



January 7, 2021

VIA ELECTRONIC SUBMISSION

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Georgia Access Model section 1332 waiver comments

Dear Secretary Becerra,

Thank you for the opportunity to comment on Georgia's section 1332 waiver. Our comments are limited to the "Georgia Access Model" component of the waiver.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for children and families. As part of the McCourt School of Public Policy, CCF provides research, develops strategies, and offers solutions to improve the health of children and families, particularly those with low and moderate incomes. In particular, CCF examines policy development and implementation efforts related to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA).

We urge HHS to rescind the approval of the Georgia Access Model component of Georgia's 1332 waiver. The Georgia Access Model approval was based on a completely outdated set of enrollment assumptions, and the waiver would now reduce enrollment relative to the "without waiver" status quo. The Marketplace enrollment problems created by the Georgia Access Model would also have negative impacts on health and coverage for children and would worsen health inequities in the state.

The Georgia Access Model Will Reduce Marketplace Enrollment

The Georgia Access Model would eliminate the HealthCare.Gov enrollment portal in the state of Georgia in 2023, replacing it with a maze of hundreds of private brokers and insurance companies. While "brokers often fail to provide consumers with the plan information necessary to inform their purchase" and "push consumers to purchase the

insurance quickly,” HealthCare.Gov is a time-tested, standardized, and unbiased source of information and enrollment support that consumers in Georgia have come to rely upon.¹

The Georgia Access Model was approved by the Trump administration in November 2020, largely based on assumptions built on 2018 data. Those assumptions are no longer valid and there has been a material change in the enrollment landscape since the 2020 approval. There are numerous reasons to expect the Georgia Access Model to *reduce* enrollment in the Marketplace relative to current and expected levels.

The Georgia Access Model was premised on increasing Marketplace enrollment in the state to nearly 392,000 enrollees by 2023. However, due to numerous improvements, Marketplace enrollment is already 549,000 as of August 2021.² Georgia’s coverage impact estimates would represent a sharp *decrease* in enrollment and are otherwise totally obsolete and cannot be the basis of a 1332 waiver. Under the legal “coverage guardrail,” states must show that their section 1332 waivers will not reduce enrollment. *Considering that Georgia is still a year away from beginning the Georgia Access Model and that the state has failed to respond to two HHS requests for updated information, HHS should rescind the Georgia Access Model approval promptly.*

There are numerous reasons to believe that future enrollment will continue to improve without the Georgia Access Model and in ways which the state’s outdated modeling did not consider. For example, federal legislation increased premium tax credits through 2022, and this will have enrollment ripple effects for 2023 and beyond. As of 2022, the annual Open Enrollment period has also been significantly extended compared to prior years, and this will also lead to increased enrollment. In addition, there is new flexibility allowing ongoing enrollment during the year for individuals below 150% of the federal poverty line. Finally, there will likely be a swell of Marketplace enrollment in 2022, if and when the Medicaid “maintenance of effort” requirement related to COVID-19 Public Health Emergency ends and thousands of consumers transition from Medicaid to Marketplace. All of these changes will increase enrollment relative to the original Georgia Access Model assumptions.

The Georgia Access Model did not account for, and would *lose* enrollment relative to, significant national investment increases in HealthCare.Gov enrollment. The annual marketing investments of \$10 million during the Trump years were dwarfed by the spending of the Biden administration in 2021 alone. Likewise, health care enrollment assistance funding was also significantly increased. This funding and increased enrollment would be foregone under the Georgia Access Model, and Georgia Marketplace enrollment would be relatively reduced.

¹ Sabrina Corlette *et al.*, Urban Institute, “The Marketing of Short-Term Health Plans: An Assessment of Industry Practices and State Regulatory Responses,” January 2019, <https://www.urban.org/research/publication/marketing-short-term-health-plans-assessment-industry-practices-and-state-regulatory-responses>

² Department of Health and Human Services, “Total Effectuated Enrollment by State, August 2019-2021,” August 2021, <https://www.cms.gov/files/document/2019-2021-aug-effectuated-enrollment.xlsx>.

In short, any hypothetical enrollment increases under the Georgia Access Model have been dramatically surpassed by legal and regulatory enrollment improvements implemented (and forthcoming) since the November 2020 approval, and the Georgia Access Model now represents a major step backwards for health coverage in Georgia. This plainly contradicts the mandate of President Biden’s Executive Order 14009, which directs HHS and other agencies to review and as appropriate rescind policies that undermine coverage, including waivers “that may reduce coverage under or otherwise undermine Medicaid or the ACA.” HHS should rescind the Georgia Access Model approval and prevent the impending enrollment losses.

The Georgia Access Model Will Harm Children and Families

The Georgia Access Model will harm Georgia families. The patchwork of private brokers and insurance companies that would replace HealthCare.Gov will be driven by profit, sometimes at the expense of families and their health coverage. And when Georgia parents have coverage problems, their children will suffer too.

Private brokers and insurance companies are more likely to enroll individuals in “junk plans” that may not cover many important health care services, such as mental health services, prescription drugs, and maternity care.³ This results in coverage gaps just when people need care the most, and leads to foregone care, high bills, missed work and school, child care difficulties, lost jobs, and/or housing instability, etc. Enrolling individuals in substandard coverage also would violate the legal “comprehensiveness guardrail” for section 1332 waivers. Private brokers are also less likely than the Marketplace to help individuals enroll in Medicaid and CHIP coverage, meaning many of Georgia’s most vulnerable populations, including children, will be worse off in the Georgia Access Model.⁴

At the same time, Georgians will lose the support of the HealthCare.Gov assistance network. In one national survey, 94% of consumers who got assistance reported it was “very” or “somewhat helpful,” and 40% reported they were “not too likely” or “not all likely” to have been enrolled without the assistance.⁵

As discussed earlier, the Georgia Access Model will result in Marketplace enrollment decreases relative to HealthCare.Gov. While many of these coverage losses will impact adults, children will also be harmed when their parents are uninsured. Parental health has been shown to impact childhood development.⁶ For example, untreated maternal

³ Karen Pollitz et. al, Kaiser Family Foundation, “*Understanding Short-Term Limited Duration Health Insurance*,” April 2010, <https://www.kff.org/health-reform/issue-brief/understanding-short-term-limited-duration-health-insurance>.

⁴ Karen Pollitz *et al.*, Kaiser Family Foundation, “Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need,” August 2020, <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

⁵ *Id.*

⁶ Georgetown University Center for Children and Families, “Healthy Parents and Caregivers are Essential to Children’s Healthy Development,” December 2016, <https://ccf.georgetown.edu/wp-content/uploads/2016/12/Parents-and-Caregivers-12-12.pdf>.

depression is linked to childhood development challenges.⁷ In addition, numerous studies confirm that children are more likely to be insured when their parents have coverage, and lose coverage when their parents do.⁸

The Georgia Access Model Will Worsen Health Inequity

The Georgia Access Model will worsen health inequities in numerous ways. For example, private brokers are less likely to help individuals enroll in Medicaid, which will harm people of color who are disproportionately eligible for Medicaid in Georgia.⁹ In addition, private brokers are less likely to provide types of assistance needed by underserved populations, such as providing service to individuals who need help in another language.¹⁰

President Biden's Executive Order 13985 orders federal agencies to review policies and assess their impact on health equity. The Georgia Access Model will harm health equity and this impact was never assessed in the state's application or the November 2020 approval. As such, we recommend the approval be rescinded. At a minimum, in addition to requiring updated coverage estimates, HHS should require the state to provide a Georgia Access Model impact assessment for underserved populations, based on current circumstances.

Conclusion

Thank you for your willingness to consider our comments. We recommend that HHS rescind the approval of the Georgia Access Model component of Georgia's November 2020 section 1332 waiver.

Our comments include numerous citations to supporting research, including direct links to the research for HHS' benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency 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 need additional information, please contact Joan Alker (jca25@georgetown.edu) or Leo Cuello (Leo.Cuello@georgetown.edu).

⁷ Georgetown University Center for Children and Families, "Medicaid Expansion Promotes Children's Development and Family Success by Treating Maternal Depression," Georgetown Center for Children and Families, July 2016, <https://ccf.georgetown.edu/2016/07/21/medicaid-expansion-promotes-childrens-development-and-family-success-by-treating-maternal-depression/>.

⁸ Georgetown University Center for Children and Families, "Health Coverage for Parents and Caregivers Helps Children," March 2017, <https://ccf.georgetown.edu/wp-content/uploads/2017/03/Covering-Parents-v2.pdf>.

⁹ Karen Pollitz *et al.*, Kaiser Family Foundation, "Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need," August 2020, <https://www.kff.org/health-reform/issue-brief/consumer-assistance-in-health-insurance-evidence-of-impact-and-unmet-need/>.

¹⁰ *Id.*

Sincerely,

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