

**New York 1332 Waiver Application Term Alignment Request**  
**Public Hearing**  
**December 2024 hearings**

*The following is a transcription of the Public Hearings held by the New York State of Health in December 2024 about New York's Section 1332 Waiver and proposed term alignment request. The transcribed presentation and comments were lightly edited for readability.*

(0:00) Georgia Wohnsen: Good morning and thank you all for joining us at our third and final public hearing on New York States Section 1332 Waiver Term Alignment Request. Here's a brief overview of our agenda for today. As far as hearing logistics, today's webinar, this public hearing is intended to solicit comments on the requested change to set the term of the approved Section 1332 State Innovation Waiver to be in effect for a full five-year term from the implementation date of January 1, 2025, through December 31, 2029. We'll provide you with an overview of New York's 1332 Waiver, and then an update on this current request and then we'll open up the line for public comments.

If you've registered prior, we will call on you in the order that you registered. Otherwise, please do feel free to add your name to the Q and A, and we will provide you time to provide your public comment. Additionally, if you'd like the closed captioning feature enabled for today's webinar, you can do so by clicking the CC icon in the lower left-hand corner of your screen.

With that, I'll turn it over to Danielle Holahan for the overview.

(1:30) Danielle Holahan: Thanks Georgia. Good morning and thank you for joining us today for this public hearing. We're going to do a few things. We're going to provide an overview and refresher on state innovation waivers and the guardrails. Then an overview of what we have accomplished to date as far as the original waiver and the amendment, review the key policies and then some of the impacts thus far, spend a few minutes talking about the specifics on the most recent implementation activities, and then I'm going to pass it to Sonia to walk through the current request.

(2:05) So if you could turn to the next slide, Georgia, this is just a reminder of what 1332 State innovation waivers are. As a reminder, this is a provision of the Federal Affordable Care Act (ACA) that allows states to waive provisions of the ACA for an up to five-year term to pursue innovative strategies to provide their residents with access to high quality affordable health insurance while retaining the basic protections of the ACA.

1332 waivers are approved by both the Departments of Health and Human Services and by the Treasury, and they must comply with four statutory guardrails. So, these are listed here on the page. The first, importantly, we need to demonstrate that through this waiver, we're providing coverage to at least a comparable number of residents as we would have absent the waiver. The coverage must be at least as comprehensive as absent waiver, and at least as affordable for consumers as absent the waiver. And then finally the 4th guardrail requires that under the waiver we are not to increase the federal deficit.

(3:10) As part of these waivers, what we are also asking is that we convert what would otherwise come to the state in the form of federal premium tax credits into pass through funding that support the activities of the waiver. So that's just a very high-level overview of 1332 waivers.

(3:31) If we can move to the next slide, I'll walk through New York's timeline. So, we first received approval for our original 1332 waiver on March 1 of 2024 with an effective term of April 1, 2024, through the end of December 2028. We submitted a waiver amendment in June and received approval late September of 2024. I'll walk through some of the details of what was in the amendment. Importantly, the amended waiver term was approved for the period January 1, 2025, through the same end date December 31, 2028.

(4:14) There are four key policies in our waiver, both the original and the amended waiver that I'll walk through here. The first thing we did with the waiver was we transitioned the authority for New York's essential plan, which had been previously operating under the ACA's basic health program to Section 1332 of the ACA under the waiver. So that was the first key step. Moving it into this waiver authority had allowed us to take the next several steps. The first one being expanding the income eligibility level, up to 250 % of poverty, and that, and then we also included the deferred action for childhood arrival population. And finally allowed pregnant individuals to remain enrolled in the Essential Plan for the duration of their pregnancy and their twelve-month postpartum period; under the Basic Health Program rules we had to move consumers when they became pregnant into Medicaid.

(5:13) But this flexibility allowed under the innovation waiver allows us to do many things including changing the eligibility level and some of these other important changes. The third key policy with our waiver is what we describe as the insurer reimbursement implementation plan or IRIP, which we are doing to allow us to prevent premium increases in the individual market for the impact of moving consumers out of the individual qualified health plan market at this income level between 200 and 250% of poverty. We moved them out of the QHP market into the Essential Plan market and otherwise would have seen an increase in premiums in the individual market. So, the IRIP offsets those impacts and makes the issuers whole for the impact while not seeing any premium increase in the individual market. So that was the third key policy.

(6:09) And then finally with the amendment, we, we received permission to use pass through funding to subsidize qualified health plan enrollees in the form of cost sharing reduction subsidies. So that is what's being implemented now, and I'll walk through in a little bit more detail on the next slide.

The final point I want to make on this slide, is that the waiver amendment application that we submitted in June and was approved at the end of September included tremendous detail on the elements of the amended waiver. A detailed actuarial and economic analysis and responses to all of the comments we received through the public hearing process that we did associated with the amendment. So all of that was part of the amendment application. Okay, we can move to the next slide.

(7:00) This slide is just walking through some of the key impacts we've seen of the waiver to date. Upon receipt of the original waiver approval in March of 2024, we immediately notified consumers of their new eligibility for the Essential Plan, so that new eligibility tier between 250% of poverty. We notified them that they are now eligible for premium-free coverage through the Essential Plan and we auto enrolled them into plans starting April 1, of 2024. We have now, as of the end of October of 2024, over 270,000 consumers at this income level, this new eligibility level between 200 and 250%. This includes 78,000 individuals who I just mentioned we were able to seamlessly move out of the QHP market into the Essential Plans. Saving them on average annually \$6100.

(7:56) And then we've also seen since April, 192,000 individuals enrolled at this new tier, and this, this enrollment has been faster than what we had originally anticipated, but it's great that these consumers are availing themselves of this coverage. So that's the, that's the makeup of the 270,000 individuals enrolled at this new tier.

And then finally, we are on track implementing all of the cost sharing subsidies for the qualified health plan enrollees that will be effective January 1 of 2025. Again, that was the piece that was just approved in our amendment, and we'll walk through on the next slide, the details of those cost sharing subsidies. (There we go.)

(8:45) So last year's budget, the state Fiscal year 25 enacted budget allowed the Commissioner of Health, the authority to provide premium or cost sharing subsidies to improve the affordability of consumers in the qualified health plan market. This was a new form of subsidy. Again, the first thing we did was lift the eligibility level, and with this new authority, this allowed us to pursue the amendment seeking to add these cost sharing reduction subsidies for our consumers in the qualified health plan market. So, we submitted this waiver amendment on June 28, of 2024 asking permission to use pass through funding for these cost sharing reductions limiting consumers out of pocket costs.

We received approval September 25th and the cost sharing reductions come in three forms. The first is income related, so we're extending eligibility for cost sharing reductions. We are calling these silver supreme and silver enhanced for consumers with incomes up to 400% of poverty. These are sizable reductions in consumers' out-of-pocket costs. So that's the first one. And then the next two relate to particular conditions: for consumers in the qualified health plan market with diabetes, we are eliminating cost sharing for services supplies, prescription drugs, pretty much everything other than hospitalization for our qualified health plan population with diabetes. And then similarly for the qualified health plan population who are pregnant or postpartum, we have gone ahead and eliminated, other than hospitalization, all remaining cost sharing for consumers who are pregnant or in their twelve-month postpartum period. So that's what the amendment allowed us to do - those three forms of cost sharing reductions for the QHP population.

(10:34) We estimate that nearly 118,000 consumers will benefit from these cost sharing subsidies and that that will result in an annual savings of \$307,000,000 in 2025 or \$1.3 billion over the 2025 to 2028 period. So again, we're on track implementing these now. Open enrollment is underway and we're enrolling eligible consumers into these cost sharing reductions now. So those are the highlights I wanted to walk through. I'm going to turn it to Sonia who's going to walk through the current request.

(11:07) Sonia Sekhar: Thanks Danielle, and good morning, everyone. Next slide. Thanks. So, in this request, New York is seeking approval to set the term of the approved section 1332 State Innovation Waiver in alignment with the amendment that was approved on September 25, 2024. So specifically, we are requesting approval for the waiver amendment to be in effect for a full five-year term as permitted by the rules from the implementation date of January 1, 2025, through December 31, of 2029, instead of December 31 of 2028. So, this waiver term request does not seek to waive any additional provisions of the affordable Care Act beyond what we already requested. It doesn't change the approved waiver design, nor does it impact New York's compliance with the 1332 waiver guardrails.

(12:15) The 3rd, the 2029 impacts that are highlighted here are exactly identical to what was submitted in June as part of our waiver amendment. The main difference that will flag here is that we've added

one additional year, year 2034 to this Table as required by 1332 waiver roles, we are including a ten-year budget here. Next slide. So, it won't I won't review every milestone on this on this slide, but this chronicles are 1332 waiver journey.

The purple triangles indicate what the steps we took associated with our original waiver application and the yellow triangles indicate steps as part of our amendment application. This started back in February 2023 with our first review of the application and the several public comment periods and updates that we made along the way there. And subsequently our most recent waiver amendment, we held a public comment period back in June followed by the federal public comment period and now we're highlighting that. In December we are having three public hearings including this one as part of the request to align the term. So go to the next slide.

(13:52) So here are the key dates as part of this request. So, we posted the draft request on November 27th and simultaneously we opened a public comment period. We held our first public hearing on Monday, another one yesterday on December 3<sup>rd</sup>, and today's our final public hearing. The public comment period will close on Friday, and we intend to submit this request next week on Monday. So, with that I will pass it back to Georgia.

(14:40) Georgia Wohnsen: Okay, thank you. So, we have now finished the presentation and can open our public comment session. Looks like we have Jim on the line ready to provide a public comment and so I am going to go ahead and unmute Jim.

Alright Jim, you should be unmuted now.

Jim Bracchitta: Thank you. So good morning, thank you for the opportunity to comment. My name is Jim Bracchitta I'm the associate Director of Health Services at the Entertainment Community Fund. The Entertainment Community Fund, which for almost a hundred years was known as the Actor's Fund is a national social service agency which provides a whole host of safety net services to the entertainment community and the team I work on provides health insurance counseling and navigation services to help people find and afford health insurance on the New York State of Health Marketplace. And I'm here this morning to voice our support, and we're also part of the HCFANY Coalition of the Healthcare For All New York Coalition, for the waiver draft Amendment that was just presented, which will ensure that the state of New York's 1332 waiver will run for a full five year term from the implementation date of January 1, 2025, all the way through the end of 2029. New York and New Yorkers need this waiver. In particular, the industry I work in and work for the entertainment industry, which generates upwards of \$18 billion in wages and more than \$81 billion in economic activity for the state of New York needs this waiver. The waiver provides budgetary certainty to New York as well as to the thousands of New Yorkers who benefit from it. But critically to our community, the waiver has provided for the expansion of the Essential Plan and the institution of additional cost sharing reductions for the silver plans that that Danielle just outlined and I don't think I can overstate how important these two things have been especially the expansion of the Essential Plan to the people we serve. These are workers who work in sporadic employment for multiple employers with wildly fluctuating incomes and they are constantly cycling in and out of health insurance. Musicians, writers, actors, stage hands, camera operators, electricians, caterers, hair and makeup people, agents, even producers. We help all these folks and we see them cycle in and out of their health insurance constantly. This is an industry that's faced serious headwinds the last few years of pandemic shut down, two devastating strikes and still bouncing back from all of it. You know, even the most high profile people in the industry face the unpredictability of

and therefore the uncertainty of having and keeping themselves and their families covered by health insurance. Providing this kind of affordable access to primary care and specialist care and medication to people with incomes up to 250 % of the federal poverty level has been a true game changer, even a lifesaver for us.

I, you know, I won't go over my 5 min, but I'll tell a quick story, we had a guy a couple of months ago, television actor on hard times. He was facing addiction issues. He was working with one of the social workers here on his recovery. We got him into stable affordable housing in the Bronx. One late afternoon he was mugged. He had NO health insurance. The person who attacked him broke his knee somehow, and he called the social worker here, the social worker put him in touch with me, got on the phone, he added me as the application counselor on his new York City of health account and he wasn't working on the TV show anymore, so his income had plummeted to somewhere in the 25 to \$35,000 range.

Ran the application on the New York State of Health. He got on the Essential Plan. The coverage backdated to the first of the month in that we were applying - another amazing feature of the essential plan. So he was already covered, got himself to a hospital, got treatment, a week later he had surgery, and two weeks after that, he showed up at our office, he asked for me, nobody ever visits me in my office, but he asked for me at the reception desk. And when I came out to the lobby I never met this guy I had only talked to him on the phone. There was this giant guy with a giant knee brace, and he came over to me and he hugged me and he started crying in the lobby of the building the elevators, you know.

So, I guess I guess the point is, you know, these are real people with real stories facing real crises and this is helping and the need isn't going away. It's not going away in a year or two years or even five years. But at least let's keep it around for five years or as long as we can.

I have a client base of about, I don't know, a thousand to 1,500 people, more than half are on the essential plan or one of the new enhanced silver plans. They rely on this support to stay healthy and keep their families covered and bridge the gaps between what they have now and the next time they qualify for employers. So whatever we can do to support the waiver we will, whatever we can do to provide a leg up or a boost to New York State of Health and the great staff, we will. We're committed to strengthening public health, we're committed to the people we serve and we're honored to help in and thanks for thanks for hearing me out. Sorry about the glitch in the beginning.

Danielle Holahan. No worries. It was worth the wait. That was fantastic. Thank you for your comments and sharing that story. It really is helpful to put a human face on all this, so thank you. We really appreciate it.

Georgia, do you want to put up the next slide just to remind folks, if you would like to provide a comment, if you could just let us know the way Jim did in the Q and A, we promise it'll be smoother to get you unmuted.

You're welcome to provide a verbal comment today and then what's shown on the screen now is how we're receiving written comments. And I'll just talk through this while we wait for anyone else to put a comment in the Q and A. We're accepting comments through email at the email address on the page [NYSOH.Team@health.ny.gov](mailto:NYSOH.Team@health.ny.gov) through Friday December 6<sup>th</sup>. And then we're also accepting comments by mail, again, need to be post marked by December 6<sup>th</sup> which is the end of the public comment period, to

the address on the page. We thank you for joining us today and sharing allowing us to share these updates. If you would like to provide a comment now we're going to give it another minute. But if you would like to share it in writing you can do it by email or paper mail as well. So thank you again.

At this time I see Mia Wagner would like to provide a comment and I'll go ahead and unmute Mia's lines unless there's anything else Danielle you wanted to say?

No, please go ahead, Mia, whenever you're ready.

Okay, Mia.

Mia Wagner: Can you hear me ok? Yeah. Okay perfect. Hi, thank you for the opportunity to comment. My name's Mia Wagner. I'm Senior health policy analyst with the Community Service Society of New York. CSS has worked within four New Yorkers since 1843 to promote economic opportunity and champion and equitable state. Our health initiatives department and its extraordinary network of community-based partners throughout the state have the honor of helping over 130,000 consumers enroll in and use health insurance saving them over \$80 million dollars a year. CSS clients have already seen the benefit of the waiver amendments submitted in April as advocates help clients enroll in supreme silver supreme plans where the CSR subsidies allow consumers to afford their health insurance. We also support the expanded eligibility of essential plan of the Essential Plan to consumers up to 250 % of poverty including, the DACA recipients, and allowing pregnant consumers to remain in the essential plan. CSS strongly supports the state request state's request for the waiver amendment to be in effect for the full five-year term from the implementation date of January 1, 2025 through the end of 2029. You can refer to our written comments for more details. Thank you again.

Thank you, Mia. We appreciate that. We're going to give it a minute for others if you want to indicate your interest in providing a verbal comment in the Q and A like Mia did.

---

So final, final pause for anyone who wants to provide a verbal comment today, but we know that time was short for your ability to do that. So written comments are of course welcome as well and given you know all that's underway, we would just also indicate that early comments are appreciated if at all possible, but of course, take up until December 6<sup>th</sup> to submit us any comments that you would like either by email or in snail mail at the address posted on the screen. So, I think those were the points that we wanted to cover with folks today. So we'll just thank you, again on limited time for joining us today, letting us share some of the updates on the waiver and providing an overview of what we're seeking to do aligning the term of the waiver with our most recent amendment request. So thanks for joining us today. We'll give you some time back in your afternoon. Take care.