



GEORGIA ACADEMY OF
FAMILY PHYSICIANS
SPECIALIZING IN ALL OF YOU

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Jeff Stone, MD, MBA, MHA, FAAFP
President 2019-2020

November 27, 2019

The Honorable Brian Kemp
Governor – State of Georgia
203 Capitol Place SW
Atlanta, GA 30334

Dear Governor Kemp:

Re: Public Comment – Proposed 1332 Waiver

Background: Georgia Access – 1332 Proposal

The waiver removes Georgia from the federal healthcare.gov individual market enrollment platform. The state would adopt healthcare.gov's responsibilities in validating eligibility information and determining subsidies, without establishing its own, state-level health care marketplace. Private contractors would assume customer service and other roles. Notably, the state is looking to waive qualified health plan (QHP) requirements to allow for additional ACA non-compliant plans and unlock additional funds to subsidize these plans.

Notably, unlike the current open-ended nature of individual market subsidies under the ACA, this waiver proposal would essentially block-grant the subsidies and cap the state's contribution, potentially resulting in a waiting list for individuals' subsidies, even for those who qualify. It is estimated that approximately 30,000 individuals will gain coverage through this waiver.

Comments:

On behalf of the 3,200 members of the Georgia Academy of Family Physicians and the patients that we care for that are over 1,500,000 Georgians, we appreciate the opportunity to comment on your Medicaid innovation and waiver plan.

The Georgia Academy of Family Physicians is the only medical society devoted solely to primary care. Nearly one in four of all office visits are made to general and family physicians. Today, family physicians provide the majority of care for America's underserved and rural populations. We believe that we are uniquely qualified to comment on this proposal.

While we appreciate that this proposal will not interrupt coverage with patients with pre-existing conditions, we are concerned about allowing non-ACA compliant plans into Georgia.

The current proposal to allow Georgians to buy extended, short-term health insurance (non-ACA compliant) is a step back to the days when companies sold low-value insurance policies that subjected our patients to catastrophic medical bills and medical bankruptcy. The current proposal would allow exempt these non-compliant plans from Affordable Care Act consumer protections such as covering essential benefits, which include prescriptions, laboratory tests, hospitalization and maternity care. It would allow plans to once again establish caps on annual benefits. Limiting benefits can expose patients to extraordinarily high out-of-pocket costs, particularly for people who have chronic or life-threatening conditions that require costly treatment, close monitoring and ongoing medication.

Equally troublesome, these plans further destabilize the individual market by drawing young, healthy people away from meaningful, comprehensive coverage that meets ACA standards. Allowing the healthy to gamble with low-quality insurance will also raise ACA-compliant plans' premiums, putting better coverage beyond the reach of millions of the sickest Americans.

The Georgia Academy has stood with the American Academy of Family Physicians in steadfastly calling for policies that ensure all Americans have access to affordable, meaningful health insurance. Georgia policies should support patient-centered insurance reforms that prohibit insurers from selling plans that fail to provide meaningful coverage.

Any plan allowed to be sold to Georgians in our state should have these minimum essential health benefits:

Benefits

At a minimum, these would include items and services in the following benefit categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

In addition to requiring coverage for essential health benefits, all proposals or options will ensure that primary care is provided through the patient's primary care medical home. To foster a longitudinal relationship with a primary care physician, all proposals or options will provide the following services independent of financial barriers (i.e., deductibles and co-pays) if the services are provided by the patient's designated primary care physician:

- a. Evaluation and management services
- b. Evidence-based preventive services
- c. Population-based management
- d. Well-childcare

- e. Immunizations
- f. Basic mental health care

Thank you for your review of our comments. We look forward to working with you to support our patients who have little to no current options for affordable health coverage.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeff Stone", with a stylized flourish at the end.

Jeff Stone, MD, MBA, MHA, FAAFP
President 2019-2020