumers to enroll in coverage through the federal marketplace website and to use federal coverage subsidies to promote enrollment in insurance products that are exempt from critical consumer protections. These proposals will undermine access to and the affordability of comprehensive health coverage for Georgians with preexisting conditions.

Eliminating the federal enrollment platform would eliminate a widely used option for obtaining comprehensive health coverage and rely exclusively on industry-run and third-party enrollment options that consumers have access to already.

Many Georgians who now rely on federal subsidies to afford coverage will almost certainly be cut off from financial help due to the "innovative" program rules described in the application, while others who depend on comprehensive coverage are likely to have fewer plan choices and higher premiums. Meanwhile, state promotion of third-party websites that sell deficient insurance products alongside comprehensive coverage is likely to deepen consumer confusion and increase the risk that individuals will be steered to plans that do not meet their needs or expectations.

The waiver application assumes that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from the federal enrollment platform.

Despite our concerns related to the Georgia Access portion of the state's waiver application, the American Diabetes Association is supportive of the proposed reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

In December of 2019 the ADA sent a comprehensive letter on the 1332 waiver and the comments and citations to supporting research in the letter are still relevant to this waiver so I am attaching it for your review.

Thank you for the consideration of our comments on Georgia's Section 1332 modified waiver application. If you have any questions, please contact: Veronica De La Garza at vdelagarza@diabetes.org or 1-800-676-4065, ext. 6017.

Sincerely,

Veronica De La Garza
Director, State Government Affairs
American Diabetes Association
(character limit of 32,500)

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topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic*

General Comment / Other

Comments*

December 3, 2019

Ryan Loke
c/o The Office of the Governor
206 Washington Street, Suite 115
State Capitol
Atlanta, GA 30334

Re: Georgia Section 1332 Waiver Application

Dear Mr. Loke:

On behalf of the more than 30 million Americans living with diabetes and the 84 million more with prediabetes, the American Diabetes Association (ADA) provides the following comments on the State of Georgia's draft Section 1332 Waiver Application.

As the global authority on diabetes, the ADA funds research to better understand, prevent and manage diabetes and its complications; publishes the world's two most respected scientific journals in the field, *Diabetes* and *Diabetes Care*; sets the standards for diabetes care; holds the world's most respected diabetes scientific and educational conferences; advocates to increase research funding, improve health care, enact public policies to stop diabetes, and end discrimination against those denied their rights because of the disease; and supports individuals and communities by connecting them with the resources they need to prevent diabetes and better manage the disease and its devastating complications.

We support state innovation that increases access to comprehensive and affordable health coverage and applaud the State's plan to establish a waiver-funded reinsurance program to improve the affordability of Affordable Care Act (ACA) compliant individual market health insurance.

We are deeply troubled by, and strongly oppose, the State's proposal to eliminate the option for consumers to enroll in coverage through the federal marketplace website and to use federal coverage subsidies to promote enrollment in insurance products that are exempt from critical consumer protections. These proposals will undermine access to and the affordability of comprehensive health coverage for Georgians with preexisting conditions. Not only are these policies harmful to the individuals we represent and to thousands of other Georgians who rely on comprehensive coverage to meet their care needs, they violate the statutory requirements of the waiver program and cannot be lawfully approved or implemented. We strongly urge the State to reconsider its approach and we stand ready to assist policymakers in the development of lawful policy reforms that will reduce the uninsurance rate and make comprehensive coverage more affordable for more Georgians.

Reinsurance

We support the State's proposal to establish an individual market reinsurance program beginning in plan year 2021. Reinsurance programs are proven tools for providing market stability and moderating premiums, to the direct benefit of consumers. Medicare Part D includes a reinsurance program, and the temporary program established by ACA lowered individual market premiums by 10 to 14 percent in 2014. Since that program lapsed, 12 states have received federal approval to use a Section 1332 waiver to fund state-operated reinsurance programs.

These efforts have made a real difference for consumers. All 12 states with waiver-funded reinsurance have experienced, or are set to experience in 2020, substantial decreases in premium rates — average statewide reductions have ranged from 6 to 30 percent — as a result of these programs. It appears likely that Georgia's proposed reinsurance program would produce similar benefits in 2021. If not otherwise undermined by the counterproductive policies described in the "Georgia Access Model," reinsurance could be expected to promote stability and competition in the State's private insurance market in the years that follow.

Georgia Access Model

Unfortunately, the Georgia Access Model would impose substantial and highly disruptive changes on the State's individual market that would offset the benefits of the proposed reinsurance program and harm the many thousands of Georgians who rely on the existing market for comprehensive coverage.

The State would terminate residents' access to federal premium and cost-sharing assistance. It would establish, instead, a less generous program that caps the total amount of assistance money Georgians can receive and promotes enrollment in deficient insurance products, making comprehensive coverage more expensive.

The State would also prohibit residents from using the federal enrollment platform. Though the application claims this limitation will improve the enrollment experience for consumers, it would, instead, eliminate a widely used option for obtaining comprehensive health coverage and rely exclusively on industry-run and third-party enrollment options that consumers have access to already.

The State would undertake these changes “to spur innovation.” Yet many Georgians who now rely on federal subsidies to afford coverage will almost certainly be cut off from financial help due to the “innovative” program rules described in the application, while others who depend on comprehensive coverage are likely to have fewer plan choices and higher premiums. Meanwhile, state promotion of third-party websites that sell deficient insurance products alongside comprehensive coverage is likely to deepen consumer confusion and increase the risk that individuals will be steered to plans that do not meet their needs or expectations.

In sweeping aside these serious and foreseeable harms, the State relies not so much on actuarial analysis as it does on conclusory assertions. The State’s application omits several key analyses necessary for evaluating the probable effects of the waiver and bases its claimed compliance with the federal guardrails on assumptions unsupported by analysis.

In so doing, Georgia may hope to avail itself of the new flexibilities in waiver design that have been offered to states in recent federal guidance. We believe the policy changes announced in the October 2018 waiver guidance are clearly inconsistent with federal law and that the guidance itself — which was issued in the absence of notice and comment rulemaking and has been determined by the Government Accountability Office to constitute a rule — is procedurally invalid. Yet, the Georgia Access Model fails to satisfy even the lax standards of that document, which requires more from states than unsupported assertions of adherence to federal law.

The Waiver Program Would Segment the State’s Insurance Market, Harming Georgians with Preexisting Conditions

The State’s proposal would divert federal financial assistance used by Georgians to enroll in comprehensive health coverage for use in promoting the sale of what would be, in effect, a new class of insurance product not subject to the same consumer protection standards as the current individual market. These “Eligible non-QHPs” are designed to market coverage that provides skimpier benefits and fewer cost-sharing protections than permissible under current law. Though the application states that these plans must “maintain protections for those with preexisting conditions” and may not medically underwrite, it declines to go beyond these generalities, making it impossible for the public to understand specifically what these new and less regulated plans can, and cannot do. Can Eligible non-QHPs charge consumers a higher premium based on gender or age? May they impose annual or lifetime limits on the benefits they choose to cover? Though the State asserts that Eligible non-QHPs will remain in the single risk pool, how will risk adjustment function, given that the plans will operate under different rules than the rest of the market? The application is silent on these critical questions.

The proposal is clear, however, in its intention to exempt Eligible non-QHPs from otherwise applicable benefit and cost-sharing requirements. In markets where insurers can avoid covering critical benefits and services used by people with preexisting conditions, experience shows that insurers take advantage. It is well documented that in the years before passage of the ACA, individual health insurance routinely excluded coverage for mental health services and substance use disorders, maternity care, and prescription drugs. Similarly today, short-term plans, which are exempt from the essential health benefits (EHB) requirement, commonly exclude coverage for these same essential benefits as a way of reducing exposure to unhealthy risks and increasing profits. Because they have critical gaps in coverage, these products are far less attractive to people who expect to use medical care, such as individuals with diabetes. Instead, they draw healthy consumers away from the wider market, cherry picking low-cost enrollees while individuals with preexisting conditions seek out comprehensive coverage options. This dynamic causes the market for comprehensive coverage to become smaller, sicker, and more expensive, with serious consequences. Those who rely on comprehensive plans to address their care needs — the people we represent and many others with preexisting conditions — face higher costs, fewer plan choices, and an increased risk that the insurers who offer such coverage will cease to do so altogether.

The October 2018 waiver guidance articulated five new principles that the federal administration expects states to consider and advance when developing a waiver program. The State’s application claims that the Georgia Access Model “aligns with and advances” four of these principles. The fifth principle asks states to “[s]upport and empower those in need. Americans should have access to affordable, high value health insurance.” Tellingly, the State does not even attempt to argue that its program aligns with and advances this goal.

We strongly urge the State to withdraw the Georgia Access Model and to consider only those reforms that do not harm people with preexisting conditions by dividing the market between healthy and sick.

The Waiver Program Would Promote Enrollment in Limited Benefit Products and Jeopardize Georgians’ Access to Comprehensive Health Insurance

To receive approval, a Section 1332 waiver application must demonstrate that “it will provide coverage that is at least as comprehensive as the coverage defined in section 1302(b)” of the ACA and offered by Qualified Health Plans (QHPs) on the marketplace. The Georgia Access Model seeks to take federal dollars used by Georgians to enroll in coverage that offers EHB protections and use some of those funds to subsidize enrollment in a new coverage product that is entirely exempt from the EHB protections of section 1302(b). The proposal, in other words, is designed to funnel federal dollars toward providing and promoting coverage that fails the federal statutory requirement.

The application appears to try to obscure the logical implications of this approach by grounding its guardrail analysis on the assumption that the new “Eligible non-QHPs” will cover 90% of the benefits that real QHPs do. This assumption is without basis. The application provides no explanation or analysis to suggest how it reached this conclusion. Experience shows the opposite. As described above, insurance products sold in markets operating under similar lax rules typically offer far fewer benefits than QHPs. The State’s assumption to the contrary is implausible and does not accurately assess the degree to which Eligible non-QHPs are likely to diverge from comprehensive coverage.

In addition, the application repeatedly assures readers that the Georgia Access Model will not eliminate QHPs or otherwise affect the availability of these comprehensive plans. Yet, reading further into the document reveals these promises, too, stem from a baseless assumption. The State’s guardrail analysis “assume[s] insurers will continue to offer QHPs that cover all ten EHBs. Under this assumption, the waiver does not change the availability of QHPs.” This assumption is made without justification or analysis and runs counter to what we expect from a market structured in the manner that the State proposes. Required to demonstrate how its proposal complies with the federal law guardrails, the State instead offers “analysis” that takes as a given the very condition it is supposed to be testing for: the guardrails are met, it says, because we assume for the purpose of analysis that they are met. There is no doubt that “analysis” in this application fails federal requirements.

The Waiver Program Would Increase the Cost of Comprehensive Coverage, While the Funding Cap Would Cause Georgians to Lose the Premium and Cost-Sharing Assistance They Now Receive

The State must also demonstrate that its waiver program “will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable” as those provided under the ACA.

The State acknowledges that, by promoting enrollment in limited benefit products, it will trigger adverse selection against the market for comprehensive health plans and, in so doing, will cause comprehensive coverage to become more expensive. Relying on the same assumptions identified above — that non-Eligible QHPs will voluntarily offer 90% of QHP benefits and that QHP availability will be unaffected by the State’s upending of the market rules — the state projects the cost of comprehensive plans will rise only 1.1%. As explained above, the assumptions underlying this estimate are without basis and are at odds with analysis of markets similar to the one Georgia seeks. Accordingly, the State’s projection that its proposal will only modestly increase premiums does not meet the federal Section 1332 application requirements. Though the application asserts Eligible non-QHPs will choose to offer similar benefits to QHPs, it expressly declines to make any claims about how generous these new products will be with respect to cost-sharing. In other words, an Eligible non-QHP that, improbably, were to offer 90% of a QHP’s benefits could be expected to impose severe cost-sharing limitations that would make the actuarial value of the product far lower than its QHP counterpart.

For these reasons, it is likely that the waiver program will cause greater adverse selection than the State acknowledges and increase the cost of comprehensive coverage by far more than its estimates allow. This would hurt Georgians in at least two ways.

First, unsubsidized enrollees who require comprehensive coverage — for example, to manage a chronic condition, such as diabetes, or to receive mental health or substance use disorder services — will be forced to pay substantially higher premiums to maintain access to the care they need. Of course, those who are now healthy but unexpectedly develop a need for expensive care will face a similar hardship when choosing a new plan.

Second, the State will reach its self-imposed subsidy funding cap far earlier than it anticipates. Because the State’s coverage subsidies will be tied to the price of a QHP, program choices that have the effect of inflating the cost of comprehensive coverage will also inflate the per-person cost of the subsidy. But while, as the application admits, these higher costs should be “entirely born[e] by the State,” the program’s funding cap would in fact limit the State’s commitment. Instead, and by design, the State would shift the cost burden to its lower- and middle-income residents. When the State hits its funding cap, Georgians who otherwise would receive federal premium and cost-sharing assistance will, instead, receive nothing. These individuals will be forced to choose whether to pay the full cost of coverage — in the case of comprehensive plans, the waiver-inflated cost — or go uninsured. Residents who become eligible for coverage and subsidies mid-year —because, for example, they lose coverage through their employer, or age off of a parent’s plan—would be at particular risk for being left behind by the State’s reforms. A subsidy cap such as the one Georgia proposes cannot be squared with the plain language of the affordability guardrail.

Finally, it appears the waiver program may deprive Georgians of affordable coverage by eliminating, without replacement, the federal cost-sharing assistance relied on by nearly 300,000 residents. The State proposes to waive in its entirety Section 1402 of the ACA, which establishes the law’s cost-sharing reduction (CSR) subsidy. Though federal funding for CSRs was cut off in 2017, eligible consumers continue to receive this valuable assistance because insurers are required by federal law - specifically Section 1402 -

to provide it. Were this section rendered inoperative in Georgia, insurers in the State would no longer be obligated to enroll eligible consumers in reduced cost-sharing plans. Without this assistance, these low-income consumers would be exposed to thousands of dollars in increased cost-sharing. The application suggests the State will utilize the "same . . . federal subsidy structure" as is currently in place. However, there is no explicit mention in the application of a cost-sharing component to the state subsidy program. Were the Georgia Access Model not to provide cost-sharing assistance as protective to consumers as the CSR subsidy, it would be an enormous omission that on its own would cause the application to fail.

The Waiver Program Would Reduce the Number of Georgians with Comprehensive Health Insurance

Federal law requires the State to show that its waiver program "will provide coverage to at least a comparable number of its residents as the provisions of [Title I of the ACA] would provide." The Georgia Access Model, by design, would promote enrollment in coverage products that do not comply with Title I of the ACA. According to the application, this approach will cause the number of Georgians insured by comprehensive coverage to decrease by at least 10 percent. We understand the October 2018 waiver guidance purports to allow for the approval of a program that lowers enrollment in comprehensive coverage, so long as it offsets these losses with gains in non-ACA-compliant products. As noted above, it appears this guidance is procedurally invalid.

The State's waiver program would require consumers to purchase coverage directly from a private insurer, or via web and traditional brokers, many of whom receive substantially higher commissions for enrolling individuals in non-ACA-compliant coverage than in comprehensive coverage. Given the substantial risk of consumer confusion regarding the features and limitations of the various disparate insurance products the State expects will be marketed by these entities (which include not just QHPs and Eligible non-QHPs, but also "accident supplemental plans, critical illness plans, limited-benefit plans, short-term limited duration plans" and more), it is likely that at least some consumers will land in non-comprehensive products that do not align with their needs and expectations.

The Application Fails to Account Fully for the Waiver Program's Effects on the Federal Budget

The application contains estimates of the approximate amount of federal pass-through dollars that will be available to the State to help fund the waiver program. However, the State's analysis significantly underestimates the amount by which the program is likely to reduce federal revenues. In particular, because the waiver program would eliminate federal premium tax credits in Georgia, employers of Georgia residents would no longer be liable for employer shared responsibility payments with respect to their Georgia employees. Once properly accounted for, these lost revenues will materially reduce the federal funding available for what is already an insufficiently funded subsidy program.

The Application Provides Insufficient Information to Assess the State's Ability to Implement the Waiver Program on Time and Without Disruption for the More than 450,000 Georgians Who Depend on the Current Enrollment and Subsidy Framework

The State's plan to cease enrollment through HealthCare.gov, direct the more than 450,000 Georgians who use that platform to alternate enrollment pathways, and at the same time implement a new state subsidy program (and communicate those critical details to enrollees) is a substantial undertaking, posing a significant risk of disruption to consumers' coverage and finances. The State recognizes, correctly, that these proposals will require a "detailed transition strategy, including thoughtful and clear communication for consumers and the public." Yet while we do not expect a fully articulated transition strategy to be contained in the application, the State has provided scant information about how it will address the various significant technical, operational, and administrative challenges it hopes to undertake. As but one example, the State says it will use the same subsidy eligibility and program parameters for its subsidy program as are currently in place. This suggests the State will authorize and administer an advanceable premium tax credit and a cost-sharing reduction subsidy, the former of which will require annual reconciliation at tax time. Reconciliation is a complicated process to administer, and to communicate to the public. Not only is there no information in the application about how this would occur, it is not even fully clear that this is, in fact, the State's plan. In the application's current form, it is impossible to assess the State's claims about the timing and implementation of its ambitious reforms.

Conclusion

Thank you for the opportunity to provide these comments. Our comments include numerous citations to supporting research, including direct links to the research for the benefit of the Department in reviewing our comments. We direct the Department to each of the studies cited – made available through active hyperlinks – and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act. If you have any questions, please contact: Veronica De La Garza at vdelagarza@diabetes.org or 1-800-676-4065, ext. 6017.

Sincerely,

Veronica De La Garza
Director, State Government Affairs
American Diabetes Association
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Citations:

- 1 "Georgia Section 1332 Waiver Application," Nov. 4, 2019, at 7.
 - 2.U.S. Government Accountability Office, "Department of Health and Human Services and Department of the Treasury—Applicability of the Congressional Review Act to State Relief and Empowerment Waivers," GAO, July 15, 2019; Christen Linke Young, "The Trump Administration Side-Stepped Rulemaking Processes on the ACA's State Innovation Waivers--and It Could Make Their New Section 1332 Guidance Invalid," The Brookings Institution, Nov. 28, 2018.
 - 3 American Academy of Actuaries, "How Changes to Health Insurance Market Rules Would Affect Risk Adjustment," May 2017
 - 4 Office of the Assistant Secretary for Planning and Evaluation, "Essential Health Benefits: Individual Market Coverage," U.S. Department of Health & Human Services (HHS), Dec. 16, 2011; Michelle M. Doty, Sara R. Collins, Jennifer L. Kriss et al., "Failure to Protect: Why the Individual Insurance Market Is Not a Viable Option for Most U.S. Families," The Commonwealth Fund, July 21, 2009; see also Dania Palanker, JoAnn Volk, and Justin Giovannelli, "Eliminating Essential Health Benefits Will Shift Financial Risk Back to Consumers," The Commonwealth Fund, March 24, 2017.
 - 5 Dania Palanker, JoAnn Volk, and Kevin Lucia, "Short-Term Health Plan Gaps and Limits Leave People at Risk," The Commonwealth Fund, Oct. 30, 2018; Dania Palanker, Kevin Lucia, and Emily Curran, "New Executive Order: Expanding Access to Short-Term Health Plans Is Bad for Consumers and the Individual Market," The Commonwealth Fund, Oct. 11, 2017. Karen Pollitz, Michelle Long, Ashley Semanskee, and Rabah Kamal, "Understanding Short-Term Limited Duration Health Insurance," Kaiser Family Foundation, Apr. 23, 2018.
 - 6 Georgia Section 1332 Waiver Application at 24.
 - 7 <https://www.federalregister.gov/documents/2018/10/24/2018-23182/state-relief-and-empowerment-waivers>
 - 8 Georgia Section 1332 Waiver Application at 53.
 - 9 Id. at 42. See also id. at 53 ("The actuarial modeling also assumes that currently available QHPs will continue to be available in all rating areas").
 10. Gary Claxton, Karen Pollitz, Ashley Semanskee, and Larry Levitt, "Would States Eliminate Key Benefits if AHCA Waivers are Enacted?" Kaiser Family Foundation, Jun. 14, 2017. Congressional Budget Office, Cost Estimate: H.R. 1628, American Health Care Act of 2017, May 24, 2017. PricewaterhouseCoopers, LLP, "Challenges of partial reform – Lessons from State Efforts to Reform the Individual and Small Group Market Before the Affordable Care Act," California Health Care Foundation, Feb. 2017. Adele Kirk, "Riding the Bull: Experience with Individual Market Reform in Washington, Kentucky, and Massachusetts," Journal of Health Politics, Policy and Law 25(1), 2000.
 11. Georgia Section 1332 Waiver Application at 53.
 12. Id.at 54.
 13. Id. at 20 (anticipating hitting the cap but downplaying its impact on existing consumers).
 14. Id. at 54.
 15. Centers for Medicare & Medicaid Services (CMS), 2019 Marketplace Open Enrollment Period Public Use Files, Nov. 2019.
 16. Kaiser Family Foundation, Explaining Health Care Reform: Questions About Health Insurance Subsidies, Nov. 20, 2018.
 17. Georgia Section 1332 Waiver Application at 23.
 18. Centers for Medicare and Medicaid Services, Letter to Commissioner Doug Ommen from Randy Pate, Director of the Center for Consumer Information & Insurance Oversight, Oct. 19, 2017.
 19. Georgia Section 1332 Waiver Application at 18.
- (character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/22/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * American Lung Association in Georgia

Stakeholder Type * Advocacy Group

First Name * Last Name * Deen

Email *

Address

City

State Georgia

Zip

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

The American Lung Association in Georgia appreciates the opportunity to submit comments on Georgia's Section 1332 Waiver Application.

The American Lung Association is the oldest voluntary public health organization in the United States, representing more than 36 million Americans with lung disease, including more than 1.2 million individuals in Georgia. For patients with lung disease – including asthma, COPD and lung cancer – having quality and affordable healthcare is essential.

While the Lung Association supports reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with lung diseases and other pre-existing conditions. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. The Lung Association urges Georgia to withdraw its application for the Georgia Access Model.

Georgia's application proposes to no longer use Healthcare.gov for enrollment and instead have people enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and the Lung Association opposes this change.

The Lung Association fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would inevitably lose coverage during the transition. This could have a serious impact on the health of patients who are in the middle of treatment for lung cancer, rely on regular visits with healthcare providers for COPD, or must take daily medications to manage their asthma and cannot afford a sudden gap in their care. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. There is no clear methodology for producing this estimate, except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase, enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year.

Today, patients with lung disease who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients and lead them to purchase coverage that does not cover preventive and primary care, hospitalizations, emergency room visits, prescription medications and other treatments and services needed to maintain their health. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwilling enroll in coverage that lacks key patient protections. This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with lung disease to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, the Lung Association opposes the changes in the Georgia Access Model.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Reinsurance Program

Comments *

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14% in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9% in their first year.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10% in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

Georgia's proposal estimates that this reinsurance program will cost the state \$104 million, which will come from the state's general fund. As Georgia moves forward with allocating funding for this program, it is important that the state not do so by cutting funding for other public health and coverage programs. This would diminish health and access to care for Georgians, undermining the core goals of a reinsurance program.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

As the Lung Association and other organizations in Georgia wrote in a letter to Governor Kemp on July 17, a fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. The Lung Association asks that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

While the Lung Association supports reinsurance as a tool to stabilize premiums in the individual marketplace, we are deeply concerned that the remainder of the state's Section 1332 Waiver Application will jeopardize access to quality and affordable healthcare coverage for patients with lung disease and other pre-existing conditions. The American Lung Association urges Georgia to withdraw its application for the Georgia Access Model and instead focus on solutions that promote adequate, affordable and accessible coverage without jeopardizing access to care for patients with lung disease and other pre-existing conditions.

Thank you for the opportunity to provide comments.

(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Association of Web-Based Health Insurance Brokers

Stakeholder Type * Trade Association

First Name * [REDACTED] **Last Name *** Nakahata

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

Mr. Ryan Loke
c/o Office of the Governor
206 Washington Street, Suite 115
State Capitol
Atlanta, GA 30334

Dear Mr. Loke:

The Association of Web-Based Health Insurance Brokers (AWHIB) appreciates the opportunity to present written comments regarding Georgia's revised Section 1115 Waiver. AWHIB is a trade association of web-broker entities (WBEs) that have signed agreements with the Centers for Medicare and Medicaid Services (CMS) and are currently leveraging the Federally Facilitated Exchange's (FFE) direct enrollment and enhanced direct enrollment application programming interfaces (APIs). AWHIB members include brokerage firms that sell health insurance online directly to consumers, private health insurance exchanges, and technology companies that support individual agents and brokers.

AWHIB supports the goals of the state's Section 1332 waiver and the Georgia Access Model to increase affordability and promote innovation while maintaining access to QHPs and preserving essential consumer protections. AWHIB recognizes that the state seeks to provide its residents with better access to insurance, improved customer service and a choice of affordable coverage options. AWHIB members already serve Georgia consumers through the FFE, and stand ready to assist the state in the development and implementation Georgia Access Model.

AWHIB recommends that the state reuse much of the technical architecture and compliance structures that have already been developed for the FFE's enhanced direct enrollment (EDE) program to avoid reinventing the wheel. This includes closely adhering to the technical standards and specifications developed for EDE, and leveraging CMS' EDE compliance reviews. AWHIB members that participate in EDE have developed the electronic interfaces needed to exchange information with the FFE to render an eligibility determination and submit an enrollment, and we recommend that Georgia reuse the standards and specifications supporting these existing interfaces. Current EDE partners also have already completed CMS' rigorous approval process and have implemented compliance structures in place to support EDE. The FFE's EDE program is effective and road-tested, and using EDE as a template

will not only facilitate rapid adoption by web-brokers and issuers, but will also help provide the state with a ready-made workforce of agents and brokers that currently use web-brokers' and issuers' EDE platforms.

AWHIB further recommends that the state leverage experienced/proven technical resources, both from an EDE perspective and from a state exchange perspective to develop and support the back-end functionality for the Georgia Access model. This will also help expedite adoption, build upon lessons learned and facilitate adoption of best practices.

Finally, while AWHIB fully supports the state's intent to promote strong consumer choice, we recognize that there may be circumstances in which the requirement for web-brokers to display all QHPs might potentially hinder web-broker participation. While web-brokers will seek to be appointed by every QHP issuer in Georgia, there may be some instances in which a web-broker is not able to secure an appointment from a particular QHP issuer. Lack of an appointment could prevent a web-broker from displaying information about a given QHP, particularly if web-brokers are reliant on QHP issuers for plan information. However, there are steps the state could take to help address this, including the following:

1. Make available to web-brokers a standardized set of QHP data so that web-brokers can display a consistent set of plan data for all QHPs, regardless of whether they have been appointed by the QHP issuer;
2. Permit web-brokers to notify the consumer when they are not able to facilitate enrollment into a specific QHP due to lack of an issuer appointment, and to provide a link to the state's website for more information on how to enroll in the specific QHP; and
3. Encourage all QHP issuers to appoint approved web-brokers.

These steps would help web-brokers display information about all QHPs, even if not appointed by a specific QHP issuer. AWHIB would like to work with the state to make sure that web-brokers are able to meet the QHP display standard and participate in Georgia Access.

AWHIB appreciates the opportunity comment on the revised waiver and we look forward to working with the state to implement this program.

Sincerely,

eHealth, Inc.
AWHIB Board Member

Getinsured, Inc.
AWHIB Board Member

GoHealth
AWHIB Board Member

Stride Health
AWHIB Board Member

Willis Towers Watson
AWHIB Board Member
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Atlanta Legal Aid Society

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** Bliss

Email * [REDACTED]

Address [REDACTED]

City [REDACTED]

State Georgia

Zip [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). We are writing on behalf of Atlanta Legal Aid Society to express our organization's concern about the ACA Section 1332 waiver. Since 1924, Atlanta Legal Aid Society has offered free civil legal aid for low income citizens across metro Atlanta. We are home to a Health Law Unit that helps clients with chronic conditions access health insurance, among other services. We also lead a Health Law Partnership that assists low-income children with access quality health care and tackling socioeconomic barriers to maintaining good health. Because of our commitment to health-related legal issues, we are in an acute position to identify issues with the 1332 Waiver.

Our state is in the midst of the COVID-19 public health crisis, and Georgians are in dire need of comprehensive and affordable health insurance options. To that end, Atlanta Legal Aid Society is supportive of the 1332 waiver proposal's reinsurance program. Like those approved in other states, the reinsurance program would reduce premiums and provide market stability. Implementing this aspect of the waiver would be a positive move forward for Georgia consumers.

However, the Georgia Access model portion of the 1332 waiver would create a number of issues for Georgians, and may ultimately undermine the state's goal of increasing coverage across Georgia. The model would eliminate the consumer's option to access coverage through the unbiased platform offered by federally facilitated exchange HealthCare.gov (FFE). This change would decrease transparency for consumers and would ignore the misalignment of incentives for web-brokers and insurance companies. The Georgia Access model would also allow insurers to issue subpar insurance plans, which may increase premiums and state costs.

Thank you in advance for your consideration of our comments on Georgia's 1332 waiver application. We look forward to engaging further on the topic.

The Georgia Access Model Would Create Barriers to Accessing Insurance Information

The Georgia Access Model proposes removing the state from the FFE without creating its own exchange platform. Instead, consumers would compare coverage options and enroll through private web brokers and insurers. This proposal would make it difficult to obtain clear and transparent information on insurance options. Further, direct enrollment entities already have a track record of steering consumers toward substandard plans that expose them to catastrophic costs if they get sick; failing to alert or assist consumers when they are eligible for Medicaid; and making it difficult to compare plans.

The waiver application assumes that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from HealthCare.gov. Over 450,000 Georgians enjoy health exchange coverage with plans that cover essential health benefits. It remains to be seen if those Georgians would be able to keep federal exchange coverage. In our view, the potential loss of coverage by Georgians violates the ACA's statutory coverage guardrail for 1332 waivers, making the Georgia Access model ineligible for approval by federal officials.

The Georgia Access Model Would Lower Insurance Coverage Standards and Raise Costs

The Georgia Access model proposes alarming changes to the high-quality standard of coverage set by the ACA. Under the proposal, the state would allow tax credits to be used to purchase substandard health plans that exclude coverage for essential health benefits, such as prescription drugs, maternity care, and substance abuse services.

Using tax credits for substandard plans in this manner would create adverse selection that would increase premiums for high quality plans. Healthier people, even those eligible for tax credits, would inevitably enroll in cheaper, more limited coverage to keep costs down. This move would shrink the risk pool for high-quality insurance and would consequently raise premium costs. Higher premium costs will raise the per-person costs of tax credits, resulting in a higher cost to the state.

Respectfully,

Charles R. Bliss Molly Katherine Anderson
Director of Advocacy Law Assistant | Equal Justice Works Legal Fellow
Atlanta Legal Aid Society Atlanta Legal Aid Society
crbliss@atlantalegalaid.org | (404) 614-3988 manderson@atlantalegalaid.org | (770) 817-7502
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/24/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * CJN CONSULTING, INC

Stakeholder Type * Business Owner

First Name * [REDACTED] **Last Name *** Paul

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** Georgia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

need subsidised insurance
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/22/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Cystic Fibrosis Foundation

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** Kellermann

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

July 23, 2020

Ms. Lynette Rhodes
Executive Director, Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, Georgia 30303

Submitted electronically at: <https://medicaid.georgia.gov/patients-first-act-public-comment>

RE: Georgia Section 1332 State Empowerment and Relief Waiver Draft Application

Dear Ms. Rhodes,

Thank you for the opportunity to comment on Georgia's Section 1332 Waiver application. On behalf of people with cystic fibrosis (CF), we write to express our serious concerns with the waiver's request to transition the state's individual market to the Georgia Access Model.

Cystic fibrosis is a life-threatening genetic disease that affects approximately 840 people in Georgia. Over half of adults living with CF in the state rely on Medicaid for some or all of their health care coverage. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. Cystic fibrosis is both serious and progressive; lung damage caused by infection can be irreversible and have a lasting impact on length and quality of life. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications.

While the CF Foundation supports reinsurance as a tool to stabilize premiums in the individual market, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality, affordable healthcare coverage for people with cystic fibrosis and other pre-existing conditions. Under the proposed Georgia Access Model, the state would require Georgians to enroll in coverage through insurers, brokers, and private websites rather than through Healthcare.gov. This plan increases the risk

that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs.

The Cystic Fibrosis Foundation urges Georgia to withdraw its application for the Georgia Access Model and offers the following comments on the waiver application.

Georgia Access Model

Georgia's application proposes to discontinue use of Healthcare.gov for enrollment and instead direct people to enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and we oppose this change.

Impact on Enrollment and Coverage

The CF Foundation is concerned that the state's planned transition from Healthcare.gov to several disparate, private health insurance websites could cause confusion for Georgians who currently purchase plans through the federal marketplace and for some to lose coverage as a result. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment; however, there is no clear methodology for producing this estimate except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year. CF care is expensive and patients cannot afford to lose coverage for any of period of time; without it, they would not be able to afford the care and treatments they need to stay healthy.

Plan Choice and Adequacy

Today, patients with CF who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell qualified health plans (QHPs) alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients, including those with CF, and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwilling enroll in coverage that lacks key patient protections. This problem would likely worsen in Georgia under this proposal.

We fear that under the new enrollment platform, patients are more likely to enroll in substandard, inadequate coverage. Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with cystic fibrosis to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage. This failure to appropriately shield patients from risk is unacceptable.

Impact on Premiums

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down.

Reinsurance Program

The Cystic Fibrosis Foundation supports reinsurance as a tool to help stabilize health insurance markets. Reinsurance programs help insurers cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. These programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.

While we support Georgia's proposed reinsurance program, we are disappointed to see that the state has decided to delay implementation by a year to 2022. Stabilizing the individual market and facilitating patient access to affordable, comprehensive coverage is especially important given the economic uncertainty caused by the COVID-19 pandemic. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.2 percent in 2022 and increase the number of individuals obtaining health insurance through the individual market. Therefore, we encourage the state to consider implementing its reinsurance plan in 2021, as proposed in its original application.

The Cystic Fibrosis Foundation opposes this waiver proposal. Instead, we urge Georgia to focus on solutions that promote adequate, affordable, and accessible coverage without jeopardizing access to care for patients with cystic fibrosis and other pre-existing conditions.

Thank you for your consideration.

Sincerely,

Mary B. Dwight
Chief Policy & Advocacy Officer
Senior Vice President of Policy and Advocacy
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Georgia Budget and Policy Institute

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** Harker

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** Georgia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

July 23, 2020

Ryan Loke

c/o The Office of the Governor

206 Washington Street

Suite 115, State Capitol

Atlanta, Georgia 30334

Re: Georgia Section 1332 Waiver Application

Dear Mr. Loke,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Georgia Budget and Policy Institute to provide our feedback about the ACA Section 1332 waiver.

We appreciate your team's work to make several positive updates to the Georgia Access phase of the waiver plan, including maintaining the structure of the federal premium subsidies to ensure there is not a cap on subsidies available to Georgians and no longer allowing these subsidies to be used on non-qualified health plans. However, we are concerned about the plan to remove an option for Georgians to enroll for individual health insurance plans.

In our September 2019 analysis of 1332 waiver options, we outlined several approaches to utilize these waivers to help more people get enrolled in coverage – which is critical because 838,563 uninsured Georgians have incomes that could qualify them for subsidized health insurance. The most effective approach to help more uninsured Georgians already eligible for marketplace subsidies get enrolled is to invest in outreach and enrollment assistance. The federal government cut outreach and enrollment assistance by 86 percent from 2016 to 2018, making it harder to reach more people and get them enrolled. Additional outreach efforts must also be paired with assistance to reduce cost-sharing to make sure that coverage is affordable for Georgians with low-to-moderate incomes.

This plan does not create any new paths to enrollment or provide targeted assistance to reach potential enrollees. Georgians can already enroll in health plans through private insurers and web brokers in the existing enhanced direct enrollment program. The Georgia Access plan anticipates a 25,000 increase in enrollment due to web broker marketing efforts. Brokers already market to and enroll people in individual health coverage today and this waiver plan does not make it clear how these efforts will be any different. And evidence from past transitions from federal to state marketplaces suggests that thousands of Georgians might lose coverage in the move away from HealthCare.gov. If the state wants to utilize brokers to increase enrollment as envisioned in the plan, it can do so without taking away the centralized, unbiased platform offered by HealthCare.gov.

Direct enrollment entities have a track record of steering consumers toward substandard plans that expose them to catastrophic costs if they get sick, failing to alert or assist consumers when they are eligible for Medicaid, and making it difficult to compare plans. Limiting enrollment to such private companies while dismantling healthcare.gov's centralized enrollment platform and consumer assistance will likely cause some Georgians to lose coverage altogether. It additionally gives web brokers and insurers increased opportunity to steer healthy consumers to substandard plans, resulting in adverse selection that could increase premiums for comprehensive coverage.

Despite our concerns related to the Georgia Access portion of the state's waiver application, Georgia Budget and Policy Institute reiterates our support for the reinsurance phase of the plan, particularly how it is structured to provide greater benefits to rural areas where premiums are often higher.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application.

Sincerely,

Laura Harker

Senior Policy Analyst
Georgia Budget and Policy Institute

(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Georgia Hospital Association

Stakeholder Type * Trade Association

First Name * Last Name * Conley

Email *

Address

City

State Georgia

Zip

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

PLEASE NOTE: A hard copy of these comments with citations will follow via overnight mail.

Dear Governor Kemp:

On behalf of the Georgia Hospital Association (GHA) and its 161 hospital and health system members, we welcome the opportunity to submit comments on the modified Georgia's State Relief and Empower Waiver: Reinsurance and Georgia Access Model (the "Modified 1332 Waiver"). GHA appreciates the state's hard work under the Patients First Act to develop a Georgia solution to reduce premiums, increase coverage, and promote a more competitive private insurance marketplace.

Prior to the COVID-19 pandemic, Georgia had the second highest percentage of uninsured residents in the nation, and health insurance premiums on the individual market are unaffordable for many. This is a significant contributor to the current health care crisis in our state, which has led to seven hospital closures since 2010 and resulted in a rank of 46 out of 50 for access to quality health care and preventative services. Unfortunately, the COVID-19 pandemic has exacerbated the crisis. Significant rates of unemployment will likely add to the numbers of uninsured Georgians, and hospitals nationwide are estimated to incur at least \$323.1 billion in losses by the end of 2020.

The Patients First Act provides the state with a historic opportunity to not only increase access to affordable, comprehensive health care coverage, but also improve the overall health of Georgia citizens in all parts of the state. With these goals in mind, GHA supports the state's Modified 1332 Waiver.

GHA Supports the Modified 1332 Waiver's Phase I Reinsurance Program

As we noted in our comments to the state's original 1332 waiver application, the tiered reinsurance program in the Modified 1332 Waiver will help improve the health of Georgians both by increasing coverage and allowing those who already have coverage afford to use it. While we would have liked to see the Phase I Reinsurance Program implemented for plan year 2021, as originally proposed, we understand the changing landscape and ongoing pandemic make this impossible. For these reasons, GHA strongly supports the reinsurance program in the Modified 1332 Waiver.

GHA Supports the Georgia Access Model in Phase II of the Modified 1332 Waiver

The Modified 1332 Waiver significantly streamlines the Georgia Access Model and addresses most of the recommendations in our comments to the original 1332 waiver application. The changes remove much of the uncertainty regarding the permissibility of the waiver and simplify the administration obligations on the state. GHA strongly supports the changes to Phase II of the Modified 1332 Waiver, and we recommend that the state similarly streamline the process for consumers to compare all the plans available to them.

Once implemented, the Georgia Access Model will also be complex for individuals purchasing insurance. While the federal Marketplace can be confusing, it does provide a centralized location where individuals can compare plans offered by different insurers. The ability to easily compare plans will be even more important under the Georgia Access Model because there will likely be more plans to compare. We recognize that creating a similar state exchange would in and of itself be a costly and time-consuming endeavor. However, relying solely on the free market will likely require individuals to search multiple websites, brokers or insurers in order to truly compare all available plan options. We continue to urge the state to consider incentives for brokers to create online, telephonic and in-person mechanisms for individuals to compare all available plans in their geographic area

GHA appreciates the state's work to create an innovative Modified 1332 Waiver that lowers premiums and "capitalizes on commercial market resources and maximizes state flexibility and oversight to drive innovation in access, affordability, and customer service, placing the unique needs of Georgia's residents at the center." We look forward to continuing to work with the state to help implement these important programs in an efficient and effective manner. Please feel free to contact me at 770-249-4531 or erogers@gha.org with any questions or if you desire to discuss these comments further.

Respectfully submitted,

Earl V. Rogers
President and CEO
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/21/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Georgians for a Healthy Future

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** Colbert

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** Georgia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

Dear Governor Kemp,

Thank you for the opportunity to comment on Georgia's proposal to waive federal rules under the Affordable Care Act (ACA). I am writing on behalf of Georgians for a Healthy Future to express our organization's deep concern about the ACA Section 1332 waiver.

Georgians for a Healthy Future (GHF) is a statewide, non-profit consumer health advocacy and policy organization. Our organization's vision is of a day when all Georgians have access to the quality, affordable health care they need to live healthy lives and contribute to the health of their communities. Since 2010, we have been actively engaged in monitoring and advocating on ACA implementation issues that impact health care consumers in our state. As you know from our work together to pass the Surprise Billing Consumer Protection Act this year, we regularly field calls and questions from consumers with individual coverage as they navigate a dynamic health care landscape.

While we are supportive of the reinsurance program as outlined, we believe that the subsequently proposed Georgia Access model will encourage consumer enrollment in substandard plans and put Georgians at risk of losing coverage altogether. Georgians with little or no experience buying or using health insurance (e.g. young people), those with limited English proficiency, Georgians with low health literacy skills, and people with cognitive disabilities would be most at risk of experiencing adverse consequences from the outlined plan.

Georgians for a Healthy Future would like to specifically document the following concerns with the Georgia Access waiver.

1. The elimination of healthcare.gov unilaterally disarms Georgia consumers against insurance companies and web-brokers.

Following its rollout in 2012, healthcare.gov has become a central tool for consumers as they shop for and compare comprehensive health coverage. The federally facilitated marketplace is the only unbiased platform with no financial stake in the plans purchased by Georgia consumers. It limits the plans presented to those that cover the ten essential health benefits and abide by all other ACA requirements and is structured to ease the shopping experience, even for consumers with low health literacy skills.

Georgia's proposal to decentralize the enrollment process and move consumers to a tangle of privately-operated sites would disadvantage Georgia shoppers to the benefit of web-brokers and insurance companies. This move decreases transparency for consumers and ignores the misalignment of incentives for these kinds of companies.

Websites operated by private entities likely web-brokers are permitted to show substandard plans alongside comprehensive plans, which would require consumers to discern between the two types of plans. Many consumers struggle to successfully distinguish between non-ACA-compliant plans and comprehensive coverage that meets ACA standards. [1] Under Georgia's proposal, these consumers would have difficulty understanding their choices, putting them at risk of enrolling in plans that do not cover the health services they need or plans that have consequential financial implications (e.g. benefit cap).

This dynamic is made worse by the misaligned incentives of web-brokers and insurers who would be newly responsible for helping consumers shop and enroll with the best interests of consumers. Direct enrollment entities have a track record of steering consumers toward substandard plans that expose them to catastrophic costs if they get sick and making it difficult to compare plans. [2] Limiting enrollment to such private companies while dismantling healthcare.gov's centralized enrollment platform gives web-brokers and insurers more opportunity to direct healthy consumers to substandard plans, resulting in adverse selection that could increase premiums for comprehensive coverage.

The risk is perhaps greater for consumers who seek coverage but whose income is low enough that they or their children would be eligible for Medicaid. Unlike healthcare.gov, there is no stated requirement or incentive that the private enrollment entities provide consumers with information about their likely Medicaid eligibility or provide Georgia's Medicaid eligibility system with their coverage application for an eligibility determination.

The waiver application assumes with no evidence that there will be no coverage loss resulting from the transition from healthcare.gov to these alternate enrollment pathways. However, it is likely that in the midst of this significant shift a meaningful number of Georgians will fall through the cracks as they struggle to understand how and where to enroll in coverage and the choices available to them. Evidence from past transitions between federal and state marketplaces suggests that thousands of Georgians might lose coverage in the move away from HealthCare.gov. [3]

Plan disclosure requirements

The ACA requires that health plans "utilize the standard format established for presenting health benefits plan options" so that consumers can easily understand plan features and costs and compare across insurers. The state's proposal does not specify how it might deal specifically with the requirements of plan disclosure outlined in the ACA. Without robust regulations about how plans can allowably be presented to consumers by enrollment entities, Georgia would remove yet another tool from consumers' toolbox to help them understand their health plan choices. Failure to provide strong rules, oversight and enforcement would multiply the negative consequences of Georgia's proposed dismantling of healthcare.gov and would disproportionately impact Georgia consumers with lower educational attainment, limited health literacy skills, or limited English proficiency.

2. A number of implementation issues are left unaddressed in the waiver application.

The Georgia Access waiver articulates that the newly established Office of Health Strategy and Coordination will implement the provisions of the proposed waiver. However, GHF is concerned that the Office will not be sufficiently resourced to carry out its responsibilities. The transition from healthcare.gov to the country's first-ever de-centralized enrollment system would be a significant undertaking, for which Georgia is budgeting only \$6.1 million in 2022 and \$1.2 million annually thereafter.

Based on the costs incurred by previous state transitions away from the ACA marketplace, it seems unlikely that this is enough money for Georgia to ensure a responsible transition. If funding is insufficient, it raises the likelihood of a difficult transition and significant reductions in coverage. It also suggests that regulatory oversight that might otherwise limit improper activities by enrollment entities to steer consumers into substandard plans will be lacking.

Despite the significance of the Office's decisions on Georgia consumers, there is no guarantee in the authorizing legislation or the waiver application that consumers will have a meaningful voice in the decision-making of the Office. While the authorizing legislation states that the Director of the Office may appoint advisory committees, GHF feels it is imperative that consumers are consistently and meaningfully engaged by the Office in the decision-making process.

3. The Georgia Access waiver violates at least one of the statutory guardrails set forth in Section 1332 the Affordable Care Act.

Scope of Coverage

The application projects that 2022 enrollment will increase by 25,000 consumers as a result of the Georgia Access Model, but no

quantitative evidence is presented to back up this claim. Because enhanced direct enrollment is already a viable pathway to coverage for Georgia consumers, the waiver fails to provide consumers any additional enrollment options. Web-brokers can and do market to and enroll consumers in individual market coverage already. Georgia's application assumes that, by reducing consumers' choice of enrollment pathways, web-brokers and similar entities will do something they are not doing already — they will compete harder and market more than they have been.

Further, the evidence available from other state transitions suggests that the move from one system to another; the lack of resources that the state has dedicated to this initiative; and the absence of funds for robust marketing, consumer education, or enrollment assistance efforts will cause Georgia consumers to fall through the cracks. Nevada's transition to its own enrollment platform for 2020 was by all accounts smooth but the state still saw an enrollment decline. An as-yet-untried transition from healthcare.gov to the model proposed can reasonably be expected to reduce enrollment, even if all goes well. The loss of coverage incurred as a result of the Georgia Access Model would violate the ACA's scope of coverage guardrail.

Comprehensiveness and Affordability

The established behaviors of enhanced direct enrollment entities to steer consumers to substandard plans also provides reason to believe that Georgia consumers under the Georgia Access model will be at increased risk of enrolling in less comprehensive coverage. Inherent in this model is the danger that enrollment in comprehensive coverage will fall as individuals (due to confusion, steerage, or other factors) shift into non-comprehensive plans. Such a shift out of comprehensive coverage may be especially likely to occur during the transition to Georgia Access, in consumers' first attempts to enroll under the new model. If this occurs frequently enough, the state's plan would violate the comprehensiveness guardrail.

The adverse selection of healthy consumers selecting relatively skimpy, non-ACA compliant plans could leave a sicker risk pool in the individual market, pushing up premiums for comprehensive qualified health plans. Even if overall enrollment levels in the individual market are stable, those who remain in the individual market could be relatively sicker, causing premiums to be higher than they would be otherwise. It is possible that this negative effect on premiums for comprehensive coverage could be larger than the improvement in affordability due to reinsurance, thus violating the ACA's affordability guardrail.

A state acting in good faith could put in place strong oversight and evaluation practices to ensure these outcomes do not occur. To date, Georgia has not demonstrated an appetite for any meaningful level of oversight with respect to its ACA marketplace, largely ignoring it and at times taking action seemingly meant to undermine it. [4,5] Given the state's track record, it is difficult to ignore the risks posed to consumers by the Georgia Access Model with respect to the comprehensiveness and affordability guardrails.

Despite the enumerated concerns related to subsequent provisions of the Georgia Access waiver application, GHF is supportive of the proposed regional reinsurance program. Like those approved in other states, the reinsurance portion of Georgia's proposal would reduce premiums and provide market stability. It would be a positive move forward for Georgia consumers.

Thank you in advance for your consideration of our comments on Georgia's Section 1332 waiver application. We hope that you will consider Georgians for a Healthy Future a resource as you seek to bring affordable, quality health coverage to more Georgians.

Sincerely,

Laura Colbert
Executive Director
Georgians for a Healthy Future

References

1. Consumer Representatives to the National Association of Insurance Commissioners, 2019. Report on Testing Consumer Understanding of a Short-Term Health Insurance Plan. Available at https://healthyfuturega.org/ghf_resource/new-consumer-testing-shows-limited-consumer-understanding-of-short-term-plans-and-need-for-continued-state-and-naic-action/
 2. Julie Appleby, December 21, 2018. Short-Term Health Plans Hold Savings For Consumers, Profits For Brokers And Insurers. Kaiser Health News.
 3. HealthInsurance.org, June 11, 2020. Nevada health insurance marketplace: history and news of the state's exchange. Available at <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>
 4. Atlanta Journal Constitution, September 11, 2013. State insurance chief still hoping to halt Obamacare.
 5. WABE, August 29, 2019. Kemp Backs New Insurance Option Aimed at Rural Georgia.
- (character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/22/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Hemophilia Federation of America

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** Ramseur

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** District of Columbia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

The United Hemophilia Foundation (UHF) and Hemophilia Federation of America (HFA) appreciate the opportunity to submit comments on Georgia's Section 1332 Waiver Application to implement the Georgia Access Model. As discussed below, our organizations are concerned that the Georgia Access Model will severely limit access to critical health care for persons with bleeding disorders and other pre-existing conditions. We therefore urge Georgia to withdraw its waiver application.

UHF is a 501(c)(3) nonprofit charitable organization located in Albany, Georgia, dedicated to improving the health, wellness, and overall quality of life for Georgians with hemophilia and other rare bleeding disorders through education, awareness, and advocacy. HFA is a national non-profit organization that represents individuals affected by bleeding disorders across the United States. UHF and HFA work to ensure that individuals affected by hemophilia and other inherited bleeding disorders have timely access to quality medical care, therapies, and services, regardless of financial circumstances or place of residence.

About Bleeding Disorders

Hemophilia is a rare, genetic bleeding disorder that impairs the ability of blood to clot properly. It affects about 20,000 Americans, including an estimated 500-699 males in Georgia. Without treatment, people with hemophilia bleed internally, sometimes due to trauma, but other times simply as a result of everyday activities. This bleeding can lead to severe joint damage and permanent disability, or even – with respect to bleeds in the head, throat, or abdomen – death. Related conditions include von Willebrand disease (VWD), another inherited bleeding disorder, which is estimated to affect more than three million Americans.

Patients with bleeding disorders have complex, lifelong medical needs. They depend on prescription medications (clotting factor or other new therapies) to treat or avoid painful bleeding episodes that can lead to advanced medical issues. Current treatment and care are highly effective and allow individuals to lead healthy and productive lives. However, treatment is also extremely expensive, costing anywhere from \$250,000 to \$1 million or more annually, depending on the severity of the disorder and whether complications such as an inhibitor are present. Access to treatment, care, and coverage are all critical needs for people living with bleeding disorders.

Overview

While UHF and HFA support reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned

While UHF and HFA support reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with bleeding disorders and other pre-existing conditions. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs.

Georgia Access Model

Georgia's application proposes to cease using Healthcare.gov for enrollment and instead have Georgians enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage. UHF and HFA oppose this change.

UHF and HFA fear that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov, including individuals and families with bleeding disorders, would inevitably lose coverage during the transition to the new enrollment system. As previously mentioned, access to treatment, care, and coverage are all critical needs for people living with bleeding disorders. A gap in care, even temporary, could lead to excruciatingly painful joint bleeds, permanent physical damage or even death for an individual with a bleeding disorder. Moreover, patients who do not have access to comprehensive quality care to cover treatment and prescription drug expenses, often forgo appointments with their health care providers, skip doses of necessary medications or both. As a result, emergency departments also tend to see an increase in individuals using their services for primary care. Unfortunately, this leads to poor health outcomes – and to high medical bills that many times go unpaid, leaving the patient and the hospital in a financial bind.

Georgia asserts that enrollment in health plans will increase by 25,000 due to the change to direct and broker-mediated enrollment. But the state offers no clear methodology for producing this estimate, simply asserting that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase, enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year.

Today, patients with bleeding disorders who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick and/or need specialized care and treatments. This could create confusion for patients and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections. This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others, influencing their recommendations. Increasing the reliance on insurers and brokers will limit the ability of patients with bleeding disorders to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market for ACA-compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, UHF and HFA oppose the changes in the Georgia Access Model.

Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.0 percent in 2021 and increase the

number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

Comment Period

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may avoid getting tested and/or treated due to fears about the cost of care. That puts all Georgians at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. UHF and HFA ask that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

In summary, UHF and HFA oppose the Georgia Access Model, as currently envisioned. Instead, we urge Georgia to focus on solutions that promote adequate, affordable and accessible coverage without jeopardizing access to care for patients with bleeding disorders and other pre-existing conditions.

Thank you once again for the opportunity to submit comments. Should you have any questions or comments please do not hesitate to reach out to Miriam Goldstein, HFA Director of Policy, at m.goldstein@hemophiliafed.org.

Sincerely,

Sonji Wilkes
Sr. Director, Policy, Advocacy & Government Education
Hemophilia Federation of America
999 North Capitol St., NE, St. 201
Washington, DC 20002

Carletha Gates, PhD
Executive Director
United Hemophilia Foundation, Inc.
2800 Old Dawson Rd.
Suite 2-210
Albany, GA 31707
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * Kaiser Foundation Health Plan of Georgia

Stakeholder Type * Health Plan

First Name * [REDACTED] **Last Name *** Simpson

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** [REDACTED] **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * General Comment / Other

Comments *

Submitted electronically to: <https://medicaid.georgia.gov/patients-first-act-public-comment>

July 23, 2020

Mr. Ryan Loke
Special Projects Coordinator
C/O Office of the Governor
203 Capitol Place SW
Atlanta, Georgia 30334

RE: Section 1332 Waiver Modifications – Reinsurance Program and Georgia Access Model

Dear Mr. Loke:

Kaiser Permanente of Georgia (Kaiser Permanente) appreciates the opportunity to provide written comments in response to the modifications to Georgia's Section 1332 State Innovation Waiver.

Kaiser Permanente of Georgia is comprised of the largest non-profit health plan (Kaiser Foundation Health Plan of Georgia) and the second largest medical group in Georgia (The Southeast Permanente Medical Group). Kaiser Permanente of Georgia serves members living in Metro Atlanta and Athens.

Kaiser Permanente entered the federal marketplace at the inception of the Patient Protection and Affordable Care Act (PPACA) in 2014. Ten percent of Kaiser Permanente's business takes place in the individual market with a projected year-end total of 21,000 members in 2020. Of these 21,000 members, nearly 15,000 rely on the federal exchange to receive health care coverage. Kaiser Permanente serves individuals and the Small Business Health Options Program (SHOP) members who utilize the federal exchange to gain health insurance coverage. It is our belief that a robust, competitive marketplace with comprehensive coverage options creates better opportunities for Georgians to obtain health insurance.

Previously, Kaiser Permanente submitted comments in support of Georgia's proposed reinsurance program (Phase I) and offered considerations for strengthening the Georgia Access Model (Phase II). Since then, the COVID-19 pandemic has altered the health care landscape across the country and in Georgia. We appreciate the State's efforts to revise the waiver application in light of the unanticipated impacts of the pandemic on Georgia and its residents, and we support the proposed changes. To the extent they are not addressed by these modifications, we reiterate our previous comments and remain eager to work with the State to ensure Georgia's Section 1332 waiver benefits all Georgians who need its aid.

Phase I: Reinsurance

As expressed in previous comments, Kaiser Permanente supports Phase I of Georgia's Section 1332 Waiver Application and proposed reinsurance program. In the spirit of partnership, we offered recommendations to further strengthen the program and we continue to support those recommendations. Given the resources required to successfully implement a reinsurance program, we also support the State's decision to shift the effective date of the reinsurance program from PY 2021 to PY 2022. This will allow the State to continue to prioritize resources for critical COVID-19 response efforts and will ensure the success of the reinsurance program when implemented.

Phase II: Georgia Access Model

As more hard-working Georgians find themselves between employment opportunities losing employer sponsored coverage, it is more important than ever that consumers have access to high-quality, affordable health care through the individual market.

Kaiser Permanente supports and commends the Governor's office for submitting the modifications to the Georgia Access Model. The changes ensure APTC/PTC subsidies are available for all Georgians who rely on these resources to assist in paying their health care costs. Access to financial assistance is especially critical in this time of economic uncertainty.

We also support Georgia's decision not to provide subsidies for eligible non-QHPs. As stated in our previous comments, Kaiser Permanente believes individuals who seek more comprehensive benefits such as mental health, substance abuse, maternity benefits for women, and prescription drug coverage for chronic conditions should benefit from APTC/PTC subsidies. This change will ensure Georgians who buy comprehensive coverage continue to receive the full advantage of federal subsidies.

* * *

Kaiser Permanente of Georgia appreciates the opportunity to comment on the modified waiver and hope to continue to partner with Georgia throughout the implementation of this program. Please contact Kirk McGhee at kirkland.a.mcghee@kp.org or Shea Ross-Smith at shea.ross@kp.org with any questions.

Sincerely,

Jim Simpson
President
Kaiser Foundation Health Plan
Georgia Region
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/22/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * National Organization for Rare Disorders (NORD)

Stakeholder Type * Advocacy Group

First Name * [REDACTED] **Last Name *** Gallagher

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** District of Columbia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

The National Organization for Rare Disorders (NORD) appreciates the opportunity to submit comments on Georgia's Section 1332 Waiver Application to implement the Georgia Access Model.

NORD is a unique federation of voluntary health organizations dedicated to helping people with rare "orphan" diseases and assisting the organizations that serve them. We are committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

While NORD supports reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality, affordable health care coverage for patients with rare diseases. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. NORD urges Georgia to withdraw its application for the Georgia Access Model.

Georgia Access Model

Georgia's application proposes to no longer use Healthcare.gov for enrollment and instead require people to enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable health care coverage and NORD opposes this change.

The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. There is no clear methodology for producing this estimate, except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year. NORD fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would inevitably lose coverage during the transition. For rare disease patients who require daily, weekly or monthly medications and/or health care provider engagement, this sudden loss in coverage could result in their being unable to meet with their provider or get prescriptions filled, leading to hospitalization or death.

Today, patients with rare diseases who shop on Healthcare.gov can trust that they are purchasing a comprehensive health insurance plan that will allow them to manage their health conditions. This is extremely important for rare disease patients, as their health care can be complex and quality care is crucial to maintaining their overall health. However, under the Georgia Access Model, issuers and brokers could sell qualified health plans (QHPs) alongside other types of plans, often known as "skimpy plans" or "short term plans" that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick.

There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections. This could create confusion for all patients, including those with rare diseases and lead them to purchase coverage that does not meet their needs. Additionally, rare disease patients are diagnosed at all ages and typically have long diagnostic odysseys, averaging between 5-7 years. If a person unknowingly selects less comprehensive coverage and then is diagnosed with a rare disease, they could discover their health plan lacks comprehensive coverage and could be faced with extremely high out-of-pocket costs to maintain their health.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with rare diseases to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, NORD opposes the changes in the Georgia Access Model because they would harm the rare disease patients we represent who rely on affordable, comprehensive health plans to maintain their health.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic *

Reinsurance Program

Comments *

Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of health care programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year. A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10 percent in 2021 and increase the number of individuals obtaining health insurance through the individual market. NORD applauds the state for their work to create a reinsurance program that would help patients with pre-existing conditions obtain affordable, comprehensive coverage. However, we remain deeply concerned about the reinsurance program being coupled with a provision in the application that would divert Georgia citizens away from QHPs that deliver on affordable, comprehensive health care through healthcare.gov.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic *

General Comment / Other

Comments *

Comment Period

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for rare disease patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties in the state are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our health care system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the rare disease community – at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. NORD asks that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

NORD thanks the state of Georgia for the opportunity to comment on this 1332 waiver application and looks forward to working with the state to ensure that rare disease patients have access to quality, affordable health care. For questions regarding NORD or these comments, please contact me via email at hross@rarediseases.org

(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * The American Heart Association

Stakeholder Type * Non-Profit

First Name * [REDACTED] **Last Name *** Cortes

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** Georgia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

The American Heart Association (AHA) appreciates the opportunity to submit comments on Georgia's Section 1332 Waiver Application to implement the Georgia Access Model.

The AHA believes everyone should have access to quality and affordable health coverage. As the nation's oldest and largest organization dedicated to fighting heart disease and stroke, the AHA represents over 100 million patients with cardiovascular disease (CVD) including many who rely on the individual marketplace as their primary source of care. Plans on Healthcare.gov provide critical access to prevention, treatment, disease management, and care coordination services for these individuals. Because low-income populations are disproportionately affected by CVD – with these adults reporting higher rates of heart disease, hypertension, and stroke – Healthcare.gov displays plans with the coverage for the healthcare services these individuals need.

While the AHA supports reinsurance as a tool to stabilize premiums in the individual marketplace, we remain deeply concerned that the Georgia Access Model, as currently envisioned, will jeopardize access to quality and affordable healthcare coverage for patients with cardiovascular disease. Under the Georgia Access Model, the state would deny Georgians the freedom to enroll in coverage through Healthcare.gov and instead require that they use insurers, brokers, and private websites (options available to them already). This plan increases the risk that people will enroll in coverage with inadequate benefits through private entities that may not help patients choose the best plan for their health needs. The American Heart Association urges Georgia to withdraw its application for the Georgia Access Model.

Georgia Access Model

Georgia's application proposes to no longer use Healthcare.gov for enrollment and instead have people enroll directly through insurers or brokers. This policy will make it harder for patients to enroll in comprehensive, affordable healthcare coverage and the AHA opposes this change.

The American Heart Association fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would inevitably lose coverage during the transition. The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. There is no clear methodology for producing this estimate, except the state's unproven claim that plans will market more directly and effectively when Georgia moves away from Healthcare.gov. However, removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost

removing Healthcare.gov as a pathway to enrollment will likely decrease, rather than increase enrollment. Many patients may be lost in the transition and therefore lose coverage. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, enrollment declined in its first year (1).

Today, patients with cardiovascular disease who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans that discriminate against people with pre-existing conditions and will not cover enrollees' medical expenses if they get sick. This could create confusion for patients and lead them to purchase coverage that does not meet their needs. There is already evidence of misleading marketing related to short-term and other skimpy plans leading individuals to unwillingly enroll in coverage that lacks key patient protections (2). This problem would likely worsen in Georgia under this proposal.

Healthcare.gov shows consumers all QHPs available in their area and does not favor certain plans over others. However, brokers who would be helping individuals through the enrollment process under the Georgia Access Model would not have to show individuals all of their plan options and may receive larger commissions for certain plans over others that influence their recommendations to patients. Increasing the reliance on insurers and brokers will limit the ability of patients with cardiovascular disease to compare plan price and benefit design in an unbiased manner to choose the right plan for them and could ultimately result in harm to patients who become enrolled in sub-standard or inadequate insurance coverage that does not meet their needs. This failure to appropriately shield patients from risk is unacceptable.

The state predicts that moving to enhanced direct enrollment with web brokers will bring down premiums. Unfortunately, the opposite could happen. With this waiver, some healthy people may drop comprehensive coverage and opt for a non-compliant plan or forgo coverage altogether. Those remaining in the individual market of compliant plans would likely have more complex health conditions, which could drive premiums in the market up, instead of down. Again, the American Heart Association opposes the changes outlined in the Georgia Access Model.

Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year (3). A recent analysis by Avalere of seven states that have already created their own reinsurance programs through Section 1332 waivers found that these states reduced individual market premiums by an average of 19.9 percent in their first year (4).

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program is projected to reduce premiums by 10.0 percent in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage.

Comment Period

A fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

Since the state released the first, now outdated, version of its waiver application last year, COVID-19 has overwhelmed our healthcare system and highlighted that the need for adequate and affordable health insurance coverage more than ever. If someone without health insurance contracts the COVID-19 virus, they may be forced to make the difficult decision to not be tested and treated due to fears about the cost of care. That puts all Georgians – particularly the people we represent – at risk. The state's proposals are not directly related to COVID-19 and not slated to take effect until 2022. The American Heart Association asks that the state reconsider its decision to cut short the public comment period on the new application and instead allow additional time to facilitate public review of and input on these important proposals.

1. Nevada health insurance marketplace: history and news of the state's exchange. Louise Norris, HealthInsurance.org. June 11, 2020. Available at: <https://www.healthinsurance.org/nevada-state-health-insurance-exchange/>

2. Seeing Fraud and Misleading Marketing, States warn Consumers About Alternative Health Insurance Products. The Commonwealth Fund, Dania Palanker, JoAnn Volk, and Maanasa Kona. October 30, 2019. Available at: <https://www.commonwealthfund.org/blog/2019/seeing-fraud-and-misleading-marketing-states-warn-consumers-about-alternative-health>, and The Marketing of Short-Term Health Plans, The Robert Wood Johnson Foundation, January 31, 2019. Available at: <https://www.rwjf.org/en/library/research/2019/01/the-marketing-of-short-term-health-plans.html>

3. American Academy of Actuaries, Individual and Small Group Markets Committee. An Evaluation of the Individual Health Insurance

Market and Implications of Potential Changes. January 2017. Retrieved from https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf.

4. Avalere. State-Run Reinsurance Programs Reduce ACA Premiums by 19.9% on Average. March 2019. Retrieved from <https://avalere.com/press-releases/state-run-reinsurance-programs-reduce-aca-premiums-by-19-9-on-average>.
(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * The Leukemia and Lymphoma Society

Stakeholder Type * Advocacy Group

First Name * Last Name * Balog

Email *

Address

City

State Georgia

Zip

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic * Reinsurance Program

Comments *

Dear Governor Kemp,

Thank you for the opportunity to comment on the revised Georgia Section 1332 Waiver Application.

The mission of The Leukemia & Lymphoma Society (LLS) is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and improve the quality of life of patients and their families. LLS is committed to ensuring that blood cancer patients have access to high quality, stable coverage to ensure that they are able to receive appropriate and timely care. It is in service of this mission that we write to express our deep concerns with the proposal and urge the state not to advance the waiver.

The newly modified waiver application seeks to waive certain portions of the Affordable Care Act (ACA) to delay implementation of Georgia's previously requested reinsurance program and newly establish the Georgia Access Model. Given the uncertainty caused by the COVID-19 pandemic and resulting economic downturn, LLS recognizes the desire to delay implementing reinsurance to 2022, and remains supportive of reinsurance as proposed mechanism to stabilize individual market premiums. However, we are very concerned about the Georgia Access Model. The updated Georgia Access proposal makes unprecedented changes to the state's individual insurance market, and poses serious and real danger to cancer patients' ability to purchase quality health coverage for themselves and their families.

Reinsurance

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs in other states have shown promising initial results in controlling overall premium growth, and in some cases, resulting in premium reductions. States that have already created their own reinsurance program achieved a nearly 20% reduction in individual market premiums on average in their first year.

At the federal level, reinsurance has been used to stabilize premiums in a number of healthcare programs, including Medicare Part D. Further, a temporary reinsurance fund for the individual market was also established under the ACA and reduced premiums by an estimated 10 to 14%.

Georgia's proposal will create a reinsurance program starting for the 2022 plan year and continuing for five years. Based on the initial analysis commissioned by the state, this program was projected to reduce premiums by 10% in 2021 and increase the number of individuals obtaining health insurance through the individual market. This would help patients with pre-existing conditions obtain affordable, comprehensive coverage while ensuring all consumers benefit from lower premiums. LLS is supportive of this portion of the revised 1332 application and encourages the state to implement reinsurance without further delay.

In closing, while we are pleased to support the establishment of a reinsurance program as proposed by this waiver, LLS has significant concerns about all other proposed provisions. We encourage you to withdraw the 1332 waiver as revised, and instead work with groups like LLS to improve access to affordable, quality health coverage. Thank you for the opportunity to provide comments on this important matter. Questions or requests for further information on LLS and our position can be addressed to Sarah.balog@lls.org or 678-852-6383.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic *

Georgia Access Model

Comments *

While we are pleased to see the state pursue reinsurance, we are deeply concerned that the Georgia Access Model will jeopardize access to quality and affordable healthcare coverage for patients with blood cancers and other pre-existing conditions. Under the proposal, GA would waive the ACA's marketplace requirements in order to replace Healthcare.gov and move to a direct enrollment model that is solely reliant on brokers and insurance companies. This model would expose patients and consumers to extreme financial risk by encouraging enrollment in substandard plans and put Georgians at risk of losing coverage altogether. We therefore urge the state to withdraw this portion of the application.

LLS fears that some of the 450,000 Georgians who currently purchase coverage through Healthcare.gov would lose coverage if this waiver were to be implemented. Blood cancer patients are uniquely dependent on continuous access to health insurance coverage for treatment of their cancer. In many patients, their blood cancer is treated with daily, self-administered anti-cancer treatment via a prescription drug. Without uninterrupted health insurance coverage, patients risk a relapse of their cancer which would otherwise respond to treatment.

The state asserts that enrollment will increase by 25,000 due to the change to direct and broker-mediated enrollment. The state has provided no evidence-based analysis or clear methodology for producing this estimate, save for the untested assumption that plans market directly and "effectively" to consumers as Georgia moves away from Healthcare.gov. Nevada recently transitioned to a new enrollment platform for 2020, and while the transition went smoothly, overall enrollment declined in its first year. Removing Healthcare.gov without a replacement, as proposed, will only exacerbate the challenges with these transitions and lead to decreased, rather than increased enrollment.

Today, patients with blood cancer who shop on Healthcare.gov can trust that they are purchasing a health insurance plan that will allow them to manage their health conditions. Healthcare.gov shows consumers all qualified health plans (QHPs) available in their area and does not favor certain plans over others. However, under the Georgia Access Model, issuers and brokers could sell QHPs alongside other types of plans, such as short-term, limited-duration (STLD) plans, that can legally discriminate against people with pre-existing conditions and may not cover enrollees' medical expenses if they get sick. These plans pose a clear and well-documented risk to consumers. A recent study commissioned by The Leukemia & Lymphoma Society to examine the impact of STLD plans on consumers and the insurance market found that most plans do not cover prescription drugs, among other essential health benefits. Additionally, these plans commonly impose high deductibles and maximum out of pocket limits that significantly exceed the cost-sharing required by plans sold in the ACA marketplace. For example, the study found that:

- A patient newly diagnosed with lymphoma while covered by a STLD plan could pay \$23,100 to \$45,800 in out-of-pocket expenses (including premiums and cost sharing for medical expenses) during the six months following diagnosis.
- In contrast, a patient who is newly diagnosed with lymphoma while enrolled in an ACA-compliant plan could pay \$6,300, on average, in out-of-pocket expenses over the same time period.
- A newly diagnosed lung cancer patient risks facing out-of-pocket expenses of more than \$100,000 in the six months following diagnosis if the patient is unable to renew the STLD coverage and becomes uninsured.

As these findings demonstrate, the exorbitant out of pocket costs often imposed by STLD plans are alarming, and the proposed changes in the Georgia Access Model could create confusion for patients and lead them to purchase non-ACA compliant coverage like STLD plans that do not meet their current or future health care needs.

Additionally, there is significant evidence issuers of STLDI and non-compliant plans utilize deceptive and misleading marketing tactics which leads individuals to unknowingly enroll in substandard coverage. This problem would likely worsen in Georgia under this proposal as brokers and agents commonly receive larger commissions for certain plans over others, which can influence their recommendations to patients. The House Energy and Commerce reviewed 14 companies' broker compensation rates and found that the commission rate for STLDI plans range between 10 percent to 40 percent, with an average commission rate of 23 percent. In comparison, the commission rate for ACA-compliant plans was approximately 2 percent. Should they choose, Georgians can already enroll in health plans through private insurers and web brokers. Rather than giving consumers new options, privatizing the ACA marketplace would eliminate their option to access coverage through the unbiased platform offered by Healthcare.gov. This change decreases transparency for consumers and ignores the misalignment of incentives for web-brokers and insurance companies.

While we are pleased to support the establishment of a reinsurance program as proposed by this waiver, LLS has significant concerns about all other proposed provisions. We encourage you to withdraw the 1332 waiver as revised, and instead work with groups like LLS to improve access to affordable, quality health coverage. Thank you for the opportunity to provide comments on this important matter. Questions or requests for further information on LLS and our position can be addressed to Sarah.balog@lls.org or 678-852-6383.

(character limit of 32,500)

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the ["Click Here to Add Additional Comments"](#) at the bottom of the page.

Comment Topic *

General Comment / Other

Comments *

Inadequate Comment Period -

Importantly, given the significant changes proposed in this waiver and the negative effect it would have on Georgia's health insurance market, LLS and 14 other partner organizations recently sent a letter urging the state to extend the current period for public comment on the proposed 1332 waiver. As noted in the letter, a fifteen-day comment period is not sufficient to solicit meaningful comments on a proposal that would have such a substantial impact on access to care for patients in Georgia. A change of this significance should be subject to a full comment period of at least 30 days to ensure that stakeholders, including the healthcare industry, patients and consumers and other interested parties, are able to adequately respond to the request for comment.

In closing, while we are pleased to support the establishment of a reinsurance program as proposed by this waiver, LLS has significant concerns about all other proposed provisions. We encourage you to withdraw the 1332 waiver as revised, and instead work with groups like LLS to improve access to affordable, quality health coverage. Thank you for the opportunity to provide comments on this important matter. Questions or requests for further information on LLS and our position can be addressed to Sarah.balog@lls.org or 678-852-6383.

(character limit of 32,500)

Public Comments for Waiver 1332

Comment Date * 7/23/2020

On behalf of * I am commenting on behalf of.. (choose one)
☐ Myself ☒ Business/Organization

Business/Organization * TheGeorgia Association of Health Underwriters

Stakeholder Type * Advocacy Group

First Name * [REDACTED] **Last Name *** Walker

Email * [REDACTED]

Address [REDACTED]

City [REDACTED] **State** Georgia **Zip** [REDACTED]

Comments

Select the topic area that applies to the comments being submitted and type comments into the field below. To submit comments on multiple topics select the "[Click Here to Add Additional Comments](#)" at the bottom of the page.

Comment Topic * Georgia Access Model

Comments *

The Georgia Access model as currently proposed has unintentionally omitted the Independent Agent/Broker from the process. The Independent Agent/Broker is on the front line interacting with the consumers of Health Care, the Insurance Carriers and in some instances the offices of the Medical Providers. We are the liaison between everyone, the "glue" that holds it all together.

In other states, such as,Connecticut, California, Nevada, and Pennsylvania to name a few, all viewed Agent and Brokers to be a vital element in the successful implementation and the operation of their efforts to provide access to Health Care for their citizens.

It is unfortunate, the Georgia Association of Health Underwriters, a nearly 500 member association of Agents and Brokers that are dedicated, well trained, certified and qualified to assist consumers with their Health Care decisions, did not have a seat at the table.

It is our position that the Georgia Association of Health Underwriters should be an addition to the Georgia Access proposal and process.

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