

GETTING GEORGIA COVERED

**WHAT WE CAN LEARN FROM THE
AFFORDABLE CARE ACT'S
SEVENTH ENROLLMENT PERIOD**

OE7

**SEVENTH OPEN ENROLLMENT PERIOD
NOVEMBER 1 TO DECEMBER 15, 2019**

A PUBLICATION BY



healthyfuturega.org

SECTION I

Introduction

The Affordable Care Act's (ACA) seventh open enrollment period (known as OE7) ran from November 1 to December 18, 2019.

Data gathered by the Centers for Medicare and Medicaid Services (CMS) show that enrollment by Georgia consumers through the health insurance marketplace during this time rose slightly.

Lower premiums and increased consumer choice give reasons for Georgia consumers to feel positive about the stability and resilience of the marketplace in meeting their health care needs.

However, the uncertainty about the continued existence of the ACA and Georgia's ACA marketplace brought on by the Health Care Repeal Lawsuit (Texas v. California) and Governor Kemp's Georgia Access waiver plan respectively may dampen the success of the marketplace for consumers.

Consumers, Affordability & Choice

Consumers enrolled in Georgia's marketplace

Enrollment data shows that 463,910 Georgia consumers enrolled in health insurance through the health insurance marketplace (also called healthcare.gov) in 2020.¹ This represents a 1.2 percent increase in year-over-year enrollment. Georgia's 2020 enrollment outpaced the national trend, which declined by 0.3 percent.²

2020 Enrollment

	ENROLLMENT	PERCENT
Total Enrollment	463,910	100%
New Consumers	142,379	30.7%
Total Re-enrollees	321,531	69.3%
Active Re-enrollees	241,436	52.0%
Automatic Re-enrollees	80,095	17.3%
Effectuated Enrollment	433,086	93.0%

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products, Public Use Files Research, Statistics, Data and Systems, Marketplace Products, Public Use Files

BY GEOGRAPHIC REGION:

More than half (54%) of Georgia's enrollments are from seven urban counties: Gwinnett (85,005 enrollees), Fulton (46,577), Cobb (39,672), DeKalb (39,952), Clayton (16,247), Chatham (12,873) and Cherokee (11,953).

Georgians residing in rural areas of the state make up 14 percent of enrollees. The large majority of enrollees (86%) reside in urban areas, similar to past years.

BY INCOME:

Almost half (49%) of consumers purchasing marketplace insurance plans in 2020 had incomes between 100 to 150 percent of the federal poverty level (FPL). Consumers who had incomes below 250 percent of the FPL comprised

77 percent of the total Georgia marketplace enrollees. Meanwhile, those with incomes between 250 percent and 400 percent of the FPL represented 13 percent of all Georgia marketplace consumers.

BY AGE:

Almost half of consumers (46.1%) who enrolled in 2020 health plans were between the ages of 45 and 64 while a quarter (27.2%) of consumers were between the ages of 18 and 34. Eight percent of enrollees are children under 18 years of age.

BY GENDER:

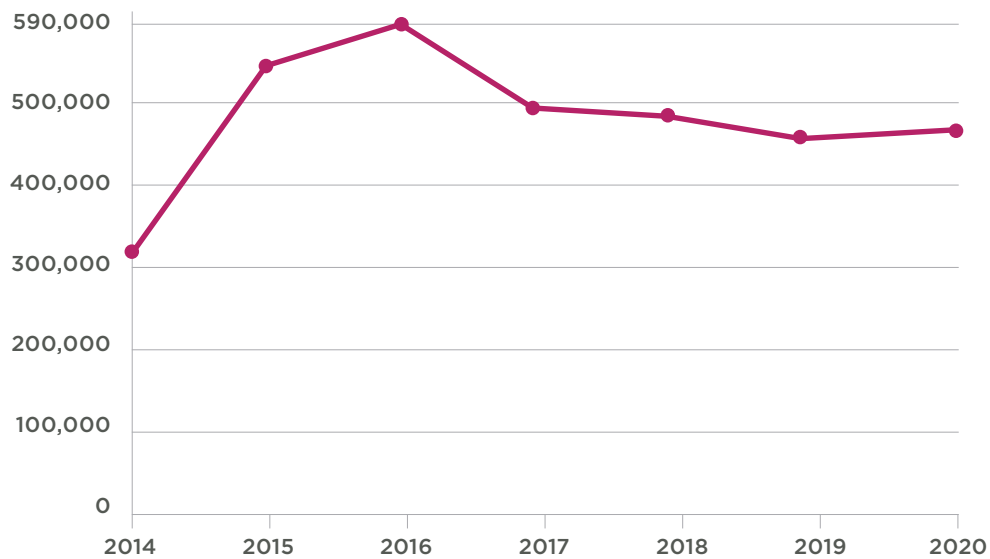
More than half (56%) of enrollees identified as female, consistent with marketplace data from previous years.

BY RACE/ETHNICITY:

Of the 49 percent of consumers whose races and ethnicities are known, Asian consumers are over-represented in the marketplace, representing 14% of enrollees vs. 4.4 percent overall in the state.³ Black non-Hispanic Georgians are under-represented with 17 percent enrolled in the marketplace vs. 32.6 percent overall. White (35%) and non-Hispanic (72%) are the most common race and ethnicity among marketplace enrollees.

Georgia Marketplace Enrollment, 2014-2020:

Number of Individuals Who Selected a Marketplace Plan, 2014-2020



Source: Kaiser Family Foundation's State Health Facts.

Affordability

Premiums for plans on Georgia's marketplace declined by nearly six percent from 2019. However, the average premium for all consumers after financial assistance was applied was higher than in previous years. Almost nine out of ten (87.8%) Georgia enrollees received financial assistance to help with the costs of their coverage. With tax credits applied, average premiums dropped by 76.5 percent (\$566 to \$133) for consumers. Among consumers who received the advanced premium tax credit (APTC), the average premium dropped by 84.2 percent (\$495 to \$78). percent (\$495 to \$78).

Marketplace Affordability for Georgia Consumers

	2020	% CHANGE FROM PREVIOUS YEAR
Average Premium	\$566	-5.7%
Average Premium after Advanced Premium Tax Credit (APTC)	\$133	4.5%
Avg APTC among consumers receiving APTC	\$495	-8.5%
Avg premium after APTC with APTC consumers	\$78	6.4%

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products, various

Financial Assistance Among Georgia Consumers

	2020	% CHANGE FROM PREVIOUS YEAR
Consumers with APTC and/or Cost Sharing Reduction (CSR)	407,267	87.8%
Consumers with CSR	301,815	65.1%
Consumers with APTC	406,728	87.7%
	463,910	

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products, various charts

Choice for Georgia Consumers

When shopping for 2020 health plans, almost three out of four (72%) Georgia consumers selected silver plans. This is down slightly from previous years (78% in 2018 and 74% in 2019) as more consumers shifted from silver plans to bronze and gold plans. This may be an effect of on-going “silver-loading,” in which insurers increase the costs of silver-level plans disproportionately as compared to other plan options. This practice has been adopted since 2017 as a strategy by state insurance regulators and insurers to make up for the loss of cost-sharing reduction payments to insurers from the federal government.⁴ The federal government made no action in 2020 to resume federal payments for CSRs according to the same report from RAND corporation.

There has been a meaningful reduction in catastrophic plan enrollments (3,035, 0.7% of enrollments) in 2020 from a 2017 high (7,526, 2%). Meanwhile, enrollment in platinum plans has increased 319 percent over the same time period (347 enrollments in 2017 to 1,456 in 2020). Taken together, these two trends suggest a preference among Georgia consumers for higher value plans.

Georgia Consumer Plan Selections by Metal Tier

METAL PLAN	# OF 2020 ENROLLMENTS	% OF 2020 ENROLLMENTS	% CHANGE FROM 2019
Catastrophic	3,025	0.7%	-56.6%
Bronze	97,653	21.0%	8.2%
Silver	335,180	72.3%	-1.3%
Gold	26,596	5.7%	12.6%
Platinum	1,456	0.3%	3.0%

Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products

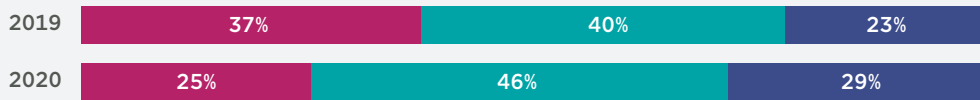
As in 2019, Georgia consumers had more options when choosing an insurer in 2020 following insurer expansions or shifts in the counties in which they offered marketplace plans. Five insurers offered plan options in Georgia and more than half (60.6%) of enrolled consumers had four or more insurer options available to them. While Georgians with the most choice of insurers were primarily concentrated in metro Atlanta counties, almost a quarter of Georgia counties had at least three choices of insurers.

Insurer Participation on ACA Marketplaces, 2019-2020:

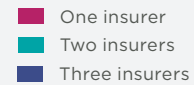
Enrollees



Counties



Source: Kaiser Family Foundation analysis of data from Healthcare.gov and a review of state rate filings. NOTE: Enrollment in 2020 is based on 2019 plan selections. Percentages



VIEW INTERACTIVE MAP:

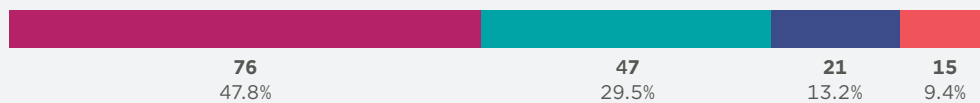
[Change in Insurer Participation on ACA Marketplaces, 2019-2020](https://public.tableau.com/shared/SXXF79NCJ?:toolbar=n&:display_count=y&:origin=viz_share_link&:embed=y&:showVizHome=no)

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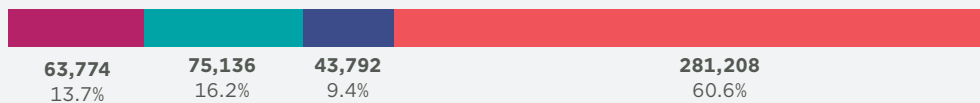
One out of seven (13.7%) Georgia enrollees had only one insurer option, a significant improvement over 2019 when 26.6 percent of consumers found themselves with no choice of insurer. This improvement is consistent with the 35.6 percent decrease in Georgia counties serviced by only one insurer (from 118 in 2019 to 76 in 2020).

Consumers & Counties with Choice of Insurers in the ACA Marketplace

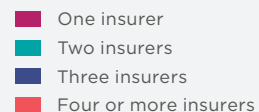
Number of Counties with Choice of Insurers



Number of Consumers with Choice of Insurers



Source: Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products



Changes that may have impacted 2020 enrollment

The 2020 enrollment season was marked by improved affordability and choice for Georgia consumers, and the availability of enrollment assistance did not decrease as compared to previous years. These improvements in the marketplace experience likely contributed to Georgians' increased enrollment. However, OE7 was not without its difficulties. Technical issues during OE7, consumer uncertainty over the status of the ACA, and costs for higher-income consumers still prevent some consumers from enrolling in coverage and dampen the success of Georgia's marketplace.

Increases in enrollment assistance, lower premiums, & more choice may have pushed up enrollment

For the first time since 2016, the federal government increased its funding for enrollment assistance in Georgia (\$700,000 in 2020 vs. \$550,000 in 2019); however, the amount still represented an 80 percent reduction since 2016.⁵ The funding was granted to the Georgia Primary Care Association (GPCA), which represents Georgia's federally qualified health clinics serving primarily low-income and uninsured populations. GPCA has served as a so-called "navigator entity" since 2015 and contracted with the Hispanic Health Coalition of Georgia to reach Latinx and Spanish-speaking audiences across the state.

Average monthly premiums for marketplace plans dropped by 5.7 percent from 2019 to 2020. The increased affordability of plans and media messages about the price drops may have attracted new enrollees or tempted former enrollees to return to the marketplace.⁶

Increased competition between insurers (because of an increase in the number of insurers and an expansion of covered areas in some cases) may have helped lower premiums, while increasing consumer choice. In past years, GHF has heard from consumers and enrollment assisters that limited choice between insurers discourages consumers from enrolling in a health plan. The share of Georgians with a choice of two or more insurers rose by 12.8 percentage points between 2019 and 2020. This increase may have contributed to Georgians' increased interest and enrollment in health plans for 2020.

Despite the overall enrollment increase, there was a slight decrease in consumers with “Unknown/Other” incomes. Historically, these are largely consumers with incomes above 400% FPL. This slight enrollment decline indicates that the decrease in premiums was not significant enough to retain some higher-income consumers who bear the full burden of price fluctuations from year to year.

Consumer uncertainty & technical difficulties continue to plague Georgia’s marketplace

Technical difficulties with healthcare.gov complicated consumers’ enrollment efforts in the run-up to the 2020 enrollment deadline. The difficulties were significant enough that the Centers for Medicaid & Medicare Services issued a three-day extension to the enrollment period from December 15 to December 18.⁷ The extension was granted after a series of glitches and computer crashes were reported to CMS. In a letter sent to HHS from concerned members of Congress, it was estimated that the technical issues with healthcare.gov may have prevented enrollments by 100,000 consumers nationwide.⁸ According to the letter, policymakers suspected that some Georgia consumers experienced these technical.

On October 31, 2019, the eve of the 2020 open enrollment period, Georgia’s Governor announced at a press conference that he would be seeking a 1332 State Innovation waiver that would dramatically reshape the health insurance marketplace and health coverage in Georgia.⁹ Because the plan in its original form would have separated Georgia from healthcare.gov and eliminated many core consumer protections, the news reports of the Governor’s plan may have caused confusion and uncertainty for some Georgia consumers. Unsure about when his plan would take effect and how they would be impacted, some Georgians may have been dissuaded from enrolling in coverage for 2020. difficulties, and some may not have finished their enrollment process as result.

Georgia's 1332 State Innovation waiver

In November 2019, Georgia Kemp proposed a 1332 State Innovation waiver that would re-shape private insurance in Georgia. In its original form, the plan would move Georgia's health insurance marketplace (healthcare.gov) to a decentralized enrollment system of private web-brokers and insurers, called Georgia Access. At the same time, the plan proposed to cap the amount of financial assistance available to Georgia consumers; introduce two new types of health plans that would not cover all ten essential health benefits; and erode mental health & substance use protections, among other provisions. The plan also included reinsurance.

In July 2020, Gov. Kemp revised his proposed plan. The re-worked proposal retained only the reinsurance program, and the Georgia Access model, which would separate Georgia from healthcare.gov and move to a fragmented system of insurers & brokers. Even in its revised form, an estimated 25,000 to 61,000 Georgians may lose their coverage as a result.^{10, 11}

More information on the Governor's proposed plan for Georgia's marketplace and its status can be found at coverGA.org.

Policy Recommendations and Advocacy Opportunities

1

Expand access to health insurance

An estimated 500,000 low-income Georgians—a number that is likely growing due to COVID-19-related income and job losses—have no pathway to health coverage because state leaders have so far rejected the option to expand Medicaid to low-income adults.¹² Georgia’s decision makers have the option to expand Medicaid at any time. Instead, the state’s Governor is pursuing a plan that would expand Medicaid eligibility to only some low-income adults and would impose unlawful work requirements and other counterproductive provisions on their access to care.¹³ The Governor’s plan expects 50,000 Georgia adults will gain coverage, only a fraction of those who need it. We recommend that state leaders set aside the proposed Georgia Pathways plan and act swiftly to expand Medicaid coverage to all low-income Georgians as intended by the ACA.

2

Expand access to health insurance

Abandon the Georgia Access plan

Eight out of ten Georgians who buy their health insurance through the ACA use HealthCare.gov to shop and enroll.¹⁴ The Georgia Access plan put forward by Governor Kemp would entirely separate Georgians from this popular, unbiased platform and would replace it with a fragmented, confusing system operated by insurance companies and brokers. The new system would give private web brokers and insurers new opportunities to use aggressive or deceptive tactics to steer people into plans that offer little actual coverage for consumers (ex: short-term health plans with coverage limits). While some healthy enrollees would be pulled from the marketplace through these steering behaviors, others

will get lost in the decentralized “non-marketplace,” and Medicaid-eligible Georgians may not be notified of their eligibility or how to enroll. As a result, many thousands of Georgians could end up uninsured or find their health and finances at risk in subpar health plans, while the draining of healthy enrollees from the market could push up premiums for ACA compliant plans. We encourage Georgia leaders to abandon the Georgia Access plan and instead turn their attentions to strategies that specifically address the problems that Georgia marketplace consumer face.

Move forward with reinsurance

The first part of the Governor’s proposed private insurance plan would implement a reinsurance program.¹⁵ Reinsurance is a tool that 15 other states have used to lower premiums for consumers and attract more insurers to their marketplaces.¹⁶ Georgia’s proposed reinsurance program is designed so that it would lower premiums most in the parts of the state with the highest premiums, areas like southwest Georgia.¹⁷ Reinsurance would lower costs for the middle- and high-income Georgia consumers who make too much to receive financial help under the ACA. Lower premiums are likely to attract more middle- and high-income consumers to Georgia’s marketplace and the stability offered by a reinsurance program may be enough to recruit more participating insurers as well. We recommend the state move forward with the reinsurance program.

3

Invest in the success of Georgia’s marketplace

Two-thirds of Georgia’s uninsured population is eligible for marketplace coverage and half of those are eligible for financial assistance.¹⁸ This group is likely growing in 2020 as Georgians lose health coverage following COVID-19-related job losses.¹⁹ Prior to the pandemic, data indicated that most of the eligible but uninsured were unaware that they may qualify for financial assistance to lower their health insurance costs. It is likely that a higher proportion of Georgians who have traditionally relied on job-based coverage but are newly eligible for ACA coverage are unaware of the financial help and coverage options available to them.

In-person outreach and enrollment assistance, along with broad-based marketing efforts, have proven effective in reaching the remaining uninsured.²⁰ In the midst of a pandemic and economic crisis, it is more important than ever that

consumers understand all of their available options. We encourage state leaders to appropriate funds to the Georgia Office of the Commissioner of Insurance to support community-based enrollment assistance so that Georgia consumers can make informed choices about how to protect their health and finances.

4

Guarantee consumers get what they pay for

Network adequacy

Among the feedback that GHF regularly receives from consumers with private health coverage, a limited choice of in-network providers is one of the most common. Georgia historically has some of the narrowest provider networks in the country.²¹ Although narrow networks can hold down the cost of health insurance, they can also cause difficulty for consumers by making it more difficult to access health services and maintain consistent care. We encourage Georgia's policymakers to develop a quantitative and comprehensive network adequacy standard based on the 2015 model law developed by the National Association for Insurance Commissioners.

Equal coverage of mental health and substance use services

Federal law requires that most health insurance plans treat mental health and substance use (MH/SU) conditions and services equal to other health conditions and services.²² The equal treatment of MH/SU by insurance plans is called "behavioral health parity." Despite the law's existence, GHF commonly hears from Georgians who have private health insurance who still face significant barriers to treatment or recovery services for MH/SU conditions. Many have to see out-of-network doctors and other providers; others never receive care due to high costs and restrictions to needed services.²³ We recommend that state leaders immediately begin applying all of the policy levers available through the federal law to hold insurance companies accountable for equal coverage of and access to MH/SU services. State lawmakers should additionally adopt a Georgia-specific behavioral health parity law based on the model law developed by The Kennedy Forum and a coalition of partner groups.²⁴

5

Abandon Georgia’s support of the Health Care Repeal Lawsuit

Georgia is one of 18 states who are pursuing a lawsuit to have the entire Affordable Care Act struck down.²⁵ The U.S. Supreme Court will hear arguments in the case (called California v. Texas or “the Health Care Repeal lawsuit) in November 2020. The court’s decision on the case will determine if the entire ACA is eliminated, stands as is, or is partially struck down. This lawsuit risks the health coverage of hundreds of thousands of Georgians, protections for people with pre-existing conditions, and wide-spread access to basic health services like mental health care and prescription drugs, among other lesser-known benefits of the ACA. The elimination of the ACA would disproportionately affect Georgians of color and low- and moderate-income consumers. We urge Georgia leaders to immediately discontinue their participation in and support of this lawsuit.

SECTION V

Conclusion

Georgia's marketplace has proven an important and resilient avenue to health coverage for Georgians who do not have access to or have lost job-based coverage.

Amidst the exponential job losses and financial insecurity brought on by the COVID-19 pandemic in 2020, the ACA marketplace is a cornerstone for consumers looking for affordable, comprehensive insurance coverage.

Despite its success and significance for Georgia individuals and families, the Health Care Repeal lawsuit and Governor Kemp's proposed waiver plan threaten its continued existence.

Consumers will benefit most if Georgia health advocates, health care providers, insurers, other stakeholders, and state leaders collaborate to protect the marketplace from existing threats, invest in getting all Georgians covered, and continuously work to improve the affordability, value, and quality of health coverage.

Appendix

2020 Income Eligibility Guidelines for ACA Marketplace Coverage

FAMILY SIZE	LOWER INCOME LIMIT 100% FPL	COST SHARING REDUCTIONS INCOME LIMITS 250% FPL	TAX CREDITS INCOME LIMITS 400% FPL
1	\$ 12,760	\$ 31,900	\$ 51,040
2	\$ 17,240	\$ 43,100	\$ 68,960
3	\$ 21,720	\$ 54,300	\$ 86,880
4	\$ 26,200	\$ 65,500	\$ 104,800
5	\$ 30,680	\$ 76,700	\$ 122,720
6	\$ 35,160	\$ 87,900	\$ 140,640
7	\$ 39,640	\$ 99,100	\$ 158,560
8	\$ 44,120	\$ 110,300	\$ 176,480

Glossary

Advanced Premium Tax Credit

(APTC): a tax credit based on income and family size that can be used immediately to help lower the cost of monthly premiums for eligible consumers

Cost-Sharing Reduction (CSR):

a discount that lowers the amount consumers have to pay for out-of-pocket costs, such as deductibles, coinsurance, and copayments. Consumers can get this reduction if their income is below a certain level and they choose a health plan from the silver plan category.

Federal Poverty Level (FPL): the federal poverty level (FPL), or the “poverty line,” is an economic measure that is used to decide whether the income level of an individual or family qualifies them for certain public benefits and programs, such as the ACA.

Health Insurance Marketplace: the health insurance marketplace® (also called the “Marketplace” or “exchange” or [healthcare.gov](https://www.healthcare.gov)) is a service that helps people shop for and enroll in health insurance. Through websites, call centers, and in-person help, the marketplace offers choices to consumers on health plans that meet ACA requirements with the option for financial help if eligible. Georgia’s marketplace uses the [healthcare.gov](https://www.healthcare.gov) platform.

Metal Tiers: [Platinum](#), [gold](#), [silver](#), and [bronze](#) describe categories of plans based on how the insurer splits health care costs with the consumer. Plans within each metal category cover about the same share of a consumer’s health costs over the plan year, even if they cover different benefits or have different types of cost-sharing. Bronze plans cover about 60 percent of expected health care costs on average, leaving a consumer with 40 percent of costs. Silver plans cover an average of 70 percent of costs, gold plans cover about 80 percent, and platinum plans cover about 90 percent.

OE7: the seventh ACA open enrollment period, which ran from November 1 to December 18, 2019

Patient Protection and Affordable

Care Act (ACA): the ACA is a comprehensive health care reform law enacted in March 2010 (sometimes known as ACA, PPACA, or “Obamacare”). The law has 3 primary goals of making affordable health insurance available to more people, expanding the Medicaid program to cover all adults with income below 138% of the federal poverty level, and supporting innovative medical care delivery methods designed to lower the costs of health care generally.

Qualified Health Plan (QHP): an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (e.g. deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements.

Reinsurance: a system that pays insurance companies for a portion of the costs of unusually expensive claims from consumers. When these outlier costs are shared between the government and insurers, insurers are able to lower premiums for everyone.

Waivers: agreements between state and federal governments that allow a state to set aside or “waive” certain requirements imposed by the federal government. Waivers are intended to allow states to try new models of providing health coverage and care. Most waivers must meet certain legal requirements and include certain kinds of protections for consumers in order to be approved or implemented. Two kinds of health care waivers (or plans) are being discussed in Georgia currently:

1. **[1115 Medicaid demonstration waiver](#)**
Created decades ago by the Social Security Act, these waivers allow states to test new ways (called “demonstrations”) to achieve the goals of the Medicaid program
2. **[1332 State Innovation waiver](#)**
Created by the ACA, these waivers allow states to experiment with new models of providing health insurance (usually private coverage) to state residents

References

- 1 Centers for Medicare & Medicaid Services, Research, Statistics, Data and Systems, Marketplace Products, Public Use Files Research, Statistics, Data and Systems, Marketplace Products, Public Use Files
- 2 Robert Wood Johnson Foundation, *Marketplace Premiums and Insurer Participation: 2017-2020*. January 2020.
- 3 U.S. Census Bureau, *QuickFacts Georgia*. July 1, 2019. <https://www.census.gov/quickfacts/GA>
- 4 RAND Corporation, *Effects of Alternative Insurer Responses to Discontinued Federal Cost-Sharing Reduction Payments*. 2019. https://www.rand.org/pubs/research_reports/RR2963.html
- 5 Centers for Medicare & Medicaid Services, *2020 CMS Navigator Cooperative Agreements Recipients*. 2020. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>
- 6 The Commonwealth Fund, *ACA Marketplace Open Enrollment Numbers Reveal the Impact of State-Level Policy and Operational Choices on Performance*. April 16, 2019. <https://www.commonwealthfund.org/blog/2019/aca-marketplace-open-enrollment-numbers-reveal-impact>
- 7 Center on Budget & Policy Priorities, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*. September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>
- 8 Brookings Institute, *Georgia's latest 1332 proposal continues to violate the ACA*. September 1, 2020. <https://www.brookings.edu/research/georgias-latest-1332-proposal-continues-to-violate-the-aca/>
- 9 The Atlanta Journal-Constitution, *Obamacare enrollment reopened for an extra day and a half*. December 22nd, 2019. <https://www.ajc.com/news/state--regional-govt--politics/obamacare-enrollment-reopened-for-extra-day-and-half/ZThUWZeXvn-9mQaFb1UYdtJ/>
- 10 Healthpayer Intelligence, Congress: *HealthCare.gov Technical Problems May Impact Enrollment*. November 25th, 2019. <https://healthpayerintelligence.com/news/congress-healthcare.gov-technical-problems-may-impact-enrollment>
- 11 Health Affairs, *Georgia Releases Broad 1332 Waiver Application*. November 5th, 2019. <https://www.healthaffairs.org/doi/10.1377/hblog20191105.878300/full/>
- 12 Center on Budget and Policy Priorities, *States That Have Expanded Medicaid Are Better Positioned to Address COVID-19 and Recession*. July 14, 2020. <https://www.cbpp.org/research/health/states-that-have-expanded-medicaid-are-better-positioned-to-address-covid-19-and>
- 13 Cover Georgia coalition, *Explained: Governor Kemp's Plan To Change Medicaid In Georgia*. April 7, 2020. coverga.org/2020/explained-governor-kemps-plan-to-change-medicaid-in-georgia/
- 14 Center on Budget and Policy Priorities, *Tens of Thousands Could Lose Coverage Under Georgia's 1332 Waiver Proposal*. September 1, 2020. <https://www.cbpp.org/research/health/tens-of-thousands-could-lose-coverage-under-georgias-1332-waiver-proposal>
- 15 Health Affairs, *Georgia Releases Broad 1332 Waiver Application*. November 5th, 2019. <https://www.healthaffairs.org/doi/10.1377/hblog20191105.878300/full/>
- 16 Center on Budget and Policy Priorities, *Reinsurance Basics: Considerations as States Look to Reduce Private Market Premiums*. April 3, 2019. <https://www.cbpp.org/research/health/reinsurance-basics-considerations-as-states-look-to-reduce-private-market-premiums>
- 17 Cover Georgia, *Georgians With Mental Health & Substance Use Conditions Endangered By Gov. Kemp's Plan To Change Health Insurance*. August 24, 2020. <https://coverga.org/2020/impacts-of-gov-kemps-health-care-waiver-plans-on-georgians-with-mental-health-and-substance-use-conditions/>
- 18 Georgia Department of Community Health, *Waiver Project, Georgia Environmental Scan Report*. July 8, 2019. <https://medicaid.georgia.gov/document/publication/georgia-environmental-scan-report-posted-71819/download>
- 19 Deloitte, *Loss of health insurance from the pandemic: Helping Medicaid and health insurance exchanges know their future customers*. August 20, 2020. <https://www2.deloitte.com/us/en/insights/industry/health-plans/pandemic-impact-on-health-insurance-trends.html>
- 20 Kaiser Family Foundation, *Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population*. March 2, 2016. <https://www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population/>
- 21 Georgia Health News, *'Narrow' Networks Are the Exchange Norm Here*. August 25th, 2015. <http://www.georgiahealthnews.com/2015/08/narrow-networks-exchange-norm/>
- 22 The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Law)
- 23 National Alliance on Mental Illness, *Out-of-Network, Out-of-Pocket, Out-of-Options: The Unfulfilled Promise of Parity*. November 2016. <https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Out-of-Network-Out-of-Pocket-Out-of-Options-The>
- 24 The Kennedy Forum, *Model State Parity Legislation*. August 2018. <https://pik-wp-uploads.s3.amazonaws.com/www.paritytrack.org/uploads/2018/08/2018-State-Model-Parity-Legislation1.pdf>
- 25 Kaiser Family Foundation, *Explaining California v. Texas: A Guide to the Case Challenging the ACA*. September 1st, 2020. <https://www.kff.org/health-reform/issue-brief/explaining-california-v-texas-a-guide-to-the-case-challenging-the-aca/>