November 13, 2026

John F. King
Commissioner
Georgia Office of Commissioner of Insurance and Safety Fire
2 Martin Luther King, Jr. Dr.
West Tower, Suite 702
Atlanta, GA 30334

Attn: Georgia 1332 Waiver Amendment Response

Dear Commissioner King:

Thank you for the opportunity to provide feedback on Georgia's 1332 Waiver Amendment Application.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions, including many individuals who rely on Marketplace coverage. Our organizations therefore have a unique perspective on what individuals and families need to prevent disease, cure illness and manage serious and chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that is an invaluable resource regarding any decisions affecting the Affordable Care Act, the marketplace, and the people that they serve. We urge the state to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Georgia's marketplace provides quality and affordable healthcare coverage. Our organizations are deeply concerned that this waiver amendment will compromise affordability and access to coverage for Georgians. Furthermore, the state has not provided enough information to assess if it will meet the statutory guardrails. Our organizations offer the following comments:

Fixed Credits
Our organizations are concerned that the state's proposal to implement a Predictable Fixed Credit to be administered to enrollees via Health Expense Accounts (HEAs) will ultimately worsen affordability for many Georgians and lead to decreased enrollment.

Compared to the premium tax credits Georgia consumers receive now, the fixed credits the state hopes to adopt would, by design, offer less and less help over time. What's worse, the fixed credits are likely to

prove inadequate sooner, not later. The fixed credits rise with the rate of medical inflation instead of plan premiums. Therefore, the faster premium rates grow, relative to inflation, the more quickly the state's new credits lose value.

The state's own analysis acknowledges that if the spread between premium growth and medical inflation is greater than expected, premiums will be unaffordable even with the fixed credits, enrollment will likely fall, and the waiver will fail the statutory guardrails. The state claims that if this scenario came to pass, the state would need to recalibrate the program. Yet no modeling or analysis is provided to demonstrate how recalibration would prevent a statutory violation. We appreciate the state has created a recalibration process; but it is untested, unlikely to occur quickly enough to stave off significant disruptions to the market and Georgia consumers, and does not commit the state to addressing a funding shortfall or otherwise explain how such a shortfall could be mitigated consistent with the guardrails.

The state's analysis foresees a guardrail failure in the event of a 6.6 percentage point spread between premium growth and medical inflation. In real life, the spread between premium growth and medical inflation has been three to five times larger than the amount the state admits would produce a waiver failure. That the waiver will cause coverage to be unaffordable and force Georgians out of the marketplace is not just a possibility, it appears likely to happen.

Georgia's waiver intends for fixed credits to be routed into new health expense accounts. The state projects that not a single individual will lose coverage as part of this transition, but this is highly unlikely. By requiring additional steps for enrollees to access financial assistance and making enrollees opt-in to using the credits to pay premiums, the waiver would create far greater opportunity for consumer confusion, error, and disenrollment. As discussed in greater detail below, there is not sufficient detail on these accounts and how they will impact Georgians' access to healthcare coverage.

Waiver of Cost-Sharing Reductions

Georgia's waiver amendment proposes to preserve cost-sharing reductions (CSRs) for enrollees between 100-200% of the federal poverty level (FPL), but to reduce them for those from 201-250% FPL. In the process, this waiver would end CSR loading, where insurers charge higher premiums for silver plans to offset unreimbursed costs. The end of CSR loading is, among many other things, likely to make bronze and gold plans more expensive for subsidized consumers, relative to current policy. Accordingly, while most marketplace enrollees in Georgia have access to bronze plans with $0 net premium, the waiver will make these plans much more scarce. One independent analysis suggests about 275,000 enrollees would lose access to a $0 bronze plan in 2029, and more and more Georgians would lose access over time.[1]

With such a large number of people losing access to a $0 plan, it is near certain that some would drop coverage.[2] For patients with serious and chronic conditions, this loss of coverage will have serious health consequences.

Elimination of Patient Navigators

Georgia's amendment proposes to waive the provision establishing the navigator program and the requirement that marketplaces fund navigators. Our organizations are concerned that this will negatively impact enrollment, as Georgians may struggle to find trusted sources of information to help them understand their coverage options. We appreciate the role that agents and brokers play in enrolling consumers. But agents and brokers work on commission and are not obligated to provide fair and impartial information and enrollment assistance to the people they serve. Navigators also have an

important role in helping with Medicaid enrollment and education, another fact not reflected in the analysis.

Lack of Detail
Our organizations are concerned that this amendment does not provide enough detail to assess its impact on Georgians. The state's analysis focuses on average impacts, which makes it difficult or impossible to understand how the waiver will affect differently situated enrollees. For example:

- The state proposes to structure the fixed credits to provide larger benefits to younger enrollees, compared to older ones. Although it appears to be the case that at least some older Georgians will face much higher costs for coverage under the waiver than they would without it, the state's analysis obscures the extent of this effect. The state needs to be clear about how its policy proposals would affect costs and coverage take-up by age and income.
- The state's actuarial analysis relies on simplified enrollment projections under which subsidized enrollment is held static across the analysis period. This approach is insufficient to demonstrate whether the changes the state is proposing — including a fixed credit that by design, loses value over time, and an end to CSR loading — can satisfy the guardrails across the waiver period or on a year-by-year basis.

And these are not the only questions left unanswered. The waiver application also does not address how the Public Law 119-21 provisions regarding verification of eligibility for advanced premium tax credits interact with the state's fixed credit and HEA proposals.

Our organizations urge the state to clarify these points and allow for additional public comment before moving forward with its application.

Conclusion
Our organizations are concerned that this waiver will jeopardize access to affordable care for thousands of Georgians and does not provide enough information to fully assess its impact. Our organizations urge Georgia to provide additional detail on several key issues in the amendment before reopening the comment period at the state level so the impact of the waiver on patients can be accurately assessed.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Blood Cancer United
Cancer Nation
Cystic Fibrosis Foundation
Lutheran Services in America
National Multiple Sclerosis Society
National Patient Advocate Foundation
The Coalition for Hemophilia B
ZERO Prostate Cancer

[1] Sanders, Wesley. Georgia's New 1332 Waiver. Evensun Health Substack, October 19. 2026. Available at: https://evensun.substack.com/p/georgias-new-1332-waiver

[2] See, e.g., McIntyre, Adriana, Shepard, Mark, and Layton, Timonthy J. "Small Marketplace Premiums Pose Financial and Administrative Burdens: Evidence from Massachusetts, 2016-17," *Health Affairs*, Jan. 8, 2024. Available at https://www.healthaffairs.org/doi/10.1377/hlthaff.2023.00649.