

**NY State of Health**  
**Comments on 87 FR 74097: Request for Information; Essential Health Benefits**

NY State of Health, the State’s Official Health Plan Marketplace submits the following comments as a response to the questions posed in the Request for Information; Essential Health Benefits (file code CMS-9898-NC).

II. Solicitation of Public Comment

*2. Changes in Medical Evidence and Scientific Advancement*

- **Question:** How might Essential Health Benefits (“EHB”) adapt to address pressing public health emergency issues more quickly, including the opioid and overdose epidemic; and maternal mortality rates, particularly among underserved populations?

*Response:* New York supports creating a federal emergency fund to allow for state flexibility to alter EHB outside of the EHB-benchmark plan selection process in response to pressing state-specific public health emergency issues without triggering the ACA provision requiring states to defray any additional premium costs associated with the new mandated benefits. For example, in response to the water crisis in Michigan, the state could have altered EHB to include the treatment of related medical conditions for residents to be guaranteed necessary care.

- **Question:** How should the EHB advance health equity by taking into consideration economic, social, racial, or ethnic factors relevant to healthcare access?

*Response:* Recognizing that whole-person care involves much more than just physical aspects of care, the EHB could advance health equity by adding a benefit that encompasses social services.

New York supports considering non-traditional treatment options, such as acupuncture or professional doula care for pregnant women, which have proven medical benefits. For example, a recent study looked at the impact of doula care on maternal health outcomes and whether women gain differential benefits depending on race/ ethnicity. The study found that the use of doulas improves maternal health, particularly among socioeconomically vulnerable and marginalized minority populations.<sup>1</sup> Doula care, like other non-traditional treatment options, are more commonly utilized by communities of color and can help to mitigate longstanding medical mistrust. While the evidence-base is improving, it is important to note that

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<sup>1</sup> See April M. Falconi, Samantha G. Bromfield, Trúc Tang, Demetria Malloy, Denae Blanco, Susan Disciglio & Winnie Chi, *Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching*, 50 *ECLINICALMEDICINE*, [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(22\)00261-9/fulltext#seccesectitle0018](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext#seccesectitle0018).

clinical studies regarding these treatment options are limited, and when they do exist, they often do not reflect a diverse population.

- **Question:** How could EHB address nutrition-related health conditions? How has medical evidence regarding those conditions changed since 2014? How can EHB better improve nutrition-related health outcomes for populations who are most likely to benefit, such as people with diabetes?

*Response:* Evidence increasingly shows that addressing food insecurity, or increasing access to healthy and affordable foods, directly improves nutrition-related health conditions including cardiovascular diseases, overweight and obesity, Type 2 diabetes, bone health, and certain types of cancer.<sup>2</sup> Beyond providing access to healthy foods, the provision of other nutrition supports, such as nutrition education or nutrition counseling is critical to supporting behavior modification and improved health outcomes.

New York supports changes to the EHB that seek to integrate nutrition and health, especially for individuals with chronic conditions.

- **Question:** What strategies are issuers and plan sponsors using to improve nutritional-related health outcomes for enrollees and what could they implement? To what extent have issuers and plan sponsors designed their own strategies as compared to relying on existing models?

*Response:* In New York, several issuers/plan sponsors are participating in nutritional-related efforts to improve health outcomes for enrollees. Many programs work to directly provide healthy and nutritious foods to plan members, such as covering medically-tailored meals or medically-tailored groceries, connecting individuals with food banks, or offering coupons for healthy or nutritious foods at the farmer's market. Some plans also engage in nutrition education or counseling by employing peer advocates, community health workers, or counselors.

In our experience, issuers either provide these services in-house or contract with community-based organizations working in these areas to coordinate services.

- **Question:** How have scientific advancements and new delivery mechanisms impacted the content of nutrition-related care, provider delivery, access to care, and how plan sponsors and issuers manage it?

*Response:* Recent studies have demonstrated the value of real-time engagement for motivation, program adherence, and improved health outcomes, such as with

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<sup>2</sup> See *Access to Foods That Support Healthy Dietary Patterns*, OFF. OF DISEASE PREVENTION AND HEALTH PROMOTION, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-foods-support-healthy-dietary-patterns> (last visited Jan. 1, 2023).

medication adherence mobile applications. In New York, we have seen improved health outcomes for nutrition-related care in programs that use interactive methods, such as phone calls, chats, or texts, to promote accountability for nutrition counseling and advocacy. This methodology is well supported by the literature and should be considered a covered benefit.<sup>3</sup>

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<sup>3</sup> See Onikia N. Brown, Lauren E. O'Connor & Dennis A. Savainano, *Mobile MyPlate: a pilot study using text messaging to provide nutrition education and promote better dietary choices in college students*, 62 J. AM. COLL. HEALTH 320 (2014); see also Jamie B. Griffin, Barb Struempfer, Katie Funderburk, Sondra M. Parmer, Cecilia Tran & Danielle D. Wadsworth, *My Quest, an Intervention Using Text Messaging to Improve Dietary and Physical Activity Behaviors and Promote Weight Loss in Low-Income Women*, 50 J. NUTR. EDUC. BEHAV 11 (2018).