

Congress of the United States
Washington, D.C. 20515

January 6, 2022

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

The Honorable Janet Yellen
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20200

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Dear Secretary Becerra, Secretary Yellen, and Administrator Brooks-LaSure,

Thank you for your commitment to ensure that Georgians continue to have access to high quality health care and your strong support to uphold the Affordable Care Act (ACA). We, as Members of the Georgia Delegation, have raised concerns regarding Part II of the approved Georgia State Innovation Waiver under section 1332, and appreciate the opportunity to comment further.

As Democratic Members of Congress representing Georgia, we believe that health care is a right and everyone deserves access to quality and affordable health care. Therefore, Georgia's attempt to undermine and limit access to care through Part II of their approved 1332 waiver must be stopped. In the midst of a global pandemic, a time where access to health care is more essential than ever, Georgia should be focused on enrolling more people into affordable plans instead of exacerbating its already high uninsured rate.¹ Rescinding the waiver is critical to ensuring that Georgians have consistent and continuous access to quality and affordable health care.

Section 1332 under the ACA allows states to apply for an innovation waiver in an effort to provide new and creative ways for residents to access health insurance.² To gain approval for these waivers, states must show that they will effectively provide health care coverage to at least as many people and that coverage is as affordable and comprehensive as it would be absent the waiver.³ Despite its name, the Georgia Access Model fails to meet these requirements and actually jeopardizes health care access and coverage for more than 500,000 Georgians.⁴ As such, it should never have been approved by the prior Administration.

The Georgia Access Model would undermine and destabilize the ACA by eliminating consumers' access to HealthCare.gov, the online platform used for the federal Marketplace,

¹ <https://www.gpb.org/news/2019/09/15/rate-of-uninsured-americans-rises-georgia-now-ranks-3rd>

² https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-

³ <https://www.kff.org/health-reform/fact-sheet/tracking-section-1332-state-innovation-waivers/>

⁴ <https://www.hhs.gov/about/news/2021/09/15/biden-harris-administration-announces-2-8-million-people-gained-affordable-health-coverage-during-2021-special-enrollment.html>

without introducing any new enrollment pathways for Georgians and their families.⁵ Instead, Georgians would be forced to enroll in coverage on websites owned and operated by private brokers and health insurers, erasing their ability to easily compare plans across carriers without bias.⁶ These websites would have the ability to promote noncompliant health plans that are not eligible for subsidies and do not cover the essential health benefits, something which would not be immediately apparent to the consumer. Further, this direct enrollment-style approach erodes the “no wrong door” model that connects the ACA marketplace with Georgia’s Medicaid enrollment system, putting Medicaid-eligible Georgians at risk of going or remaining uninsured.⁷

Additionally, the landscape for individual health insurance in Georgia has changed since the approval of the waiver on November 1, 2020.⁸ The American Rescue Plan Act (ARPA), which became law in March 2021, provided additional Advanced Premium Tax Credits (APTCs) making plans on the Marketplace more affordable and accessible to people across Georgia. ARPA expanded and increased subsidies for those above the 100 percent federal poverty level (FPL).⁹ In addition to these subsidies, ARPA provided a cushion for repaying subsidies of 8.5 percent for those above the 400 percent FPL and guaranteed access to a \$0 silver-level plan and increased cost-sharing reductions for those between 100-150 percent FPL.¹⁰ These changes are set to end in 2023, but CBO predicts that they will result in some increased enrollment for an additional year.¹¹

Further, the Biden Administration significantly increased funding for outreach and enrollment assistance. Beginning in August 2021, Georgia navigator organizations received an additional \$1.8 million from the Biden Administration than they had the previous year, for a total of \$2,540,273.¹² This increased investment in navigators and outreach efforts will enable more Georgians to enroll through the Marketplace and receive more affordable coverage.¹³

While ARPA provided additional support to Georgians, there have also been changes in the state with five new insurers joining Georgians health insurance marketplace.¹⁴ For plan year 2022 there are now 11 insurers offering plans on the Marketplace in Georgia compared to four in 2019 and six in 2021.¹⁵

Combined, these investments and Marketplace changes have contributed to Georgia’s record high enrollment in ACA plans. As of December 15, 2021, an additional 140,000 Georgians had signed up for health coverage on the Marketplace, totaling 653,990 individuals.¹⁶ Elimination of

⁵ Id.

⁶ https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-/1332-GA-Fact-Sheet.pdf

⁷ <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>

⁸ https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-/1332-GA-Fact-Sheet.pdf

⁹ <https://www.kff.org/health-reform/issue-brief/impact-of-key-provisions-of-the-american-rescue-plan-act-of-2021-covid-19-relief-on-marketplace-premiums/>

¹⁰ Id.

¹¹ <https://www.cbo.gov/system/files/2021-02/hwaysandmeansreconciliation.pdf>

¹² <https://www.kff.org/private-insurance/issue-brief/navigator-funding-restored-in-federal-marketplace-states-for-2022/>

¹³ <https://www.cms.gov/files/document/2021-navigator-grant-recipients.pdf>

¹⁴ <http://www.georgiahealthnews.com/2021/08/insurers-flock-offer-coverage-2022-exchange-years-open-week/>

¹⁵ Id.

¹⁶ <https://www.georgiahealthnews.com/2021/12/georgia-helps-drive-record-enrollment-aca-insurance/>

HealthCare.gov would drastically change how Georgians enroll in health insurance and cause a major disruption for hundreds of thousands of individuals. If Part II of the 1332 waiver was implemented and Georgia was the only state that did not use HealthCare.gov, low-income Georgians would be at a severe disadvantage compared to peers in the other non-expansion states, and all of the investments put into outreach and enrollment programs would be erased.

Therefore, Part II of Georgia's State Innovation Waiver under section 1332 should be revoked because it would harm Georgians and limit access to coverage. The changes in the Georgia Access Model would put low- and moderate-income Georgians at risk of higher health care costs, reduce their access to health care and services, and, in the worst-case scenarios, make individuals and their families uninsured.¹⁷

The country is in the midst of tackling the COVID-19 pandemic, one of the greatest health threats in our lifetime, and Georgia should be focused on improving access to health care, not limiting it. Instead, this attempt to undermine the ACA and push Georgians into health plans that are less comprehensive and more expensive is callous and cruel. We urge you to rescind Part II of Georgia's State Innovation Waiver and continue to work with the state of Georgia to expand and improve access to health care.

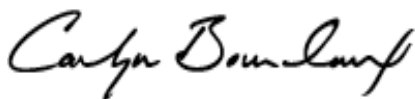
Sincerely,



Reverend Raphael Warnock
United States Senator



Jon Ossoff
United States Senator



Carolyn Bourdeaux
Member of Congress



Lucy McBath
Member of Congress



Sanford D. Bishop, Jr.
Member of Congress



Nikema Williams
Member of Congress



David Scott
Member of Congress



Henry C. "Hank" Johnson, Jr.
Member of Congress

¹⁷ <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>