May 30, 2025

The Honorable Robert F. Kennedy
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Georgia Pathways to Coverage Demonstration Extension Request

Dear Secretary Kennedy:

Thank you for the opportunity to submit comments on the Georgia Pathways to Coverage Demonstration Extension Request.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness and manage 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 Medicaid program and the people that it serves. We urge the Centers for Medicare and Medicaid Services (CMS) to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that Georgia's Medicaid program provides quality and affordable healthcare coverage. Unfortunately, the Pathways to Coverage Program has failed, leaving hundreds of thousands of people without healthcare coverage while costing the state millions of dollars to administer. Our organizations are strongly opposed to Georgia's request to continue with work reporting requirements and reduced benefits, and we urge CMS to reject the state's requested extension of these policies. Our organizations offer the following comments on the Georgia Pathways to Coverage Demonstration Extension Request:

Work Reporting Requirements

The Pathways to Coverage Program is still only reaching a small fraction of the estimated 359,000 Georgians who could potentially be eligible for coverage under Medicaid expansion.[1] As of May 2025, the program has only enrolled 7,000 individuals.[2] Georgia's new projected enrollment estimate of 30,271 enrollees by demonstration year 10 represents only about 17% of the potentially eligible population under the poverty line. It is clear this program is failing Georgians in need of quality, affordable coverage.

Despite these alarming enrollment numbers, the proposed extension of the Pathways to Coverage Program continues to include work reporting requirements. Patients would need to confirm compliance with an 80-hour per month requirement at the time of application and annual renewal and could be subject to periodic audits as well. Work reporting requirements lead to significant coverage losses, which is in direct opposition of the purpose of the Medicaid program – to furnish healthcare services. These requirements are not about work, they are about paperwork, and they will prevent individuals from accessing or maintaining their healthcare coverage. Our organizations strongly oppose work reporting requirements.

Our organizations remain concerned that that the current qualifying criteria are too narrow and prevent Georgians from accessing care. For example, these criteria do not account for individuals with, at risk of, or in the process of being diagnosed with serious and chronic health conditions that prevent them from working. Many other individuals with chronic conditions have some capacity to work but may still face substantial health challenges that require consistent coverage to manage their condition. Qualifying criteria such as those used by the state inherently create greater opportunities for administrative error and risk disenrolling or barring eligible people from coverage.

Furthermore, our organizations are concerned by how the state has managed the cost of implementing the Georgia Pathways to Coverage Program. Georgia has spent over $86 million within a year of implementing the Georgia Pathways to Coverage Program, despite the low enrollment, and it is estimated that three quarters of this was for administrative and consulting costs.[3] Taxpayer dollars should focus on providing quality, affordable healthcare coverage, not cutting it, and our organizations urge CMS to evaluate the disproportionate allocation of resources to administrative costs relative to enrollment outcomes.

Ultimately, these requirements do not further the goals of the Medicaid program or help low-income individuals find work. Most people on Medicaid who can work already do so. According to KFF, 92% of adults with Medicaid coverage under age 65 who do not receive Social Security disability benefits are either workers, caregivers, students, or unable to work due to illness.[4] And continuous Medicaid coverage can actually help people find and sustain employment. In a report looking at the impact of Medicaid expansion in Ohio, the majority of enrollees reported that being enrolled in Medicaid made it easier to work or look for work (83.5% and 60%, respectively).[5] That report also found that many

enrollees were able to get treatment for previously untreated health conditions, which made finding work easier. Additionally, a study in *The New England Journal of Medicine* found that Arkansas's work reporting requirement was associated with a significant loss of Medicaid coverage, but no corresponding increase in employment.[6] Our organizations urge CMS to reject this request to continue work reporting requirements.

Reduced Benefits

Our organizations are concerned by Georgia's continued waiver of non-emergency transportation (NEMT). NEMT helps low-income patients overcome barriers to care due to transportation and allows patients to keep appointments with doctors and other healthcare providers. In 2017, an estimated 5.8 million individuals in the US delayed or missed care due to lack of transportation.[7] Approximately 26% of Georgia's population lives in rural areas, where access to NEMT benefits is crucial.[8] For individuals with chronic or serious illnesses, even one missed appointment can exacerbate symptoms or worsen health outcomes.

Our organizations are also concerned by the proposal's continued waiver of employer-sponsored insurance (ESI) wraparound benefits. Under the current proposal, individuals are required to enroll in ESI if it is available and determined to be cost effective for the state. However, the state does not provide any wraparound services for individuals regardless of the benefit package in their ESI. This means that if a patient's ESI does not cover important treatments for a chronic health condition, he or she will have no options to receive more comprehensive coverage. Additionally, the state does not help individuals with the costs of coinsurance or deductibles required in their ESI. Without this assistance, patients may be unable to afford doctor's visits, maintenance medications, or other necessary services.

Retroactive Coverage

Finally, Georgia intends to reinstate retroactive coverage to the first of the month in which an application in received. Our organizations urge CMS to work with Georgia to implement 90-day retroactive eligibility for Medicaid beneficiaries. Retroactive eligibility in Medicaid prevents gaps in coverage by covering individuals for up to 90 days prior to the month of application, assuming the individual is eligible for Medicaid coverage during that time frame. It is common that individuals are unaware they are eligible for Medicaid until a medical event or diagnosis occurs. Retroactive eligibility allows patients who have been diagnosed with a serious illness to begin treatment without being burdened by medical debt prior to their official eligibility determination, providing crucial financial protections to newly enrolled beneficiaries. This is in line with the goals of Medicaid and would relieve the burden of medical debt faced by many Medicaid beneficiaries.

Conclusion

Our organizations remain opposed to the Pathways to Coverage Program, which continues to reach a small fraction of eligible individuals while increasing red tape for patients. We urge CMS to reject this demonstration extension request.

Thank you for the opportunity to provide comments.

Sincerely,

AiArthritis
American Cancer Society Cancer Action Network
American Diabetes Association

American Heart Association
American Kidney Fund
American Lung Association
Autoimmune Association
Coalition for Hemophilia B
Epilepsy Foundation of America
Hemophilia Federation of America
Hypertrophic Cardiomyopathy Association
Immune Deficiency Foundation
National Bleeding Disorders Foundation
National Coalition for Cancer Survivorship
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society
WomenHeart

[1] Drake, Patrick et al. “How Many Uninsured Are in the Coverage Gap and How Many Could be Eligible if All States Adopted the Medicaid Expansion?” KFF. February 26, 2024. Available at: https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/

[2] Hinton, Elizabeth et al. “Implementing Work Requirements on a National Scale: What We Know from State Waiver Experience.” KFF. May 20, 2025. Available at: https://www.kff.org/policy-watch/implementing-work-requirements-on-a-national-scale-what-we-know-from-state-waiver-experience/

[3] Coker, Margaret. “Georgia Touts its Medicaid Experiment as a Success. The Numbers Tell a Different Story. ProPublica. February 19, 2025. Available at: https://www.propublica.org/article/georgia-medicaid-work-requirement-pathways-to-coverage-hurdles

[4] KFF. Understanding the Intersection of Medicaid & Work: A Look at What the Data Say. April 24, 2023. Available at: https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-work-a-look-at-what-the-data-say/.

[5] Ohio Department of Medicaid, 2018 Ohio Medicaid Group VII Assessment: Follow-Up to the 2016 Ohio Medicaid Group VIII Assessment, August 2018. Available at: https://medicaid.ohio.gov/wps/wcm/connect/gov/2468a404-5b09-4b85-85cd-4473a1ec8758/Group-VIII-Final-Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-2468a404-5b09-4b85-85cd-4473a1ec8758-nAUQnlt

[6] Benjamin D. Sommers, MD, et al. “Medicaid Work Requirements—Results from the First Year in Arkansas,” New England Journal of Medicine. Published online June 18, 2019. Available at: https://www.nejm.org/doi/full/10.1056/NEJMsr1901772

[7] Wolfe MK, McDonald NC, Holmes GM. Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017. Am J Public Health. 2020 Jun;110(6):815-822. doi: 10.2105/AJPH.2020.305579. Epub 2020 Apr 16. PMID: 32298170; PMCID: PMC7204444.

[8] U.S. Census Bureau. "URBAN AND RURAL." *Decennial Census, DEC 118th Congressional District Summary File, Table H2*, 2020, https://data.census.gov/table/DECENNIALCD1182020.H2?q=rural. Accessed on May 27, 2025.