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GEORGIA ACCESS

1332 State Innovation Waiver Public Comment Hearing

November 3, 2026

Public Hearing | Agenda

The purpose of today's hearing is to provide an overview of Georgia's proposed amendment to the existing reinsurance program and collect input from the public on the amendment application.

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Public Hearing | Instructions for Public Comment

Speakers are asked to limit their comments to five (5) minutes per person to afford all interested persons an opportunity to be heard.

VIRTUAL COMMENTS

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1. Provide your name in the chat to be added to the comment queue.
2. When called upon, your mic will be unmuted.
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SUBMIT ONLINE

Comments can also be submitted online through:

A dedicated online comment form on the OCI website: https://oci.georgia.gov/georgia-section-1332-state-innovation-waiver-amendment

An email to OCI: 1332waiveramendment@oci.ga.gov

Public Hearing | 1332 Waiver Overview

Section 1332 of the Affordable Care Act (ACA) allows states to waive parts of the ACA to pursue innovative strategies for providing residents with access to high-quality, affordable health insurance through State Innovation Waivers.

To be approved, 1332 Waivers must comply with **four** statutory guardrails:

1. **Coverage |** Provide coverage to a comparable number of residents as compared to the without-waiver baseline.
2. **Comprehensiveness |** Provide coverage at least as comprehensive as compared to the without-waiver baseline.
3. **Affordability |** Provide coverage at least as affordable for consumers when compared to the without-waiver baseline.
4. **Deficit Neutrality |** Waivers must be deficit neutral or positive for the Federal government.

Amendment Overview | Strategic Goals

With this waiver amendment, Georgia seeks to create a roadmap for a more efficient, consumer-centered marketplace that improves affordability, strengthens long-term market stability, and positions Georgia to lead the next generation of health insurance innovation.



Reduce market inefficiencies and invest savings in Georgians

- Reduce incentives that contribute to unnecessary premium growth.
- Encourage greater cost discipline across the individual market.
- Direct resulting savings toward consumer-focused affordability assistance.
- Preserve the ability to respond to significant market-driven premium increases.



Increase consumer choice and transparency

- Deliver a more transparent affordability model where subsidies are visible and directed by consumers.
- Provide more predictable financial assistance over time.
- Increase consumer understanding of coverage costs and available support.
- Enable more informed coverage decisions and healthcare planning.



Build a stronger and more balanced risk pool

- Improve the value proposition of marketplace coverage for uninsured Georgians.
- Encourage broader participation in the individual market.
- Strengthen the marketplace risk pool.
- Support long-term market stability and more affordable premiums for all participants.



Shape the future of health marketplace innovation

- Pioneer innovative, consumer-centered approaches to affordability.
- Advance consumer choice, transparency, and market performance.
- Develop a scalable model for other states.
- Position Georgia to lead the next generation of health marketplace innovation.

Amendment Overview | Current Market State

Georgia's individual marketplace faces some structural challenges, including weak price competition, an increasingly imbalanced risk pool, limited consumer control over financial assistance, and overlapping enrollment-support programs.

DISTORTION	DESCRIPTION
Benchmark-linked subsidies can weaken competition and contribute to premium growth	*Because APTC increases when the benchmark premium rises, consumers are partially insulated from price increases, which can reduce pressure on insurers to compete on price. This concept is the main contributor to higher benchmark premiums and subsidy spending.*
Current subsidy design can make coverage less attractive to younger adults	*ACA age-rating rules limit how much premiums can vary by age. This can make coverage relatively expensive for younger adults compared with their expected health costs, discouraging enrollment and contributing to a higher-cost risk pool.*
Consumers have limited visibility into and control over their financial assistance	*Today, premium assistance is applied directly to insurance premiums, making its actual value invisible to consumers, influencing their purchasing decisions and carrier plan design. Consumers also cannot retain assistance above the cost of their selected plan or direct that residual value toward other qualified health expenses.*
Georgia currently must maintain overlapping consumer assistance programs	*The Navigator requirement is duplicative of two existing networks within Georgia, the Community Partners Program and the Certified Agent Network. Both existing programs have been found to be significantly more efficient and effective at educating and enrolling individuals in the marketplace.*

Amendment Overview | Components

Georgia's waiver is an integrated package with three core components: PFC defines the subsidy amount, ABS changes how the subsidy is delivered, and Community Partners supports consumer understanding and use of the new model.

Account-Based Subsidies

Account-Based Subsidies (ABS) direct state-administered financial assistance into a defined-contribution, consumer-directed account structure through which eligible individuals receive subsidy deposits that must first be applied toward qualified health insurance premiums. The **Out-of-Pocket Protection Pathway** is a protective layer within ABS that guards lower-income enrollees who could be disadvantaged by the shift from carrier-side CSRs to account-based support.

Predictable Fixed Credit

The Predictable Fixed Credit (PFC) replaces the current federal premium tax credit structure with a state-defined subsidy amount tied to age, geography, and income band. By decoupling from the premium-linked baseline, the structure is intended to provide predictable support while increasing price competition in the individual market.

Community Partners Program

The Community Partners Program (CPP) removes the federal requirement to operate a Navigator program and instead relies on alternative consumer assistance mechanisms already operating more effectively within the State.

Amendment Overview | Account-Based Subsidies (ABS)

Account-Based Subsidies (ABS) deliver State-administered financial assistance through a restricted-use Health Expense Account that pays qualifying insurance premiums first and allows remaining funds to support approved health expenses.

Purpose

- **Greater Transparency and Control:** ABS makes the value of financial assistance visible to consumers and gives them a more direct role in how their health care dollars are used. The premium assistance level of the subsidy does not fall; it now goes directly to consumers, rather than invisibly to carriers.
- **Expanded Consumer Value:** Enrollees may retain unused assistance for future qualified health expenses as unspent funds roll over, allowing the benefit to provide value beyond the monthly premium payment.

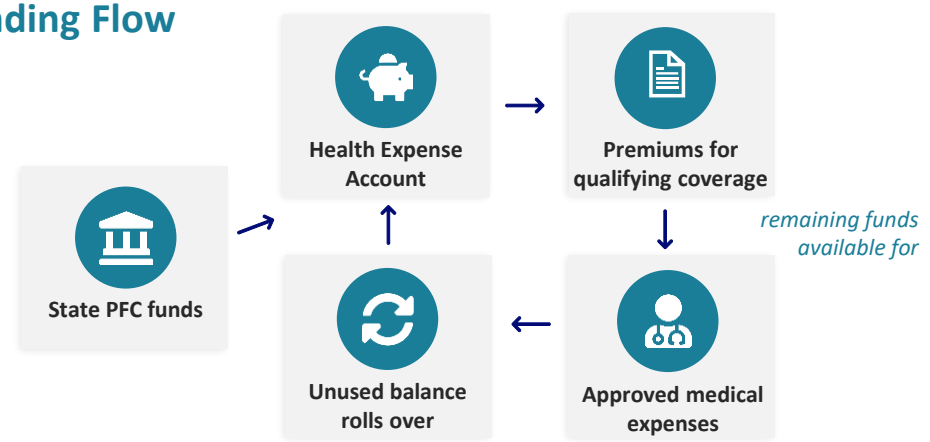
Design Features

- **Premium-First Funding:** The State deposits the enrollee's PFC into the Health Expense Account, with funds applied first toward qualifying insurance premiums.
- **Qualified Use and Rollover:** After premiums are paid, remaining funds may be used for approved expenses such as deductibles, copayments, and prescriptions, with unused balances rolling forward subject to program rules.

Component Summary

- **Consumer-Directed Subsidy Account:** ABS redirects State-administered financial assistance into a Health Expense Account for eligible Georgia Marketplace enrollees.
- **Coverage-Linked Financial Resource:** The account supports health insurance premiums first and may also be used for eligible health care expenses while the enrollee maintains qualifying coverage.

ABS Funding Flow



Amendment Overview | Predictable Fixed Credit (PFC)

The PFC replaces the federal APTC with a State-defined monthly credit that varies by income, age, and geography, giving consumers predictable support while reducing the automatic link between premium growth and subsidy spending.

Purpose

- **Greater Price Competition:** Decoupling subsidies from carrier-defined plan premiums will reduce the automatic link between premium increases and higher subsidy spending.
- **Improved Market Stability:** The credit is designed to make coverage more attractive across age groups, broaden enrollment, and support a healthier individual-market risk pool.

Design Features

- **Predictable Growth:** Credit amounts are updated annually through a defined methodology intended to balance affordability, predictability, and available waiver funding.
- **Credit Schedule Publication:** Georgia will publish the credit schedule in advance of Open Enrollment so consumers can shop and issuers can incorporate the amounts into pricing decisions.

Component Summary

- **State-Defined Premium Support:** The PFC is a fixed monthly credit that replaces the federal Advance Premium Tax Credit for eligible Georgia Access enrollees.
- **Tailored Credit Structure:** Credit amounts will vary based on an enrollee's income, age, and geographic rating area to reflect differences in affordability needs.

PFC Distribution Model by Income Level

Federal Poverty Level (FPL)	100-200%*	200-250%	250-400%
Model Structure	PFC Deposit + State CSR Replacement	PFC Deposit + Flat Enhancement	PFC Deposit

* For enrollees in qualified Silver plans. Enrollees in this income bucket who select a qualified Bronze plan would instead receive the same deposits as those in the 200-250% income bucket.

Amendment Overview | Community Partners Program

CPP replaces the federal Navigator requirement with Georgia's existing assistance network, combining certified agents and community-based organizations to preserve consumer access while reducing duplicative program requirements.

Purpose

- **More Effective Use of Resources:** The program allows Georgia to avoid maintaining a duplicative Navigator structure when most consumers already receive assistance through certified agents.
- **Broader Community Reach:** Community Partners help reach rural, low-income, non-English-speaking, and other populations that may be less likely to engage with traditional enrollment channels.

Design Features

- **Certified Agent Support:** Licensed, Georgia Access-certified agents help consumers compare plans, understand options, and enroll in coverage.
- **Community-Based Assistance:** Community organizations provide impartial education and enrollment support within trusted local settings, subject to State standards and oversight.

Component Summary

- **State-Based Consumer Assistance Model:** The Community Partners Program replaces the federally required Navigator program with a Georgia-designed approach to enrollment education and support.
- **Two Complementary Support Channels:** The model combines Georgia's existing certified agent network with community-based organizations that provide impartial assistance to consumers.

Marketplace Assistance Provided

Community-Based Support

Community organizations offering impartial assistance to rural, low-income, disabled, or limited English proficiency households

Certified Agent Support

Network of over 18,000 licensed and Georgia Access-certified agents

Amendment Overview | Consumer Journey

While each component serves a distinct purpose, together they advance a common vision: a consumer-centered marketplace that delivers greater value, empowers consumers to make informed coverage decisions, expands consumer choice, and strengthens long-term market stability.

1



Uninsured Individual

Seeks help from a community partner

2



Community Partner

Informs individual about changes to insurance coverage in Georgia and directs to further resources

3



Certified Agent

Helps individual enroll, determine eligibility, and choose a qualified health plan on the marketplace

4



Health Expense Account

Individual sets up a Health Expense Account

5



Monthly PFC Deposit

State deposits PFC into the account on a monthly basis

6



Premiums Paid First

Funds are first withdrawn to pay for insurance premiums

7



Qualified Expenses

Remaining funds are then used for qualified health expenses

8



Transfer to HSA

Consumer has the option to transfer leftover funds into an HSA at the end of the plan year

CPP ABS PFC

Amendment Overview | Expected Results

With this waiver amendment, Georgia expects to meet its goals to create a more efficient, consumer-centered marketplace that improves affordability and strengthens long-term market stability for all enrollees.



Reduce market inefficiencies and invest savings in Georgians

- Reduce premium pressure associated with the current CSR-loading structure.
- Redirect available savings toward consumer financial assistance.
- Use reinsurance and PFC funding to support more stable premiums over time.



Increase consumer choice and transparency

- Provide a fixed credit that consumers can see when shopping for coverage.
- Allow consumers to compare plan premiums against a known amount of financial assistance.
- Where available, allow excess subsidy amounts to support eligible healthcare expenses or HSA savings.



Build a stronger and more balanced risk pool

- Provide relatively greater support to younger consumers who may currently find Marketplace coverage unaffordable.
- Encourage broader participation in the individual market.
- A broader mix of enrollees can support a more balanced and stable risk pool over time.



Shape the future of health marketplace innovation

- Give consumers more visibility into how financial assistance is calculated and used.
- Support more active plan shopping and informed coverage decisions.
- Test a subsidy structure designed to remain predictable while adapting to changing market conditions.

Amendment Overview | Guardrail Analysis

The proposed amendment satisfies all four Section 1332 guardrails, with lower gross and net premiums, an increase in covered lives annually, and no change in the federal deficit relative to the without-waiver scenario.

Comprehensiveness

- **Core benefits stay the same:** The waiver does not change essential health benefits or the overall scope of covered services.
- **One cost-sharing option would change:** The 73% CSR Silver plan for people at 200–250% FPL would be replaced with additional flat-dollar assistance intended to provide similar value.

Affordability

- **Gross premiums are expected to be lower:** Subsidized Marketplace premiums are projected to be modestly lower in 2028 and to grow more slowly than without the waiver.
- **Unsubsidized consumers also benefit:** Premiums for consumers who do not receive subsidies are also projected to be slightly lower than without the waiver due to an improved risk pool.

Coverage

- **Coverage is expected to remain at least as broad:** Individual-market enrollment is projected to grow slightly more each year when compared to a baseline without the waiver.
- **Many new enrollees are expected to receive financial assistance:** A significant portion of those additional enrollees are projected to be subsidized.

Deficit Neutrality

- **The waiver is not expected to increase the federal deficit:** Modeled federal spending remains the same as under the without-waiver scenario. Georgia will also not spend additional State funding on the waiver amendment.
- **Georgia continues supporting reinsurance:** Existing State funding would continue to support the reinsurance program rather than being replaced by federal pass-through funds.

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