



September 14, 2026

Dean Burke, MD
Commissioner
Georgia Department of Community Health
2 Martin Luther King Jr. Drive SE
Atlanta, GA 30334

Re: Proposed Amendment to Georgia Pathways to Coverage Section 1115 Demonstration
Waiver Public Notice

Dear Commissioner Burke,

Thank you for the opportunity to comment on the proposed amendment to Georgia's Pathways to Coverage Section 1115 Demonstration Waiver. I am writing on behalf of Georgia Budget and Policy Institute (GBPI), a non-profit, non-partisan research and advocacy organization. GBPI is focused on analyzing Georgia's state budget and advancing solutions that expand economic opportunity and well-being for all Georgians. GBPI urges the Department of Community Health to update the amendment request with additional information on projected cost and enrollment and to remove any reference to discontinuing coverage for low-income Georgians.

Insufficient Evidence Exists For How Pathways to Coverage Has Improved Health Care Access for Most Georgians in the Coverage Gap or For How The Program Has Limited Federal Spending

According to the amendment language, "Under the Georgia Pathways to Coverage Section 1115 Demonstration waiver, Georgia continues to improve the access, affordability, and quality of healthcare for Georgians...". However, available data indicate that the Pathways to Coverage program is costly for Georgia taxpayers, does not fully close Georgia's health insurance coverage gap and creates unnecessary barriers and bureaucratic red tape for low-income Georgians.¹ After three years of enrollment, 18,527 Georgians were actively enrolled in the program.² That represents just 13% of uninsured Georgians aged 19-64 years old who were in households with at least one worker and who had annual household incomes less than 100% of the federal poverty level.³ For many of the Georgians who are eligible and successfully enroll, it appears the program does not provide a stable source of health coverage as 43% of those ever enrolled in the program in the first three years lost their coverage.⁴ Prior analysis indicates that often these coverage losses were due to issues like missing paperwork or income fluctuations rather than a failure to meet the work and other qualifying activities requirement.⁵

The amendment language also states that "unlike states that adopted full Medicaid expansion beginning in 2014, Georgia pursued a narrower, work-oriented coverage model that has historically limited federal spending...". However, from program approval in late 2020 through the end of June 2026, the state has covered \$37.3 million in program costs while the federal



government has covered \$128.4 million.⁶ In other words, the federal government has paid a higher share of total costs than Georgia's standard 66% federal match because of the higher administrative spending on technology upgrades, a marketing and outreach campaign (fully funded by federal American Rescue Plan Act funding), and more.

More Transparent Data Is Needed to Understand the State's Enrollment and Cost Projections

The amendment language states that the population covered under the Pathways to Coverage program will total nearly 120,000 by June 30, 2028. However, no additional context is provided for how the state generated that enrollment estimate. For example, the state could include an estimate of how many people it projects would be eligible under each of the H.R. 1 'community engagement' requirement's qualifying activities along with how many would be eligible under each of the exclusion categories (e.g., a parent, guardian, or caregiver for a child age 13 or younger, or for a person with a disability). Similarly, the state estimates that the projected fiscal impact from January 1, 2027 – June 30, 2028 would be about \$1.4 billion. However, no additional information is provided as to how the state generated that estimate. For example, the amendment language specifically references a higher per member per month cost for certain additional populations included in the H.R. 1 'community engagement' requirement that the state had not budgeted for. The state could specifically include the per member per month costs for each population group and any other data that were used to generate the projected cost estimate.

In addition, the state fails to include an estimate of or even any reference to the additional non-health care benefit costs that would be associated with the continuation of the Pathways to Coverage program and the alignment with the H.R. 1 'community engagement' requirement. For example, additional funding would likely be needed to support upgrades to Gateway (the online portal used to apply for Medicaid and other public benefit programs), frontline caseworker training, and any other changes needed to account for the new populations excluded from the H.R. 1 'community engagement' requirement. The first three years of Pathways to Coverage program enrollment clearly demonstrate the importance of accounting for non-health care costs. Since program approval in late 2020 through the end of June 2026, the program has cost \$165.7 million in combined state and federal spending. Health care benefits accounted for slightly more than half (54%) of total program spending while administrative expenses like technology system upgrades accounted for 46% of total program spending. Projected costs estimates should take into account the full spectrum of associated program spending.

No Outcome Should End in Georgians Losing Their Health Care Coverage

Census data consistently show that Georgia has one of the highest uninsured rates in the nation among non-elderly adults.⁷ No matter the outcome of this request for a 90% enhanced federal match, the state cannot move in a direction of even less health care access for low-income, uninsured Georgians. According to the state's public notice, the "...shift in coverage requirements materially changes the fiscal foundation of the waiver and places Georgia in the position of absorbing new obligations it did not create and did not budget to sustain." Going



further, the amendment language states that “...the long-term viability of the program serving as the foundation of the community engagement requirements in Public Law 119-21 will be threatened.” The transition to a less restrictive reporting requirement offers Georgia an opportunity to slightly expand Medicaid coverage to more low-income, uninsured adults. Specifically, that includes Georgians who are meaningfully serving their families and communities, such as parents/caregivers of children 13 years old and younger and family caregivers of a disabled; Georgians who need access to health care to regain stability, such as individuals participating in substance use disorder treatment; and individuals who have already served their country, such as fully disabled Veterans. The necessity of more inclusive coverage for low-income, uninsured Georgians goes beyond just the individual-level benefits of health care coverage on access to care, household financial stability, etc. Decreasing Georgia’s uninsured rate is also critical for Georgia’s health care system more broadly; decreasing uncompensated costs is critical at a time when Georgia is estimated to lose \$1.5 to \$5.4 billion in federal provider payments to its hospitals and other providers due to changes to Medicaid state directed payment programs over the next decade.^{8,9}

Conclusion

Additional transparency and supporting data points are needed before finalizing this amendment to the Georgia Pathways to Coverage Section 1115 Demonstration Waiver. Regardless of the federal government’s decision, we urge the Department of Community Health to pursue additional human-centered solutions that expand access to affordable health care for uninsured, low-income Georgians and deliver a stronger return on investment for Georgia’s taxpayers.

Sincerely,
Leah Chan
Director of Health Justice
Georgia Budget and Policy Institute

¹ Chan, L. (2025). Pathways to Coverage: Looking back two years and into the future. Georgia Budget and Policy Institute. <https://gbpi.org/pathways-to-coverage-looking-back-two-years-and-into-the-future/>

² GBPI analysis of Pathways to Coverage active enrollment data. (Obtained through an Open Records Request; requested Pathways to Coverage active enrollment as of June 30, 2026; received July 2026).

³ GBPI analysis of Pathways to Coverage active enrollment data and of Center on Budget and Policy Priorities data on proportion of uninsured adults in Georgia’s coverage gap by work status. <https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-provide-over-15-million-uninsured-adults-path> and <https://www.cbpp.org/research/health/nearly-3-million-uninsured-adults-would-gain-a-path-to-medicaid-coverage-if-their>



⁴ GBPI analysis of Pathways to Coverage active and cumulative enrollment data. (Obtained through an Open Records Request; requested Pathways to Coverage active and cumulative enrollment as of June 30, 2026; received July 2026).

⁵ Chan, L. (2025). Pathways to Coverage: Looking back two years and into the future. Georgia Budget and Policy Institute. <https://gbpi.org/pathways-to-coverage-looking-back-two-years-and-into-the-future/>

⁶ GBPI analysis of Pathways to Coverage program costs based on Georgia's quarterly Medicaid expenditure reports and Georgia Data Analytics Center's [ARPA Dashboard](#). (Medicaid expenditures obtained through multiple Open Records Requests to Department of Community Health; requested CMS-64 forms that cover January 2021 – June 2026; received at multiple timepoints between December 2023 – August 2026).

⁷ Carter, C. (2025). *Health insurance coverage by state: 2023 and 2024*. Department of Commerce's United States Census Bureau. <https://www2.census.gov/library/publications/2025/demo/acsbr-024.pdf>

⁸ Department of Community Health (2026). *Comprehensive health coverage commission: February 2026 report*. <https://dch.georgia.gov/document/document/chccfeb2026report/download>

⁹ Georgia Health Initiative. (2025). *Impact of federal policy changes to Georgia's health care landscape*. https://georgiahealthinitiative.org/wp-content/uploads/2025/11/Impact-of-Federal-Policy-Changes-to-Georgias-Health-Care-Landscape_Report_November_2025.pdf