



[stateinnovationwaivers@cms.hhs.gov](mailto:stateinnovationwaivers@cms.hhs.gov)

"Georgia's 1332 waiver comments"

Submitted by:

Theresa Rohr-Kirchgraber, MD

[amwagaphysicians@amwa-doc.org](mailto:amwagaphysicians@amwa-doc.org)

[President-elect@amwa-doc.org](mailto:President-elect@amwa-doc.org)

And the Advocacy Committee of the American Medical Women's Association, GA Branch

January 5, 2022

### **The American Medical Women's Association Georgia Chapter Comments on 1332 Waiver**

The Georgia chapter of the American Medical Women's Association (AMWA) supports sound policies to improve public access to healthcare. Upon reviewing the proposed Georgia 1332 Waiver reinsurance application, we commend the program's effort to reduce premiums and stabilize the market. However, AMWA has concerns that aspects of the proposal would limit patients' choice for health coverage. By eliminating the option to use the one-stop-shop HealthCare.gov platform, the number of individuals eligible for comprehensive coverage would diminish, resulting in catastrophic consequences to the physical and financial wellbeing of our state.

As physicians, we keenly recognize the problems that may arise when our patients transition from one insurer to another. Even when a person remains employed by the same company, the employer may contract with a different plan each year. Due to such coverage changes, patients often lose access to their primary care physician (PCP) through no fault of their own. Many do not even know this has happened until they try to make an appointment or refill their medications. This loss of continuity of care leads to calamitous effects in the downstream health of individuals, often resulting in greater costs to the state. For example: A diabetic patient needs a refill of her insulin, so she contacts her PCP. The PCP's office inquires if she has had any insurance changes, and she discloses that she is now under a new plan. The office staff informs the patient that unfortunately they do not contract with this plan, so the patient will need to find a new PCP. The process of locating a new physician, transferring records, and scheduling an appointment often takes months, during which time the patient would either run out of insulin (thus leading to life-threatening disease progression), or she may utilize emergency services for refills.

To avert costly complications, public access to preventive services provided by a continuous care team is critical. Patients who have a PCP are more likely to receive vaccinations and regular screenings for cancer and heart disease. They also have fewer barriers to receiving care when needed, thus decreasing the morbidity and mortality (as well as cost) associated with hospitalizations and surgeries. Shifting away from the HealthCare.gov platform would inhibit a patient's access to medication and medical records, delaying care. Additionally, there has not been funding allocated for the transition process, so many patients will unwittingly find themselves uninsured. Lack of knowledge about the transition process is also likely to cause a decline in enrollment among Georgia consumers.

The number of uninsured persons in our state is unacceptably high. As of 2019, Georgia's uninsured rate was the third worst in the United States at 13.4 percent, significantly higher than the national average of 9.2 percent.<sup>1</sup> Approximately 1.4 million Georgians do not have health insurance.<sup>2</sup> Coverage is disproportionately worse in rural areas, where the uninsured rate is feared to reach 24 percent by 2026.<sup>3</sup> AMWA supports the Patients First Act, signed into law by Governor Brian P. Kemp on March 27, 2019, which authorized the "Georgia Pathways to Coverage" Medicaid Section 1115 Demonstration Waiver

**American Medical Women's Association GA Branch**

1425 Prince Avenue, Russell Hall HSC 235F Athens, GA 30602 706-713-2148 [www.amwa-doc.org](http://www.amwa-doc.org)

Theresa.RohrKirchgraber@uga.edu



American Medical Women's Association  
The National Voice of Women in Medicine since 1915

and the “Georgia Access 1332 State Relief and Empowerment Waiver” to the federal government.<sup>4</sup> However, even under the current waiver, 267,000 uninsured Georgians earn too little to qualify for financial assistance to purchase health insurance through the marketplace, yet they do not qualify for Medicaid.<sup>5</sup> These Georgians have incomes below the poverty line (less than \$12,880 a year for individuals or \$21,720 a year for a family of three), falling into the coverage gap with no affordable health insurance options.<sup>5</sup> Another 240,000 uninsured Georgians make slightly above the poverty line (between 100 and 138 percent of the poverty line).<sup>6</sup> Most of this category does qualify for premium subsidies through the marketplace, but they may be unable to use the coverage because of high deductibles and copayments.<sup>5</sup> In contrast, Medicaid does not have deductibles and has small copayments based on income. If the waiver application is denied, over 470,000 more Georgians would be able to access preventive services and timely treatment under the care of a PCP, thus avoiding exorbitant medical debt.<sup>6</sup> In states that implemented Medicaid expansion, the Affordable Care Act (ACA) simplified enrollment and renewal, and increased outreach and enrollment. States with expanded Medicaid programs have significantly decreased the level of uninsured by extending eligibility to nonelderly adults with incomes up to 138 percent of the federal poverty level and replacing the “asset test” with the Modified Adjusted Gross Income standard to simplify enrollment and renewal.<sup>7</sup> They also have more thorough coverage of children through Children’s Health Insurance Program (CHIP).

Providing coverage to more Georgians through Medicaid expansion would fortify the safety net of physicians, hospitals, and academic medical centers to better serve their low-income patients and reduce cost-shifting to the rest of Georgians.<sup>8</sup> Furthermore, broader insurance coverage would decrease death. One study concluded that mortality declined after states expanded their Medicaid programs, particularly among those aged 35-64 years, minorities, and people living in poorer areas. Closing the coverage gap would even benefit the state economically.<sup>8</sup> An expected 56,000 jobs would be created in Georgia (12,000 of which would be in rural communities), boosting Georgia’s economic output by \$6.5 billion annually (\$1.3 billion in rural communities).<sup>9</sup>

Increasing access to affordable healthcare would improve Georgians’ lives in many ways, providing necessary coverage to those not who do not meet the ACA’s eligibility thresholds. Medicaid expansion is associated with lower rates of housing evictions among low-income families,<sup>18</sup> lower rates of medical debt, and higher rates of satisfaction with household finances.<sup>19</sup> Most importantly, expanding Medicaid would enable Georgia—along with the minority of other states that have yet to expand—to collectively avoid more than 13,000 deaths each year.<sup>15</sup> A study from the Center on Budget and Policy Priorities found that from 2014 to 2017, Medicaid expansion saved an estimated 19,000 lives among older adults ages 55 to 64.<sup>16</sup> A 2017 study by Harvard researcher Benjamin D. Sommers estimated that Medicaid expansion was associated with one fewer death for every 239 to 316 people who gained insurance.<sup>48</sup> A recent study found that Medicaid expansion may have prevented as many as 8,132 opioid overdose deaths from 2015 to 2017.<sup>21</sup> Medicaid coverage can also improve maternal and infant health, an area where the United States lags behind its peer nations. States that expanded Medicaid subsequently had lower rates of mortality among both mothers and babies.<sup>17</sup>

Because the proposed 1332 Waiver leaves millions of Georgians uninsured or underinsured, it runs the risk of increasing hospitals’ costs of uncompensated care,<sup>23</sup> threatening the financial sustainability of Medically Underserved Areas. In rural communities, hospital closures exacerbate problems with access to care and increase patients’ travel times for emergency care.<sup>24</sup> While more than 121 rural hospitals have closed since 2010, <sup>25</sup> a 2018 study by the U.S. Government Accountability Office found that states that expanded Medicaid eligibility and enrollment were less likely to experience rural hospital closures.<sup>26</sup>

**American Medical Women’s Association GA Branch**

1425 Prince Avenue, Russell Hall HSC 235F Athens, GA 30602 706-713-2148 [www.amwa-doc.org](http://www.amwa-doc.org)

Theresa.RohrKirchgraber@uga.edu



American Medical Women's Association  
The Medical Voice of Women in Medicine since 1915

The lives and livelihoods of our state's citizens are at stake. Therefore AMWA strongly recommends Medicaid expansion for the state of Georgia. Although we appreciate the intent of the proposed 1332 Waiver, it would not assist Georgians adequately, as it fails the ACA imperative for coverage, comprehensiveness, and affordability. We ask our elected officials to put politics aside and join us in our efforts to develop Georgia into a healthier place to live and work.

#### References:

1. Keisler-Starkey, K., & Bunch, L. N. (2020, September). *Health Insurance Coverage in the United States: 2019*. U.S. Department of Commerce. United States Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf#page=13>
2. Berchick, Edward et al. (2019, November). *Health Insurance Coverage in the United States: 2018*. U.S. Department of Commerce. United States Census Bureau. Health Insurance Coverage in the United States: 2018 (census.gov). <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>
3. Harker, L. (2020, January 14). *Governor's Vision for Georgia Omits Help for Struggling Health Care System*. Georgia Budget and Policy Institute. <https://gbpi.org/governors-vision-georgia-omits-help-struggling-health-care-system/>.
4. State of Georgia. (n.d.). *Patients First Act*. Georgia Medicaid. <https://medicaid.georgia.gov/patientsfirst>.
5. Garfield, R., Orgera, K., & Damincio, A. (2021, July 29). *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*. Medicaid. KFF. <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.
6. Norris, L. (2021, July 9). *Georgia and the ACA's Medicaid expansion*. healthinsurance.org. <https://www.healthinsurance.org/medicaid/georgia/>.
7. Rosenbaum, S., Rothenberg, S., Gunsalus, R., & Schmucker, S. (2017, January 17). *Medicaid's Future: What Might ACA Repeal Mean? How Affordable Care Act repeal legislation could affect Medicaid*. <http://www.commonwealthfund.org/publications/issue-briefs/2017/jan/medicaids-future-aca-repeal>.
8. Sommers, B. D., Baicker, K., & Epstein, A. M. (2012). Mortality and access to care among adults after state Medicaid expansions. *New England Journal of Medicine*, 367(11), 1025–1034. <https://doi.org/10.1056/nejmsa1202099>
9. Harker, L. (2020, January 14). *Georgia's ready to close the coverage gap*. Georgia Budget and Policy Institute. <https://gbpi.org/georgia-ready-close-coverage-gap/>.
10. [42 U.S.C.S. § 1396-1 \(LexisNexis, Lexis Advance through Public Law 117-38, approved August 25, 2021\)](#)
11. [42 U.S.C.S. § 1396 \(LexisNexis, Lexis Advance through Public Law 117-38, approved August 25, 2021\)](#)

**American Medical Women's Association GA Branch**

1425 Prince Avenue, Russell Hall HSC 235F Athens, GA 30602 706-713-2148 [www.amwa-doc.org](http://www.amwa-doc.org)

Theresa.RohrKirchgraber@uga.edu



American Medical Women's Association  
The Vision and Voice of Women in Medicine since 1915

12. Harker, L. (2020, July 28). *Fast facts on Medicaid expansion*. Georgia Budget and Policy Institute. <https://gbpi.org/fast-facts-on-medicaid-expansion/>.

Theresa Rohr-Kirchgraber, MD, FACP, FAMWA

Georgia AMWA Physicians Branch

[www.amwa-doc.org](http://www.amwa-doc.org)

[AMWAGAPHYSICIANS@amwa-doc.org](mailto:AMWAGAPHYSICIANS@amwa-doc.org)

[Theresa.RohrKirchgraber@UGA.EDU](mailto:Theresa.RohrKirchgraber@UGA.EDU)

Cell 4043532762



American Medical Women's Association

**American Medical Women's Association GA Branch**

1425 Prince Avenue, Russell Hall HSC 235F Athens, GA 30602 706-713-2148 [www.amwa-doc.org](http://www.amwa-doc.org)

[Theresa.RohrKirchgraber@uga.edu](mailto:Theresa.RohrKirchgraber@uga.edu)