New York 1332 Waiver Application Updates
Public Hearing
November 28, 2023 at 10:00 AM

The following is a transcription of the Public Hearing held by the New York State of Health on November 17, 2023 about New York's proposed updates to its Section 1332 Waiver. The transcribed presentation and comments were lightly edited for readability.

Danielle Holahan: I think we are ready to get started. So, good morning everyone. My name is Danielle Holahan. I'm the Executive Director of New York State of Health, and I'm joined here in the city by Sonia Sekhar, Deputy Director of New York State of Health and Juan Maranon, Deputy Director of New York City Outreach. And on the line, we're joined by Georgia Wohnsen, who's going to help us with many of the logistics.

Before we dive in, we're just going to make a quick announcement about the Spanish line for those who would like to hear the presentation in Spanish.

Juan Maranon: [Provided information in Spanish on how to dial into the interpretation line.]

Danielle Holahan: Thank you Juan. So, if we could go to the next slide, I'll just run through the agenda quickly. We're going to cover a few more of the logistics, or Georgia will in a minute. I will provide a summary of New York's 1332 waiver application, largely the background and level setting. I'll turn it to Sonia who's going to walk through the changes that we've made in our most recent addendum. And then, we will open it for public comments. So, I just want to say that we did a first hearing on the 17th. Today is our second public hearing reviewing the changes in the updated addendum. And while we've had several public hearings for the earlier application to date, the focus of today's hearing is on what's new and what was submitted earlier in the month. So before we dive in, I'm going to ask Georgia to cover some logistics. And then we'll get going.

Georgia Wohnsen: All right, good morning all. We do have ASL interpreters with us today, and as you may see our ASL interpreter Hannah is signing at the moment. Hannah's video is on. She'll be switching on and off today with Anthony, our other interpreter. And if you'd like to have Hannah and Anthony on your dashboard, all you need to do is right click on the ASL interpreter video icon. They've both noted their name with ASL. So, they should be easily recognizable. And then you would select move to stage, and that way, Hannah and Anthony will be right next to the presentation.

Additionally for commenters, for those that registered in advance to speak today and you have included SPK your name, you are already on our speakers list. If you did not register in advance and would like to provide comment or ask a question, please send us your name in the chat feature and we will get you added to the list. After the presentation, we will move

into the public comment period. We'll be opening the lines for those who wish to speak to provide comment.

Danielle Holahan: Great, thanks so much Georgia. All right. So, as I said briefly, the purpose of today's hearing is to review what is new since the submission of New York's application back in May. I want to provide some brief background, and then we'll focus most of today on the changes in the addendum. So, if we could go to the next slide, I'll do a bit of reminders.

So, everyone will remember that the fiscal 23 enacted budget expanded eligibility of New York's Essential Plan from 200% of poverty level up to 250%. Our Essential Plan is currently governed under the Basic Health Program rules and has an eligibility limit of 200% of poverty. New York is pursuing a 1332 waiver application, which was authorized in the fiscal 24 executive budget, allowing New York to pursue a 1332 waiver to expand our eligibility level up to 250% of poverty.

So, under Section 1332 of the Affordable Care Act, there is the authority for states to request to waive certain parts of the Affordable Care Act in order to pursue innovative strategies to provide residents with access to high quality, affordable health insurance coverage. States submit 1332 waiver applications to both the US Department of Health and Human Services and the US Department of Treasury for review and approval. So, that's the background on the 1332 waiver and why New York is seeking to expand eligibility for our Essential Plan. Just a few points on the original submission if we can go to the next slide.

On May 12th, New York submitted our application for the 1332 waiver application to expand eligibility. And these are 4 key points that we want to review and tee up the conversation for what's changed.

As always, there was never any intention to make changes for the current EP population. So, individuals who are eligible today up to 200% of poverty will experience no change with this transition of the Essential Plan under the Basic Health Program, or BHP authority, to the 1332 waiver authority. So, no changes for individuals up to 200% of poverty.

But for consumers between 200 and 250% of poverty, those individuals today are eligible for Qualified Health Plan coverage with tax credits. Under the 1332 waiver, they will be moved to the Essential Plan. The original application included a $15 monthly premium for individuals at this income level. And as we'll talk about in a few minutes, our addendum, or our revised waiver application, has eliminated that $15 premium.

The next piece that we wanted to cover is for individuals with incomes above 250% of poverty. Those individuals will remain in the individual market. And in the original waiver application, we had estimated that there would be a premium increase to the market associated with the migration of the population with incomes 200 to 250% moving out of the individual market into this new expanded Essential Plan eligibility, which would have potentially increased the out-of-pocket costs for consumers remaining in that market. So that was another change that

we were originally estimating. It was a modest premium increase, but nonetheless there was an estimated premium increase for the population that would have remained in the individual market after this change.

And then finally, in the original application, we had been proposing to work toward the January 1, 2024 implementation date. So that's where we were as of May 12th. If we could move to the next slide, a few more points.

1332 waivers are required to be deficit neutral to the federal government and the New York waiver application met that guardrail, and we'll talk about that in a few minutes as well. How we are seeking to do this is that New York is requesting federal savings from forgone premium tax credits that would have gone to the population 200 to 250% of poverty if they had remained in the Qualified Health Plan market, and the federal spending that would have gone to the Basic Health Program to fund our Essential Plan. We're asking to redirect those two funding streams, both the tax credits for individuals 200 to 250% and the federal funding that today goes towards the Basic Health Program, to now go towards the funding of our 1332 waiver. It is estimated that that federal funding, those two funding streams, will continue to fully fund the Essential Plan even with this expanded eligibility level up to 250% of poverty for the 5 years of the waiver. So, that's a very brief summary of the of the application that we submitted back in May. If we could flip to the next slide, I'll just remind everybody on the timeline of where we've been and then we'll dive into where we are today.

So back in February of 2023, New York State of Health released a draft 1332 waiver application and we opened a 30 day state public comment period. So from February 9th to March 11th, we held the first state public comment period and that included two hearings and a tribal consultation. On May 12th, we submitted our waiver application. And it did reflect some comments that we received during the first public comment period. We submitted our 1332 waiver application to both the Department of Health and Human Services and Treasury. On June 6th, we were sent a completeness letter from the federal government that our waiver application was complete, and then that triggered the opening of a federal comment period for 30 days that ran from June 6th to July 5th. Based on comments received during that public comment period, we revised our waiver application to include what we've called an Insurer Reimbursement Implementation Plan or IRIP. The federal government opened a 7-day public comment period on this Insurer Reimbursement Implementation Plan. And the goal there was to negate the premium increases that we would have otherwise been in the individual market that I described a minute ago. The impact that we were estimating would have occurred to the remaining Qualified Health Plan market; we addressed that through this IRIP. And so, we'll talk about that a little bit more, but there was a 7-day public comment period to review those changes. So, that's where we were last summer.

Then when we moved into the fall, we made a decision at the Health Department to request that the federal government pause the review of our waiver application because the timing of a related federal regulation was uncertain at that time, and that relates to the Basic Health Program, which is directly relevant to our waiver application. So on September 29th, the

Commissioner submitted a letter requesting that the Departments pause their review of New York's waiver application as we wanted to wait for that federal regulation to be issued. And that happened in early November, and then we turned around and re-submitted our waiver application with the changes that we're going to talk about today, and that reopened the public comment period and then federal review period. So, that's where we were as of November 14th. And now, we are in a new federal comment period and that requires the hearing that we're doing today to review the changes and also to get your feedback. So, with that, I'm going to turn it to Sonia who's going to walk through what is new in this waiver addendum.

Sonia Sekhar: Okay, so this section will cover the changes we've made to the waiver application since we submitted it on May 12, 2023. Next slide.

Great, so the policy changes we've made are based on feedback we received from public comments and feedback we've received through the federal review process. The first change is the addition of the Insurer Reimbursement Implementation Plan which enables us to allow insurers to charge a lower premium while the waiver is being implemented. The second change is the elimination of the $15 monthly premium to the new EP expansion group with incomes between 200 and 250% of the federal poverty level. And the third change is the delay of the waiver implementation start date from January to April 1, 2024. And, I'll also add that the most recent application submission also incorporates updates to assumptions and the data that have changed since the initial submission. That includes the approved individual market premium rates for 2024, the approved Essential Plan monthly capitation rates for 2024, and updated enrollment in the New York State of Health programs. Next slide.

So, the first change we mentioned is the addition of the Insurer Reimbursement Implementation Plan. So as background, you may recall from our original application that we estimated a small increase in individual market premiums because the Essential Plan expansion would move a relatively healthy population from the individual market to the Essential Plan. At the time of application submission, the New York State Department of Financial Services requested that individual market issuers submit what their monthly premium rates in 2024 would be both with the Essential Plan expansion under the waiver and without the Essential Plan expansion. And by the time the individual market premium rates needed to be approved, the Essential Plan expansion waiver was still pending approval, and the federal review and comments that we received has led us to look into ways that we could prevent a premium increase based on our first waiver submission back in May. So, the without waiver individual market premium rates for 2024 were approved while we explored ways to address the premium impacts. Next slide.

So, we came up with the Insurer Reimbursement Implementation Plan, which essentially pays the individual market insurers for the impact of the waiver rather than having them pass that cost along to consumers in the form of higher premiums. In other words, the Insurer Reimbursement Implementation Plan makes sure that insurers are kept whole since the approved 2024 individual market premiums don't take the Essential Plan expansion impact

into account. So, here we outline the approach to calculating that amount. DFS will calculate the impact of premium loss for insurers on a quarterly basis associated with the movement of individuals from the individual market into the Essential Plan, starting the second quarter, so starting April 1, 2024. And we'll use a portion of our federal passthrough funding too, as I said, making insurers whole by reimbursing them for the higher premiums they would have otherwise charged consumers with the waiver. And in the application, you'll see that we estimate the cost in 2024 to be about $45 million and approximately $60 million thereafter. Next slide.

So, the second change we made was eliminating the premium for the newly eligible group, the consumers with income of 200 to 250% of the federal poverty level, which was also a change we made based on public comments received. So, as you'll see the current Essential Plan type 1, 2, 3 and 4 also don't have a premium. We're extending that to the new expansion group, so across the Essential Plan, there will be no premiums. There are also no deductibles, which was consistent with what we originally proposed. And the out-of-pocket maximums are low and slightly different in EP for 1 through 4. But we're keeping the out-of-pocket maximum for the new group at $2,000 a year. Next slide.

So, the third change we made was to delay the implementation date by three months due to the timing of the federal regulation that Danielle referenced. The regulation that permits us to suspend our Basic Health Program, which is currently in place for the population with incomes at or below 200% of the federal poverty level, as Danielle pointed out, that regulation was only finalized on November 2nd, well after our open enrollment activities were underway. So, we needed to postpone the implementation of the waiver to accommodate the required operational activities once that reg was finalized. So, here we outline some of the operational steps we'll be taking to accommodate an April 1st implementation date.

The first step is that individuals with incomes between 200 and 250% of the federal poverty level who are eligible and enrolled in a Qualified Health Plan will be identified and we'll send them an enrollment and eligibility notice. And then they will be moved into the equivalent Essential Plan product of their insurer. As we've noted before, and as we know in our application, there is significant overlap in participation across Qualified Health Plans and the Essential Plan. So, if an individual is enrolled in a Qualified Health Plan, they will be moved to their issuer's equivalent Essential Plan product. And that also accounts for the significant provider overlap, so we think that should have a minimally disruptive effect on consumers. There is an issuer that doesn't participate across the Essential Plan. Members of that plan will be auto assigned consistent with the Medicaid managed care auto assignment rules. The members again will be noticed of all of these changes. We expect that they'll receive their eligibility and enrollment notice by March 2nd, and as I noted, they will be mapped with their same issuer if that issuer participates.

From a training perspective, we plan to send out a pre-recorded training to all the enrollment assistors that assist as, you know, the majority of our consumers. A similar training will be sent to customer service, and it will focus on eligibility results. Because, as we noted, nothing in

this change actually impacts the New York State of Health application. Everything about the application and the information consumers have to provide is the same. The difference is really their new eligibility, the Essential Plan product and the benefits. And for outreach, we'll implement a broad outreach and education campaign to promote the Essential Plan expansion to folks who might be eligible for the program. We're using the data we have available to target our digital and other advertising. We will also be sending out text messages informing consumers of the changes along with emails. Next slide.

So, here, we're covering the projected impact of the policies we've made based on the guardrails that are in place for 1332 waiver applications.

The first guardrail is comprehensiveness. What the guardrail attempts to assess is whether the benefits consumers would receive under the waiver are at least as comprehensive as the benefits they have without the waiver. So, consumers as we've described before, will actually experience increased benefits and coverage under the Essential Plan compared to what they would have experienced for a Qualified Health Plan. So, we satisfy that guardrail.

The second guardrail has to do with affordability, which essentially says coverage must be at least as affordable under the waiver as it would've been without the waiver. As we've described in the application, we expect consumers to experience an average annual savings of about $4,700 under the waiver compared to without the waiver. And just to put this in context, this represents about 12% of income for individuals in this income range.

The next guardrail is coverage. So, we have to cover at least as many individuals under the waiver as we would have without the waiver. The breakdown of coverage here is that we expect, once the waiver reaches full implementation, about 69,000 consumers are expected to transition from Qualified Health Plans to the Essential Plan when this goes into effect. We also expect over 20,000 consumers who would have otherwise been uninsured, likely due to lack of affordable options, we expect them to gain coverage as a result of the waiver. So overall, we expect coverage across both the individual market and Essential Plan to be 1.3% higher than it would've been without the waiver in 2024, and that will ramp up to about 3% in the subsequent years of the waiver.

The last guardrail that Danielle described is deficit neutrality, which is the requirement that the federal government isn't spending more money than they would have been without the waiver. As you'll see in our application, we expect that the waiver will, in fact, slightly decrease federal spending, so we are in compliance with the federal deficit neutrality requirement. Overall, we were requesting $65.8 billion in funding that will be passed through for the purposes of administering the waiver over the course of 5 years. Next slide.

Danielle described a number of the key dates, so I'll just build on what she already described. So, as you know, we submitted our updated waver application on November 14th. The federal government opened their federal comment period on November 17, 2023. We held our first public hearing on November 17th, and today is our second public hearing on November 28th.

The federal comment period closes on December 2, 2023. And I believe we've distributed the email address that any comments can be sent to, but we'll show it on the screen again. And our target in order to stay on track for our implementation date of April 1, 2024 is to receive federal approval by the end of January. So, with that, I will pass it back to Danielle.

Danielle Holahan: Great. Thank you, Sonia. And before we go to the public comments, there were a few things in the chat that I wanted to address.

The first is on whether we can enable people to show their own video. We're not sure why that got disabled, but when we open for public comment, I think we'll be able to re-enable that feature. So, keep letting us know if that's not happening. It was definitely not intentional that it got disabled.

There was also a question in the chat asking if it was guaranteed that we would meet the April 1st implementation date. And while nothing can ever be guaranteed, as Sonia just walked through on the timeline, it is our expectation that we will receive the federal approval of the waiver in January. And that will allow us ample time to implement all those pieces that Sonia just walked through in order to meet April 1st. So, I would say we have a high degree of confidence that we'll meet April 1st and there's no intention on the State side to delay further. So that's as much of a guarantee as we can give at this time. I hope that was helpful. Feel free to keep putting questions in the chat. We'll continue to monitor that. But for now, we'd like to turn to the public comment period.

We have 15 individuals who have registered to speak. I'm not sure that they're all on the line at this time, but we're going to go in order that we have here. I guess the next page lists the speakers who registered. And Georgia, I'm going to turn it to you to ask you, since you know, who's participating and who's already logged in. But if Assemblymember Gonzales-Rojas is here, we'd like to start with her, but I'll let you Georgia handle the logistics of the who's on and who's ready to provide comment. And just remind everybody that we're going to limit comments to 5 minutes starting with those who registered, and then we'll open the line for additional comments from folks and continue to answer and monitor the chat. So Georgia, let me turn it to you.

Georgia Wohnsen: Great thanks, Danielle. At this time. I'm not seeing Assemblywoman Gonzales-Rojas on the line, but if they are, please do send a note in the chat. There's a few phone numbers, so it's possible that they've called in from an alternate line, but for the time being, I think we will move on to Maria, who I'm just trying to pull up in the chat. Okay, so I will unmute Maria, which should enable the video option should the speaker want to go that route. Okay, Maria should be unmuted. Maria, if you are there, I see that you can speak. So, if you'd like to go ahead with your public comment.

Maria Elena Escobar: [Comment provided in Spanish.]

Luisa Cuautle: Thank you so much. This is Luisa speaking, and I will be interpreting for Maria Elena. Maria Elena says hello good morning. My name is Maria Elina Escobar, and I'm a member of Make the Road New York. I am here to share my experiences accessing health care and hopes that they can inform you about the struggles members from my community experience. I believe healthcare is a human right, and I believe that we should all access good quality healthcare and things like immigration status should not affect the access to care that we receive but unfortunately it does.

After being here for many years, I'm in the process of adjusting my immigration status, and now able to apply for health insurance. I am now on the other side and being on this side, I can see how differently we get treated. While I was undocumented and uninsured, I had to have surgery and I postponed that surgery until I could find a hospital that would provide me the surgery at the cheapest out of pocket price for me, as opposed to the one that could offer the best care. The only time I had access to good health care was while I was pregnant and covered by Medicaid. I made sure to get all my visits done during my pregnancy because I knew that once I was no longer pregnant my health coverage would come to an end.

I've seen friends suffer from accidents and injuries and avoid going to the hospital because of the fear of receiving a high medical bill afterwards. I know of many people that have died during the pandemic because they lacked health insurance and were afraid to seek care. Good quality affordable healthcare should be available to all regardless of immigration status. Our community members feel discriminated against because of their limited access to care. This isn't right.

But as a person who is now adjusting her status and insured, I feel like I have to share these experiences. Diseases don't pick and choose based on immigration status. That is why I asked the state to please revise and amend the 1332 waiver to include all immigrants, regardless of immigration status because healthcare is a human right.

Danielle Holahan: Thank you, Maria Elena. Thank you, Maria for providing that testimony and Luisa for your interpretation. We appreciate you sharing your story. Georgia, I'm going to ask you to call on the next person.

Georgia Wohnsen: Sure. Okay, so I'm actually going to unmute Ana Bayas and that unmute request was sent, so Ana, if you're on the line and are able to provide your comment, the floor is yours.

Ana Bayas: [Comment provided in Spanish.]

Luisa Cuautle: Hi, everyone I'm going to be reading on behalf of Ana Bayas. Hello my name is Ana Bayas. I'm an Ecuadorian immigrant living in Queens. Make the Road is helping me navigate healthcare access as an immigrant. Three years ago, I got pregnant and through my pregnancy I obtain Medicaid coverage which allowed me to ensure that I was healthy when I was pregnant and immediately after giving birth. This coverage was extended through the

pandemic. But now that Covid is no longer a public health emergency, when I renewed my coverage, I was found ineligible for insurance due to my immigration status. It is scary to think about being uninsured.

I suffer from an inflamed liver and now I will no longer be able to treat it or monitor it. My partner and I are not ready to have another child and would like to wait before trying again. However, this is very hard to do as an uninsured person who cannot access the gynecologist to get prescriptions. Instead, I had been calling back home to Ecuador to find ways to get birth control shipped over to me. Birth control is very expensive and something my partner and I really cannot afford. I'm currently unemployed. I was recently cleaning houses for a friend who was on vacation, but it's not a permanent gig. Besides, I have a 2 year old daughter that requires most of my attention. My husband is the only one with a source of income, and we are really struggling. Rents are through the roof, and it has been very difficult overall. Accessing health care without insurance is very expensive. I'm afraid that down the line, if I ever get sick, I will not be able to afford a doctor's visit or medication. It makes me sad to think that I only receive healthcare while pregnant. But now, because I'm no longer pregnant, I cannot access it because of my immigration status. I'm still the mother of my child, and she requires me to be healthy to take care of her. That is why I asked the State to amend the 1332 waiver to include all immigrants, regardless of their immigration status, so we can be healthy to take care of our families.

I would also just like to add that I believe that other members Reyna, Lency, and Emma are having technical difficulties. So if that is, okay, I'm just going to go move ahead and just read their testimonies in English if that is okay with everyone. Okay.

Danielle Holahan: Thank you, and thank you Ana.

Luisa Cuautle on behalf of Reyna Martinez: Reyna Martinez is from Staten Island. It goes like this.

Hello. My name is Reyna Martinez. I'm a member of Make the Road New York, and I live in Staten Island. My husband and I immigrated here from Mexico nearly 30 years ago. We are both uninsured and not eligible for coverage because of our immigration status. Healthcare access is very important to us. My husband is bedridden and recovering from a stroke that really affected his day to day abilities. For a long time, my husband had to be fed through a tube and his stomach because he was unable to eat otherwise. He is now able to eat soft foods, but his speech and hearing capacities are very limited, and he can still not walk. To leave the house, he needs to be carried down the stairs and strolled around in a wheelchair. My sons and I try our best to take care of him. I also experienced a stroke during the pandemic and currently live with diabetes. I try to take care of my health with some home remedies, because I only have coverage for emergencies through emergency Medicaid.

We do not have access to comprehensive healthcare despite living and contributing to this country for many years. I work two days a week as a household cleaner, and cannot make

more, because I need to take care of my husband. We're both older people that work very hard jobs to raise our nine children. We need to have access to quality, affordable healthcare.

I am here today to ask the 1332 waiver be amended to include low income immigrants, regardless of their immigration status. People like me and my husband need regular access to health services but have struggled and avoid seeking necessary care since we are not eligible for health insurance due to our immigration status. This isn't right. Everyone deserves access to quality health insurance, regardless of their immigration status. Reyna, thank you so much.

Luisa Cuautle on behalf of Lency Olvera: I'm going to be moving onto Lency Olvera.

My name is Lency Olvera, thank you for the opportunity to speak. I am a member of Make the Road, and I would like to share with you why I believe that it's important to amend the 1332 waiver to include all immigrants. I'm an immigrant originally from Ecuador. Eventually. I was able to adjust my status and finally became eligible for health insurance.

Medicaid and Medicare have allowed me to receive the treatments that I desperately need to fight the cancer I was diagnosed with. Without insurance, I'm not sure where I could receive treatment. Many immigrants only have access emergency Medicaid that covers emergencies only, making it challenging to obtain ongoing chemotherapy and radiation treatment. That's not fair. A lot of immigrants contribute greatly to our society. They work hard and are members of our communities. They should have access to healthcare like all New Yorkers. I'm an advocate for my community. Many community members who are friends, people I know from church, and other folks come to me, with all sorts of questions. I always make sure to connect them to Make the Roads so that they can get the services that they need. A lot of the time people are asking me about healthcare. Our community works very hard, and they also get very sick like everyone else. Many of them fear going to the doctor because they cannot afford it and many people fear that they won't be treated because they are uninsured.

As a person struggling with a chronic disease, I can only imagine how heartbreaking a chronic disease can be for somebody with very limited access to healthcare. And especially for somebody that is already struggling financially and then living in fear. Chronic diseases, like cancer, are extremely hard things to understand, but health insurance and access to treatment should be the last thing somebody has to worry about. The State has an opportunity right now to amend the 1332 to waiver and access federal funding for the much needed health insurance for immigrant communities. The 1332 waiver needs to be amended to do the right thing. And that is to include all immigrants, regardless of immigration status.

Thank you, Lency for providing this testimony.

Luisa Cuautle on behalf of Emma Bazan: And lastly, I'm going to read Emma Bazan's testimony who also had technical difficulties signing on.

Hello everyone, thank you for the opportunity to share my story today. My name is Emma Bazan. I'm a member of Make the Road New York, and I have lived in this country for over 25 years.

Throughout the years, I've worked many jobs to make ends meet for my family. Though I have contributed to this country, I have not received the medical services I desperately need because of my immigration status. Around eight years ago, I went to Lutheran hospital, now NYU Langone. The doctors recommended that I extract my teeth because of some serious dental problems. It was extremely hard for me to pay for the extractions because the money was coming out of my pocket since I did not have health insurance, but I managed to make it work. However, when it was time to insert my implants, I had a very humiliating experience. The dentist denied me the service. He said it was because I was undocumented that I cannot afford the price of implants. This is one of the most embarrassing things that has ever happened to me. I rarely smile now because I'm embarrassed for people to see me toothless. When the pandemic came, people were wearing masks and they made me more comfortable. But now all I can think about is how bad my smile looks.

Besides appearance, I worry about how this will impact my health down the line. I'm left traumatized and afraid of being discriminated against because of my immigration status. In fact, it was my friend who was a permanent resident who actually encouraged me to go to the dentist in the first place. It was through accompanying her at her appointments that I saw how well she was treated. But little did I know that that experience would be completely different for me because I lacked insurance. This type of discrimination with the healthcare access should not be happening. We are all human beings and healthcare is the human right. No one should be denied essential services based on their immigration status.

My experience is not an isolated experience. It reflects the experience of many in my community. We deserve a healthcare system that recognizes the humanity in each of us, regardless of our background. That is why today I demand that the state amend the 1332 waiver to access federal funding so that all immigrants like me can have access to health insurance.

I would like to thank Emma Bazan. I know Emma is not on the line, but she prepared this testimony and I wanted to give gratitude to her for that. And thank you for letting me interpret these. I'm going to come off mute.

Danielle Holahan: Thank you Luisa for providing those testimonies and for Reyna, Lency, and Emma for sharing your stories. Georgia, are we moving to Arline next?

Georgia Wohnsen: Yes, we are. Arline, go ahead and unmute and hopefully your camera will work as well when that happens. And I see Arline is able to speak, but I'm not seeing her.

Arline Cruz Escobar: Can you hear me? Okay, great. Good morning. My name is Arline Cruz Escobar. I'm the director of health programs at Make the Road New York. Make the Road is

one of the largest grassroots organizations with 27 members that builds the power of immigrant and working class communities to achieve dignity and justice. We integrate four core methodologies: community organizing, policy innovation, transformative education, and the provision of legal and survival services.

This holistic model really enables us to meet the immediate needs, cultivate leadership among low-income people, and design sophisticated and innovative policy solution grounded in real life experiences. Our members are from marginalized communities, with a high percentage lacking access to health insurance due to their immigration status.

While they were among the hardest hit by the pandemic, the inequities and hardships that surfaced, unfortunately aren't new. What is different this year in comparison to years prior is the State's opportunity to advance health care for vulnerable New Yorkers with the use of federal funds through the innovative 1332 waiver. We were enraptured last spring when Governor Hochul alluded to the use of this waiver to expand coverage to undocumented New Yorkers. However, the 1332 waiver application in the most recent amendment both omitted this population.

To quote one of our commissioners of health, Mary Basset, a guiding principle of public health is to do the most good for the most people. A $7.8 billion surplus is anticipated to be generated into the passthrough account over the 5 year waiver period. Expanding health insurance coverage to the remaining population should be the priority for the state through the use of these funds. There continues to remain nearly a 1 million uninsured New Yorkers, many who would otherwise be eligible for coverage but lack the necessary immigration or protective status. This means that thousands of New Yorkers on a daily basis forgo necessary care due the lack of health insurance.

Our community members continue sharing their experiences and inability to obtain basic health care, such as a primary care visit for a physical to ensure their health is up to par. Or rationing, or going without medication every day, puts their health at risk as they prolong access to the medical care they need all while attempting to avoid an emergency room visit and falling into medical debt. Take for instance, our member Rosalia, a single mother who lives in Long Island and is a chronic asthmatic and diabetic. She is currently unemployed and can't access her life-saving medication on a monthly basis. Instead, she rations her insulin and reuses her needles despite her doctor's recommendation. Or our member Olga, a healthy middle-aged woman who needs to access routine care but struggles to access services otherwise covered under the 10 essential health benefits, including a mammogram, all because of her immigration status.

The State and its residents would greatly benefit by increasing the Essential Plan eligibility pool to include undocumented New Yorkers and other immigrants with protective statuses such as DACA. While the State's proposal indicates that it would provide coverage to DACA recipients through the 1332 waiver, it would only do so if the federal regulations are adopted, and once again miss the opportunity for innovation and the mission of advancing public health

and health equity. Instead, the State should aim to provide continuity of care and expand eligibility for DACA recipients after they exceed the Medicaid income threshold up to 250% of the federal poverty level as these young dreamers succeed in their professional lives.

Allowing immigrants, regardless of immigration status, to access insurance would be covered under the surplus generated in the 1332 waiver passthrough and New York State could shift current state-only dollars from its emergency Medicaid program and Medicaid coverage for DACA individuals and reinvested into other state priorities. It's a smart move in a moment of crisis where the City and State are facing major budget cuts. This common sense solution would also aid in the State's response to new immigrants arriving to New York by accessing federal funds for this population where it may otherwise use state funds.

We believe the State should revise the waiver to cover more people, including immigrants up to 250% of the federal poverty level, regardless of their immigration status. Thank you so much for the chance to make these comments.

Danielle Holahan: Thank you we appreciate those comments. I think we're going to flip to Elisabeth Benjamin, and I also think there's a way to fix this issue with the video. Georgia, I believe, is going to make you a panelist and all the subsequent speakers panelists so that we can show video while you while you provide comment.

Georgia Wohnsen: Yep, so Elisabeth should be a panelist now and able to unmute themselves, although they have disappeared. Okay, I think we lost Elisabeth, but we will try with Melinda. All right Melinda, you should be unmuted.

Melinda Elias: Confirming I can speak. Can you hear me? Yes. Ok, great. Hi, my name is Melinda Elias. I am the director of Healthy Communities at the NYIC.

So, the New York Immigration Coalition appreciates the opportunity to comment in response to the revised New York section 1332 waiver submission dated November 2023. The New York Immigration Coalition is an umbrella policy and advocacy organization that works statewide with over 200 immigrant-serving member organizations. We also co-lead New York's Coverage for All campaign and on the steering committee of Healthcare for All. Our coalition members serve immigrant New Yorkers that were the essential workers hardest hit by the pandemic. Many of these New Yorkers need access to healthcare, but they currently lack access to health insurance due to their immigration status.

Before I start with the testimony, I just wanted to commend New York's steps to make the Essential Plan more affordable and accessible to New Yorkers. The NYIC commence New York State for their final 1332 waiver submission and taking steps to make the Essential Plan more affordable for people between 200 to 250% of the federal poverty level. The new waiver proposal dated November 13, 2023 also eliminates the $15 per member per month premium for new consumers, 200 to 200% of the federal property level, which is consistent with the other income groups. And, we believe this will improve access for New Yorkers, and also result

in lower medical debt burden for patients. We believe that expanding coverage to include all New Yorkers is the right thing to do. The NYIC continues to oppose New York State's proposed amended 1332 waiver submission just because it continues to exclude coverage for undocumented New Yorkers. The NYIC strongly believes that providing health insurance for income-eligible immigrant communities, including hundreds of thousands of essential workers who have kept New York state functioning during a 3-year pandemic, is just morally and physically the right thing to do. Providing coverage through the 1332 waiver to those who are currently unable to access coverage because of their immigration status will not only support these individuals, but it will also strengthen healthcare for all New Yorkers.

The State's new revised estimates in the November 1332 waiver proposal indicate that there's going to be a $7.8 billion surplus generated in the 1332 waiver passthrough account over the 5 year waiver period. The NYIC urges the State and CMS to work together to revise the waiver to use part of the $7.8 billion surplus to cover immigrants. Currently the State proposes using the majority of this surplus for provider and carrier rate increases.

Why can't we also include coverage for undocumented immigrants? This will be consistent with the overwhelming majority of comments provided by the State on its waiver proposal between February 9, 2023 and the New York State public filing on May 12, 2023. New York State Department of Health received 30 sets of labor, provider, academic, and consumer coalition comments and 1,643 individual comments, the vast majority asking the State to use the projected surplus to cover undocumented immigrants. Despite this overwhelming support for immigrant inclusion, and the Governor's own commitment to use the 1332 waiver to expand health insurance covered to all income-eligible New Yorkers in 2022, the State's final waiver submission on May 12, 2023 and the proposed amended 1332 waiver submission dated November 13, 2023 still does not seek to expand coverage for income eligible immigrants.

The NYIC also supports New York State to revise the 1332 waiver to cover DACA immigrants regardless of the federal Government's adoption of the proposed federal regulations, clarifying eligibility for coverage. The State's proposal indicates that it would provide coverage to DACA immigrants through the 1332 waiver but only if proposed federal regulations are adopted. Excluding DACA recipients from the 1332 waiver program is physically illogical. New York already provides 100% state-only funded comprehensive Medicaid to DACA recipients with incomes below 138% of federal property level. Including DACA recipients will ensure that New York saves the state-only allocation and provides coverage to DACA immigrants up to 250% of the federal poverty level.

New York has a broad goal of providing access to care to all income eligible New Yorkers, regardless of immigration status. To keep New York as healthy and out of the emergency room, the NYIC truly does look forward to supporting this policy goal on behalf of all immigrants in New York. We sincerely hope to work with both to State and CMS to ensure that the 1332 waiver that is approved for New York can be inclusive enough to provide health

insurance that covers all income eligible New Yorkers, regardless of immigration status. Thank you.

Danielle Holahan: Thank you Melinda, thank you. We really appreciate your comment. We're going back to Elisabeth. So, Elisabeth, if you're able to unmute and.

Elisabeth Benjamin: I think I just did. Can you hear me? Can you see me? Oh, yeah. Look there I am all right. Let me get my coverage for all sign in there.

Anyway, well first of all, I want to thank the State and all of you that have worked so very hard on this waiver. And we know you really have tried to figure out a way to maximize coverage for many folks. And, I know it hasn't been easy. And so, thank you on behalf of the Community Services Society of New York, which has been around since 1843. Our job is to promote the economic opportunity and well-being of New Yorkers. Our consumer health programs, enrollment, and assistance programs serve over 100,000 New Yorkers every year. And our policy work is also pretty well known. We actually wrote one of the original reports, if not the original report, encouraging the State to adopt the Basic Health Program under Section 1331, the exact predecessor section to 1332 of the Affordable Care Act, and I've been so delighted to watch the successful, extraordinary implementation of that program basically thanks to many of the people on this call that are representing the State.

CSS has three comments we'd like to propose at this stage. One, talking about the premium and a little quick thank you there. Two, talking about the use of the surplus funds, and three, talking a little bit about the Insurer Reimbursement Implementation Plan.

First of all, I want to talk about the premiums. CSS, as well as our colleagues at Health Care for All of New York and many other consumer advocates, have advocated removal of this in the original proposal, which was to include a $15 per member per month premium for those between 200 and 250% of the federal poverty level. You know, that revenue would have been de minimis in the scope of the overall surplus of the program yet would have had a terrible, I believe, unintended consequence of inducing gaps in coverage when people fail to pay premiums. And so, we think any premium essentially basically begs gaps in coverage because things happen to people's lives. It's hard to get life set up. It's hard to get auto pay set up. You know, various concerns happen to people, and sometimes a $15 premium just is like the last thing they can afford.

So, given the level of medical debt in this income band is quite high compared to higher income folks, we see no real benefit to that $15 premium. And we are so delighted that you all agree with, or I'm not sure why, but you went ahead and ditched it. So, thank you. Thank you New York State of Health, thank you Governor Hochul. Thank you. Anybody who was responsible for getting rid of that stupid premium.

So, my second issue that I'd like to talk about is the surplus. You know, that's been a moving target with these various drafts. I have to say it started out with that $12 billion surplus and

there was $1 billion surplus after 5 years, and now we're back to a $7.8 billion dollar surplus estimated after 5 years. Of course, that's due to the fact that the individual market premium boosts were so much higher than what was anticipated. We at CSS strongly urge Governor Hochul to keep her promise from 2022 to include immigrants in the 1332 waiver if at all possible. There's clearly the money. There's clearly the permission in the correspondence between Governor Hochul's administration, I believe Commissioner McDonald, and CMS Administrator Brooks-LaSure. The administrator was quite unequivocal. She said there is no prohibition in response to the State's questioning on using section 1332 waiver passthrough funding to fund state affordability programs, such as state subsidies under the waiver plan for health insurance coverage for individuals not lawfully present in this State. So, we urge this state to do that.

You know, the revenues are quite substantial. You know, in the first year, there'll be a $1.4 billion surplus going up to $1.9 billion in the projected surplus in 2028 for a total of $7.8 billion. You know, that's after the waiver has spent so much money for the industry, around $5.8 billion. We include already, before that $7.8 billion surplus, $800 million a year or $4 billion dollars over 5 years for provider rate increases; $101.5 billion on insurance company rate hikes for a quality incentive pool, whatever that will be; $571 million on long term services and supports; another $125 million for unspecified behavioral health improvements, which we're in favor of, we hope there will be good ones, we just don't know what they are. And it seems to me that, you know, we're using this waiver as a Christmas tree for, you know, everybody but immigrants who really need the coverage. And I'd like to point out that, you know, we've heard a lot from the administration that there is a large number of migrants coming into the State, that there's real fiscal repercussions to having those migrants enter the State and an unexpected large number. And so, this is a vehicle to offload some of the fiscal costs for helping these immigrants come to our State. You know, New York has long been an immigrant magnet, and we want to be. We have Lady Liberty in our bay.

So, I just really encourage the folks on this call to do everything that they can to encourage, you know, whoever it is, if it's at the Governor's level, at the Division of Budget level, to see this as a great opportunity for us to, you know, charge the federal government some of the costs of receiving immigrants into our State at an unexpectedly large rate. The other thing I wanted to say is, you know, at the very least, I'm not sure why we wouldn't just cover the DACA folks because we do offer state-funded Medicaid for them as Melinda pointed out. And so, you know, I agree with her notion that it would be fiscally illogical not to just include them in the spending of the surplus.

My final point is really on the Insurer Reimbursement Implementation Plan. We, at CSS do not favor using reinsurance programs as a rule mostly because they don't protect people who really need the most help to get coverage. And I see Assemblymember Jessica Gonzalez-Rojas is here and so forgive me Assemblymember Gonzales-Rojas, I will just take one more minute to finish this point. And then I believe you're up, so just to finish this quickly.

The draft waiver is looking for $60 million a year for this reinsurance program. The reinsurance program does not help the right people. It helps people who don't have financial assistance above 600% of poverty and that's $182,000 a year. First of all, there are very few people above 600% of poverty who don't have insurance so why do they need incentives and reduced premiums, which is what the reinsurance program would do to enrolling coverage. I don't think it's going to make a bit a difference for them. And, in fact, those states that have adopted reinsurance programs have seen very little increases in coverage. So, if the goal is to increase coverage, it's not going to happen.

The second, thing that I'm concerned about with reinsurance program is that, you know, there's a lot of literature out there that talks about health plan moral hazard. If you give this money to the health plans, they have no incentives to try to control costs with providers, drugs and whatnot. So, we don't want to induce moral hazard for health plans. We talk a lot about individual moral hazard, but this is true moral hazard because you really want to encourage these subsidies to be, which is what this is, a reinsurance program is really a subsidy for carriers, we would suggest making it to be subsidies for people.

One group of people you could cover instead for $60 million a year, would you know, you could start to cover some immigrants certainly, maybe the DACA folks. But second of all, the other thing you could do is a cost sharing program that would target reducing cost sharing deductibles, out of pocket costs, for people that are struggling below 600% of property. The other thing we could do is we could do what California is doing, do a state premium assistance program that would really make insurance affordable for our uninsured, or people who are buying down and buying bronze plans instead of gold or silver programs. So, I'm going to stop there, especially since I see that Assemblywoman Gonzalez-Rojas is on the line, and she's a much more important person to me to speak. Thank you very much again for all your work and service to our colleagues at the State Department of Health. We know this has been a tough waiver to get out. So, thank you again. And thank you for getting rid of that stupid premium.

Danielle Holahan: Elisabeth, thank you for your comments and I'll just say briefly we look forward to continuing to work with you and everyone on explaining some of the investments that were included in the waiver application, what those will be doing as we further flush those out, but thank you for all the comments and we look forward to continuing to work with you. So, we are indeed going to turn to Assemblymember Gonzalez-Rojas. Thank you very much for joining us. And I think we'll open your line, and the floor is yours. Thank you.

Assemblymember Jessica Gonzalez-Rojas: Hey, good afternoon everyone. Thank you for your patience. My name is Assemblymember Jessica Gonzalez-Rojas. I represent the 34th Assembly district in Queens. I'm also a member of the standing committee in the Assembly on health. And I testify today, as I did 9 months ago, to call on Governor Hochul, and by extension, our Department of Health, to honor a commitment that the executive made almost 2 years ago which was to work with the federal government to provide health care coverage to undocumented residents of New York State.

It is estimated that for 245,000 undocumented New Yorkers are excluded from healthcare coverage because of their immigration status. Each one of them deserves the basic necessity that is healthcare. Health care is a human right.

Eliminating the $15 monthly premium is a laudable move, and it is my hope that this proposal is adopted, and we should do more to help our most neediest New Yorkers and not just provide billions of dollars in giveaways to the healthcare industry. The goal of the 1332 state innovation waiver is for states to pursue innovative strategies for providing residents with accessible, high quality, affordable health insurance. Amending the 1332 waiver to provide healthcare to undocumented New Yorkers is exactly the kind of systemic intervention that the Affordable Care Act and state innovation waiver were designed for.

Moreover, the State's November 1332 waiver filing indicates that the projected 5 year surplus for the 1332 passthrough account will increase to $7.8 billion, which is $4.6 billion more than projected in the State's May 1332 waiver filing over the next 5 years. This is consistent with comments our State Budget Director made recently in an interview that the Essential Plan surplus still has a healthy reserve of surplus federal dollars. This amount is enough to cover over 150,000 immigrants per year and still provide over $5.8 billion in industry funding previously embedded in the 1332 waiver proposal. At the very least, I am very supportive of the State's intent to provide coverage to New York residents that have Deferred Action for Childhood Arrival or DACA status, as noted in Commissioner McDonald's cover letter dated November 13, 2023. New York already provides 100% state-only funded comprehensive Medicaid to DACA recipients with incomes below a 138% of the federal poverty level. Including DACA recipients will ensure that New York saves the state-only allocation and provides coverage DACA immigrants up to 250% of the federal poverty level.

A recent study published in the JAMA network by Drs Kaushal and Muchomba have found that estimates for providing insurance to immigrants costs the health care system approximately $3,800 per person per year, less than one half of the corresponding costs, $9,428 per person per year for U.S. born adults. It is important to also note again that providing healthcare to undocumented New Yorkers, which the federal government has said is mechanically possible, would generate hundreds of millions of dollars in Medicaid spending.

2,000 New Yorkers died because they did not have health insurance coverage, and many more will die because they're unjustly excluded from one of the basic services that the government can provide, which is health care. Colorado and Washington State have included immigrants for health coverage in the 1332 waiver application. California and Illinois are using state Medicaid dollars to provide coverage. I ask again, if they can do it, why can't New York?

In conclusion I will say this. In government, we are only as effective as the power of our word. We were told our state would work with the federal government to provide health care to undocumented to New Yorkers in April of 2022. Our federal government has confirmed that we can do so via the Essential Plan in a passthrough account. And we have the revenue from the Essential Plan to do so. We just need the political will. It is smart economically. It is

economically sound. It is the right thing to do. I urge this department to work with our executive to provide coverage to our undocumented New Yorkers. Thank you so much.

Danielle Holahan: Thank you so much for your comments and all of your work. We really appreciate you being with us here today for all that you do. Thank you. We're going to turn in Georgia. I'm going to ask you to let us know who's on the line and next up to provide comment.

Georgia Wohnsen: Sure, we're moving on to our tenth speaker Medha Ghosh.

Medha Ghosh: Good morning my name is Medha Ghosh, and I am the senior policy coordinator for health at CACF, the Coalition for Asian American Children and Families. Founded in 1986, CACF is the only Pan-Asian children and families advocacy organization and leads a fight for improved and equitable policies systems, funding, and services to support those in need. Working with over 80 member and partner organizations across New York to identify and speak out of the many common challenges our community faces, CACF is building a community too powerful to ignore. CACF would like to offer comments and responses to the State's proposed amended 1332 waiver submission.

Firstly, the November 1332 waiver filing indicates that the state seeks to eliminate the proposed $15 per member per month premium. Many in our low income and newly immigrant Asian American Pacific Islander communities do not receive routine medical care due to cost. And this would help ensure income is not a barrier to care. CACF commends the State and urges the Center for Medicare and Medicaid services, CMS, to approve this change.

Secondly, the State's revised estimate indicates that there will be a $7.8 billion surplus after 5 years. The State proposes using the majority of the surplus for provider and care rate increases. CMS and New York state policy makers should revise the waiver to use part of the $7.8 billion surplus to cover immigrants.

CACF believes that at a minimum, New York should revise the waiver to cover DACA immigrants, regardless of the federal government's adoption of proposed federal regulations clarifying eligibility for coverage. Our immigrant community, regardless of status, deserve equitable access to healthcare coverage. Finally, we believe that CMS and New York State policy makers should work together to cover more New Yorkers at an affordable price instead of providing an additional $297 million to the insurance industry through their Insurer Reimbursement Implementation Plan. Instead of approving the IRIP addendum, CMS and New York State policy makers should work together to cover more New Yorkers at an affordable price consistent with the goals of 1332 waiver program. I would like to thank you for the opportunity present our comments about the waiver proposal. Thank you.

Danielle Holahan: Thank you, thank you for joining us and for your comment, I appreciate that. Georgia, do we have Jessica Graham on the line?

Georgia Wohnsen: We do not currently have Jessica Graham, so I am going to move on to Karina. And Karina, you should be able to speak.

Karina Albistegui Adler: Thank you. I'm here. Yeah. Perfect. I'm going to stay off video if that's okay, but thank you so much for the opportunity to testify today. Karina Albistegui Adler here on behalf of New York Lawyers for the Public Interest. We're a civil rights and legal organization focused on health disability and environmental justice for New Yorkers, and we've been working in those spaces for over 40 years. I want to start just by co-signing what the other speakers have mentioned, absolutely in support of all of the comments that have been already spoken. It's a privilege to be here to speak in support of extending the 1332 waiver to cover all New Yorkers, regardless of immigration status.

For my clients, it's not only a fiscally responsible move that would be free for the State with the use of the BHP trust fund surplus dollars, but it's also one that would have major, positive impacts on the health of immigrant New Yorkers. As a health advocate, I work with many undocumented and uninsured New Yorkers who are in need of kidney transplants. Most of my clients are long time city residents who are unable to return to jobs and the community because of their grueling dialysis schedule. Prior to getting sick, they took care of our city's elderly and children. They were essential workers during the pandemic and have for decades, been the backbone of the construction industry in our state.

Although undocumented people can and do serve as living and deceased donors, many have spent a decade or more on dialysis without the opportunity to get transplants because of the lack of comprehensive health insurance. Extending the 1332 waiver would be life changing to thousands of similarly situated New Yorkers and would likely result in a cost saving for the state because the upfront cost of transplant is significantly less than the cost of a lifetime on dialysis, which is covered by emergency Medicaid. Expanding the waiver would allow immigrants to gain access to coverage and this would generate more revenue to fund the program. In just our small organization and program, we've seen how dozens of our clients are able to regain their health, resume their lives, schools and education, and return to work after their organ transplants.

So, I urge you not to miss the opportunity to include undocumented people in this waiver application for the health of our communities and the financial health of our State. Thank you.

Danielle Holahan: Thank you, Karina, thank you for providing that comment. Appreciate that. Georgia, do we have Mia?

Mia Wagner: Hi, there, my name's Mia Wagner. I'm here to provide comments on behalf of the Health Care for All New York Coalition also known as HCFANY. HCFANY is a statewide coalition of over 170 organizations, dedicated to achieving quality, affordable health coverage for all New Yorkers. HCFANY is a strong supporter of the Coverage for All campaign, whose goal is to expand Coverage to all New Yorkers, regardless of immigration status.

We'd like to offer our comments on three components of the State's proposed amended 1332 waiver submission. First, like our colleagues, we'd like to thank the State for proposing to eliminate the $15 per member per month premium. As consumer advocates, we know all too well how small premium can create financial burden for consumers. Further, failure to pay insurance premiums can lead to coverage gaps for patients a medical debt if unexpected medical issues or emergencies arise during these gaps. HCFANY urges CMS to approve this change as eliminating the premium will result in better continuity of care and a lower medical debt burden for New Yorkers.

Second, we're enthusiastic about the opportunity the State has to use part of the $7.5 billion surplus to cover immigrants, including people with DACA status. HCFANY and the Coverage for All campaign support access to quality affordable health coverage for all New Yorkers. And we urge the State and CMS to work together to ensure these funds are used to cover immigrants who are not otherwise eligible for health insurance coverage.

Lastly, CMS and New York State policy makers should work together to cover more New Yorkers at an affordable price instead of providing an additional almost $300 million over 5 years to the insurance industry through the Insurer Reimbursement Implementation Plan.

On behalf of HCFANY, I'm grateful to provide comments on this important opportunity to amend the waiver to cover immigrants and ensure coverage for all New Yorkers. Thank you for your time.

Danielle Holahan: Thank you, Mia. Thank you for your comments. So, Joshua, if you can unmute.

Joshua Chan: Hello? Can you guys hear me? Thank you, perfect. So, my name is Joshua Chan. I am the chairman of the group called the District 1 Youth Advisory Board, which is a youth group that represents the towns of Brentwood, Central Islip, and North Bayshore located all on Long Island. I just wanted to take the time to thank you for the opportunity to speak.

I think this issue of health care is one of my biggest priorities. I'm a college student right now, a senior at the University of Albany studying political science with a minor in public policy. I recently just wrote a 15 page paper on the failures of the U. S. healthcare system and how it stems and creates inequities that already lie throughout our society. One of the things I've noticed, especially being the chair of my youth group here, is that there's a lack of healthcare access due to affordability.

Some background data on our town and our school district, we have a school district of 18,000 students. Of those 18,000 students, 17,000 students are economically disadvantaged. That's 89% of them. All those of the 17,000 are on free or reduced lunch, some type of social assistance, Medicaid, or SNAP benefits. These are the students that are most affected and families that are most affected from the lack of health insurance.

More about our town, in our town of 67,000 people in Brentwood, New York, 12% or around 7,000 families don't have health insurance. That means that 7,000 families have to choose between keeping the lights on, buying food, and ensuring that they can go to a doctor. This waiver I've seen was so beneficial.

I am someone who had no health insurance at 21. My mom doesn't have health insurance at the moment because she makes a little bit over the Essential Plan cap currently. We are, unfortunately unable to qualify for any type of Medicaid or Essential Plan benefits, which would be vastly more comprehensive as opposed to the marketplace plans. Furthermore, I believe that when you look at the transition going from Medicaid or Essential Plan to the marketplace, there is a giant gap of comprehensive coverage and affordability. The subsidies on the market are not enough and the coverage that you can choose is not enough on the marketplace. The bronze, platinum, silver, and gold plans are not enough to ensure that black, brown, Hispanic, low-income individuals can have access to affordable healthcare.

And more importantly, I think that when you look at the immigrant community that's in my town specifically, not everyone thinks of Long Island as something of a place that's, you know, full of diversity. But my town in Long Island is full of diversity, My town in particular would benefit so much from this expansion of the Essential Plan. Especially including the 250% above the federal poverty line would go very, very far.

And my research into healthcare goes into expansion of universal health care and specifically the New York State Health Act. I know that's not the goal of this session today, but expanding the Essential Plan and having states be able to be customizable with their Medicaid options, I think is a great way to pave towards a path towards universal health care in New York. And, expanding it slowly and slowly and slowly to show how beneficial a Medicaid plan could be for everyone would be amazing and ensuring that again, we have healthcare freedom throughout the United States and throughout New York. So, I would love to see New York be a leader and a champion and pioneer in expanding health care for everyone, especially those who are most in need. Thank you so much.

Danielle Holahan: Thank you, Joshua. Thanks for joining us and thanks for providing that comment. Do we have Valerie Reyes-Jimenez on the line? I believe you're next.

Valerie Reyes-Jimenez: Hi, everyone, thank you for the opportunity to provide comments on the New York State proposed amended 1332 waiver submission and thank you for those who gave comments before me. My name is Valerie Reyes-Jimenez, and I'm the New York City community organizer for Housing Works and a 42 year long term survivor of HIV. Housing Works is an organization fully committed to ending both the HIV epidemic, and to serving New York's most marginalized resident. Therefore, Housing Works must continue to oppose New York's 1332 state waiver application as amended because it continues to exclude immigrants.

Housing Works has been a leader in efforts to end HIV and AIDS as an epidemic in New York State and to end HIV equitably. All persons must have access to health coverage. Persons

without health insurance are unlikely to go for an HIV test, even if they're at a high risk for exposure. They are also unlikely to know about preexposure prophylaxis or that they can access effective HIV prevention. Consequently, for too many New Yorkers, 22% statewide and 26% upstate continue to receive an AIDS diagnosis at the same time they first learn that they're HIV positive. And immigrants currently ineligible for health coverage for primary and preventative care are overrepresented in this group.

Isn't that a tragic missed opportunity for the early diagnosis and treatment that sustains optimal health and stops ongoing transmission of the virus by persons unaware of their status? It undermines our ability to end the epidemic for all New Yorkers. To improve opportunities for early diagnosis and advance equitable uptake of PrEP, we must afford immigrants access to health insurance coverage. This is one of the many reasons we support health insurance coverage for every New York resident.

At Housing Works, we provide a full range of integrated medical, behavioral, health, housing, and support services for over 15,000, low income, New Yorkers annually. But the focus is on the most underserved, those facing the challenges of homelessness, HIV, behavioral health issues, other chronic conditions, incarceration, and most recently, new immigrants displaced from their homes due to violence or other crisis who seek safety and better life in the United States. We are pleased to operate a hotel for newly arrived immigrant families that currently house over 300 individuals over half of whom are children. I can tell you that each household we serve is eager to work and has the same hopes and dreams as every wave of immigrants to the city.

We are particularly dismayed that the State's amended waiver application continues to ignore the thousands of public comments submitted to the State calling for the application to include immigrants. We know, and are pleased to see, that the State did heed comments for call for elimination of the originally proposed $15 per member per month premium for new enrollees with incomes between 200 and 250% of the federal poverty level. Such premiums can lead the coverage gaps, medical debt, and fiscal uncertainty, and its elimination will support continuity of care.

New York's amended waiver submission still fails to expand coverage to immigrants. The state's revised estimate in the November amendment shows that there'll be a $7.8 billion surplus generated in the 1332 waiver passthrough account over the 5 year waiver period, substantially higher than earlier projections. Yet the State does not propose to use any of the surplus to expand coverage to uninsured immigrants. Rather than heed the community's clear call for the urgently needed and cost effective expansion of coverage for immigrants, the State continues to propose spending over $5.8 billion in industry giveaways for long term coverage and other funding for hospitals. That was not asked for by the public and has added an additional $297 million windfall to the insurance industry through the Insurer Reimbursement Implementation Plan, designed to offset any loss of premiums as New Yorkers with incomes between 200-250% of the FPL move from individual market Qualified Health Plans to Essential Plans.

And New York State policy makers must revise the waiver to use part of the $7.8 billion surplus to cover immigrants. Government officials should ensure that the 1332 waiver keeps to its intended purpose, which is to innovatively, expand affordable coverage for people not just funnel funding to the State's healthcare industry.

Providing health insurance for immigrant communities, including hundreds of thousands of essential workers who kept our state functioning during the 3 year pandemic is both morally and fiscally responsible. Expanding coverage for New Yorkers through the 1332 waiver would avoid $500 million in annual emergency Medicaid costs incurred when uninsured immigrants, patients, seek emergency care at hospitals. It would also shore up the healthcare safety net by increasing revenues to healthcare providers at Federally Qualified Health Centers to Essential Plan rates reduce the amount of sliding scale or uncompensated care provided.

The State's November proposal to exclude New York residents that have Deferred Action for Childhood Arrivals, DACA or dreamers immigration status, from the 1332 waiver program until proposed federal regulations are adopted is particularly illogical. New York already provides 100 state-only funded comprehensive Medicaid to DACA recipients with income's below 138% FPL. Including DACA recipients would save New York State this state-only allocation and provides coverage the DACA immigrants up to 250%.

Most importantly, however, we are all safer in the face of a global public health threats when everyone has access to quality primary and preventative healthcare. Including immigrants in New York State's 1332 waiver, just like Colorado and Washington states have done, it's economically sensible. It's the right thing to do. It's essential to equitably ending our New York State HIV epidemic. We hope that New York state will advance 1332 waiver proposals that extends Essential Plan health coverage to marginalized immigrant New Yorkers. Thank you.

Danielle Holahan: Thank you. Thank you, Valerie for your comments and for being here today. We appreciate that. I think there's one person who hasn't spoken. Jessica Graham, if you're on, we're going to turn to you next. Otherwise, I think we'll open it up to anybody who didn't pre-register.

Jessica Graham: Hi, yeah, I'm sorry. I just managed to hop on, so I missed the whole rest of the presentation. I'll pass on my opportunity to make a comment because I unfortunately didn't get a chance to see everything that came prior, but I appreciate you giving me the opportunity.

Danielle Holahan: Well, thank you for being here today and we'll just remind everybody that there is the opportunity to submit written comments. And we'll do this at the end; we'll show the email address on the screen. So, I think at this time, we'll ask if there's anyone else on the line, who wanted to provide a comment today. Go ahead and let us know in the chat so we can unmute you. And then maybe Georgia, while we're doing that, you can go to the last slide which has the email address and the date.

So, the federal comment period is open through December 2nd, and written comments can be sent to this address, the stateinnovationwaivers@cms.gov.

So, with that, we'll just ask again, if anybody else wishes to speak, just let us know in the chat and we can unmute your line we'll give it another minute.

If there is not another commenter or any additional questions, we're going to thank you all for joining us today, and for your work with us as we pursue this waiver opportunity. So, thank you for your time today and for your ongoing commitment to these issues. We look forward to continuing to work with you.

Thank you we'll talk soon.