SPECIAL MEETING OF THE GEORGIA OFFICE OF THE COMMISSIONER OF INSURANCE AND SAFETY FIRE SECTION 1332 WAIVER AMENDMENT PUBLIC HEARING

Tuesday, October 27, 2026, at 5:00 P.M. ET

MINUTES

A public hearing regarding Georgia's proposed Affordable Care Act (ACA) Section 1332 State Innovation Waiver amendment was held to provide an overview of the proposed amendment and receive comments from the public. The Georgia Office of the Commissioner of Insurance and Safety Fire ("OCI"), through Georgia Access, intends to submit an amendment application to the U.S. Department of Health and Human Services and the U.S. Department of the Treasury seeking approval to implement changes to the State's individual-market premium assistance and consumer-support structure beginning in 2028.

The hearing was held by OCI on October 27, 2026, from approximately 5:00 to 5:30 p.m. Eastern Time, virtually through Microsoft Teams, as the first of two consecutive public comment hearings held that evening. Participation was available remotely.

OCI posted its Letter of Intent on September 8, 2026. The dedicated Section 1332 waiver amendment public-comment webpage went live, and the public notice was posted, on October 13, 2026. The webpage provided information about participating in the State's public hearings and submitting written comments.

The Microsoft Teams attendance report identified 35 distinct participants across the combined October 27 meeting. Based on individual connection times, 33 participants were connected during at least part of this 5:00–5:30 p.m. hearing, including State staff, presenters, and other attendees. Participants who attended both hearings are included in each session's count.

Call to Order

Cheryl Gardner, Executive Director of Georgia Access, opened the hearing at approximately 5:00 p.m. Eastern Time. The hearing was recorded and transcribed.

Minutes

Matters Considered:

Welcome and Instructions

Cheryl Gardner welcomed attendees and explained that the hearing would provide an overview of Georgia's proposed Section 1332 waiver amendment and an opportunity for public input. She stated that comments received during the hearing would become part of the public record and be submitted with the waiver amendment application.

Cheryl Gardner reviewed the procedures for providing comments following the presentation. Attendees wishing to speak could place their names in the meeting chat or use the raise-hand function and would have up to five minutes when recognized. Written comments could also be submitted online or by email, with instructions displayed during the comment period.

Presentation of the Draft 1332 Waiver Amendment

1. **About Section 1332 State Innovation Waivers**

   Cheryl Gardner explained that Section 1332 of the ACA allows states to request flexibility to improve their health insurance markets, subject to federal approval. She reviewed the four statutory guardrails that the amendment must satisfy:

   - Coverage: A comparable number of residents must have coverage.
   - Comprehensiveness: Coverage must be at least as comprehensive.
   - Affordability: Coverage must be at least as affordable.
   - Federal deficit neutrality: The waiver must not increase the federal deficit.

2. **Market Challenges and Amendment Objectives**

   Cheryl Gardner described challenges with the current market, including limited consumer visibility into financial assistance, reduced price competition, upward pressure on premiums, and overlapping consumer-assistance program requirements. She explained that the proposed amendment seeks to improve affordability, strengthen market stability, increase transparency, and give consumers greater control over their financial assistance.

3. **Georgia's Proposed Waiver Amendment**

   Cheryl Gardner presented three connected components of the proposed amendment:

   - Account-Based Subsidies (ABS): State-administered financial assistance would be placed into a Health Expense Account. Funds would be used for health insurance premiums first; remaining funds could be used for eligible health care expenses or carried forward, subject to program rules.
   - Predictable Fixed Credit (PFC): The current premium tax credit would be replaced by a predictable monthly credit that varies by income, age, and geography. Georgia would publish the credit schedule before open enrollment so consumers and insurers could plan ahead.
   - Community Partners Program (CPP): Georgia would build upon its existing network of certified agents and community-based organizations to provide local enrollment assistance while reducing duplicative program requirements.

4. **Consumer Experience**

   Cheryl Gardner described how the components would work together from the consumer perspective: an individual could receive assistance with plan selection and enrollment, obtain monthly financial assistance, apply it first toward premiums, and use any remaining account funds for approved health care expenses in accordance with program rules.

5. **Expected Impacts and Federal Guardrails**

   Cheryl Gardner stated that the proposed amendment is intended to make assistance more visible and understandable, improve consumer choice, encourage enrollment, and support a more stable individual health insurance market. She reported that the actuarial analysis projects compliance with the four federal guardrails, including comprehensive coverage, lower premiums, a modest increase in coverage, and no increase in the federal deficit.

Opportunity for Public Comment

Following the presentation, Cheryl Gardner opened the hearing for public comment and reiterated the five-minute limit for speakers. She periodically reminded newly arriving attendees that they could request to speak during the meeting or submit written comments online or by email.

- Kerry P. Hindsley (Kaiser Permanente) provided verbal comments regarding the actuarial modeling of the proposed amendment. He stated that preliminary results from the insurer's analysis appeared less favorable for people in lower federal poverty level (FPL) ranges and older age groups.
- Mr. Hindsley requested clarification of the modeled gross-premium reduction, which appeared greater than the approximately 8% reduction he expected from eliminating cost-sharing reduction (CSR) loading alone. He questioned whether unarticulated assumptions about changes in average enrollee age or shifts from Silver to Bronze plans could be affecting the results and subsidy calculations.
- Mr. Hindsley also noted that the insurer's analysis did not appear to show the rate favorability contemplated in the presentation. Cheryl Gardner thanked him and confirmed that his comments would be noted for the record.

Closing and Resources

Cheryl Gardner continued inviting comments through the end of the 5:00 p.m. hearing, reminded attendees that written submissions remained available online or by email, and thanked those who participated. She indicated that the next public comment hearing would begin at 5:30 p.m. Eastern Time.

Actions

No formal actions, votes, or decisions were recorded.

Adjournment

The 5:00 p.m. hearing concluded at approximately 5:30 p.m. Eastern Time, prior to the start of the following hearing.