



January 7, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

The Honorable Janet Yellen  
Secretary  
Department of the Treasury  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

## **Re: Request for Comment on the Georgia Access Model**

Dear Secretary Becerra and Secretary Yellen,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, welcomes the opportunity to comment on the Georgia Access Model. As the largest provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies.

It's estimated that over 58,000 people in Georgia were diagnosed with cancer in 2021 (American Cancer Society, 2021), and access to quality, timely, comprehensive, and affordable health care is crucial to their health outcomes. Georgia's section 1332 waiver, approved by the previous Administration on November 1, 2020, included a part, the Georgia Access Model, to exit the federal health insurance marketplace, HealthCare.gov, with no substitute. In [CSC's September 2020 comments regarding Georgia's waiver](#), while we supported Georgia's plan to establish a reinsurance program, we outlined our serious concerns with the Georgia Access Model over fears that it would limit access to care for individuals in Georgia. This could prove devastating to people at risk for or living with cancer.

We appreciate that the current Administration opened a federal comment period for local and national stakeholders to provide input on the Georgia Access Model. For the reasons outlined below, CSC has serious concerns with the Georgia Access Model and urge the Department of Health and Human Services and the Department of the Treasury (collectively, the Departments) to revoke its approval from Georgia's 1332 waiver.

### **Georgia Access Model Violates Affordable Care Act Requirements**

Section 1332 of the *Affordable Care Act* (ACA) allows states to apply for a state innovation waiver to pursue innovative strategies to provide their residents with high quality, affordable health care coverage while retaining the basic protections of the ACA. The law requires that innovation plans meet four guardrails:

- Provide coverage that is at least as comprehensive in covered benefits;
- Provide coverage that is at least as affordable (taking into account premiums and excessive cost sharing);
- Provide coverage to at least a comparable number of state residents; and
- Not increase the federal deficit (Tolbert & Pollitz, 2018).

The Georgia Access Model fails to meet the law's guardrails for 1332 waivers. For the reasons outlined below, the model would likely increase the number of uninsured Georgians, and the state would see a reduction, rather than an increase, in covered beneficiaries. Additionally, the coverage that many Georgians would have could be less comprehensive with higher out-of-pocket obligations for patients. Moreover, the state's initial analysis does not account for recent federal policy changes and investments that have increased marketplace enrollment.

#### *Impact on Health Insurance Enrollment*

The Georgia Access Model significantly changes the way Georgia consumers shop for and obtain health insurance. In 2020, the vast majority (79%) of Georgia marketplace enrollees used HealthCare.gov to sign up for coverage (Straw, 2020). Under the approved waiver, Georgia would exit HealthCare.gov beginning in 2023 without creating a state-based marketplace (SMB) to replace it. This would eliminate the most common source of help for the more than half a million Georgians who enroll in private health plans or Medicaid through HealthCare.gov (CMS, 2021), leaving them to navigate among private insurers and brokers to compare plans, apply for financial assistance, and enroll in coverage.

As CSC outlined in our 2020 comments, by taking away HealthCare.gov, the Georgia Access Model has the potential to cause many Georgians to fall through the cracks and lose coverage altogether. Purchasing health insurance is a complicated undertaking and eliminating the federal marketplace could confuse and discourage consumers, hindering enrollment. The increase in confusion about where and how to access good-quality health coverage could prompt many people to give up and become uninsured. Further, under the Georgia Access Model, patients would lose access to the auto-enrollment function of HealthCare.gov, which automatically re-enrolled 92,000 Georgians in health coverage for 2021 (CMS, 2021), creating the potential for tens of thousands of people to unwittingly lose their health coverage.

In its application, Georgia claimed that the Georgia Access Model was necessary to stem enrollment losses and estimated that privatizing its marketplace would increase enrollment in the individual market by 25,000 people by giving consumers new options to shop for and enroll in plans (Georgia Section 1332 State Innovation Waiver, 2020). However, Georgians already have the option to use a private broker or insurer website when shopping for and obtaining health insurance. The Georgia Access Model does not create any new options for Georgia consumers to enroll in health insurance, and simply takes away the most widely used HealthCare.gov option. Additionally, the state's analysis doesn't account for recent gains in health insurance enrollment via HealthCare.gov. Since the time that the waiver was approved, Georgia's marketplace enrollment has increased by about 50% in August 2021 compared to 2018 numbers (Straw & Levitis, 2021). These enrollment gains, which are not reflected in the state's now outdated estimates, are due in large part to recent changes in federal law and policies aimed at making health care more affordable and expanding the number of people with coverage through the marketplace.

Since the initial approval of Georgia's section 1332 waiver, the federal government has made significant investments in HealthCare.gov marketing and outreach, enrollment activities, and Navigators, and changes in federal law and policy such as the enactment of the *American Rescue Plan Act* (ARP), COVID-19 special enrollment period (SEP), and longer open enrollment period for 2022 coverage. In Georgia, more than 356,000 consumers were able to take advantage of the enhanced Premium Tax Credits provided by ARP and consumers saw an average savings of \$49 per person in their monthly premium (CMS, 2021). Additionally, with the COVID-19 SEP, over 147,000 Georgians signed up for 2021 coverage on HealthCare.gov which was "more than three times the number of Georgia consumers who signed up with a SEP during the same time period in 2020 and more than five times the number in 2019" (CMS, 2021). Moreover, when the Departments approved Georgia's waiver, federal funding for the Navigator program and outreach were significantly lower than they are currently. The Navigator

programs alone saw an eight-fold increase in funding from recent plan years (HHS, 2021) and Georgia received over \$2.5 million in Navigator funding for the 2022 plan year (CMA, 2021).

Georgia projected that the Georgia Access Model would increase marketplace enrollment to 392,000 in 2023 (Straw & Levitis, 2021). As of December 15, 2021, nearly 654,000 Georgians have already selected or were re-enrolled in a health care plan on HealthCare.gov during the extended open enrollment period (CMS, 2021). This is far more than the waiver's initial projection. Additionally, unhooking from HealthCare.gov would mean that Georgia would no longer benefit from many of the aforementioned federal investments like advertising and Navigators. For these reasons, the Georgia Access Model cannot produce enrollment equivalent to enrollment that would happen without the Georgia Access Model, meaning that it fails to meet the guardrail that innovation plans provide coverage to at least a comparable number of state residents.

#### *Impact on Comprehensiveness and Affordability*

We believe that access to quality, comprehensive, and affordable health care is critically important for Georgians, particularly those at risk for or living with cancer. The Georgia Access Model would allow short-term, non-ACA compliant plans that subject enrollees to exclusions based on pre-existing conditions, benefit limitations, and caps on plan reimbursements that expose people to potentially high out-of-pocket costs, to be presented alongside comprehensive coverage options. The Georgia Access Model would give insurers and brokers new opportunities to steer healthier consumers toward these substandard plans that expose them to potentially devastating costs if they get sick (Straw & Levitis, 2021). One survey found that one in four marketplace enrollees who were helped by a broker or insurer reported being offered a non-ACA compliant policy as an alternative to marketplace health coverage (Pollitz et al., 2020). Further, the resulting adverse selection could make comprehensive coverage more expensive for those who need it.

### **Georgia Access Model Does Not Advance Health Equity**

#### *Impact on Health Equity*

Many of the new federal investments and policies mentioned above emphasize the Administration's commitment to addressing longstanding coverage disparities in historically underserved populations. The Navigator program, for example, help connect communities that experience greater disparities in access to health care to critical health coverage. The Centers for Medicare & Medicaid Services reported that during the COVID-19 SEP, 15% of enrolled consumers identified as African American, compared to 9% and 11% in 2019 and 2020, respectively, and the percentage of enrolled consumers identified as Hispanic/Latino increased to 19%, from 16% in 2019 and 2020 (CMS, 2021).

The Georgia Access Model also conflicts with recent Executive Order 13985, which calls on federal agencies to assess whether policies advance equity for "people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality" (The White House, 2021). However, Georgia did not analyze the waiver's impact on equity. The Georgia Access Model also conflicts with each of the goals in Executive Order 14009, focused on strengthening Medicaid and the ACA, which aims to make health coverage accessible and affordable for all. The recent order, which also created the COVID-19 SEP, calls for an immediate review of federal agency actions. This includes policies that "undermine protections for people with pre-existing conditions; waivers that may reduce coverage under Medicaid or the ACA; policies that undermine the marketplace; policies that create unnecessary barriers to families attempting to access ACA coverage; and policies that may reduce the affordability of coverage" (Straw & Levitis, 2021). The order directs federal agencies to consider whether to "suspend, revise, or rescind" (The White House, 2021) such agency actions, which would include the approved Georgia section 1332 waiver.

The Administration's commitment to making health coverage accessible and affordable for all is undermined if Georgia's plan to eliminate HealthCare.gov and instead rely solely on private brokers and insurers to help consumers compare plans, apply for financial assistance, and enroll in coverage comes to fruition.

#### *Impact on Medicaid Coverage*

In 2021, at least 35,000 Georgians enrolled in Medicaid via HealthCare.gov (CMS, 2021). Currently, HealthCare.gov screens individuals for eligibility for premium tax credits, and lets consumers know if they are eligible for Medicaid coverage. Under the approved waiver, people who are eligible for Medicaid could have a much harder time finding help with enrollment since Medicaid generally does not pay commissions. Private brokers and insurers have no incentive to fill the gap left for this population that would result from eliminating HealthCare.gov. For example, a search on HealthCare.gov displays more than 1,100 agents and brokers that enroll people in individual or family coverage in one Atlanta ZIP code, but zero agents and brokers that say they'll assist with Medicaid or CHIP enrollment (Straw, 2020).

Also concerning is that some private brokers and insurers who operate through HealthCare.gov have ignored consumers' potential Medicaid eligibility altogether unless at least one household member is eligible for subsidized marketplace coverage. Some have failed to alert consumers of Medicaid eligibility and move Medicaid-eligible consumers into other types of plans (Straw, 2019).

#### **Conclusion**

Thank you again for the opportunity to provide comments on the Georgia Access Model. Access to quality, comprehensive, and affordable health care is critically important for Georgians living with cancer, and the Georgia Access Model jeopardizes beneficiaries' access to care. Should you have any questions, please contact Phylicia L. Woods, Executive Director of the Cancer Policy Institute at the Cancer Support Community at [pwoods@cancersupportcommunity.org](mailto:pwoods@cancersupportcommunity.org).

Sincerely,



Phylicia L. Woods, JD, MSW  
Executive Director – Cancer Policy Institute  
Cancer Support Community Headquarters

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