

**New York Draft 1332 Waiver Application
Public Hearing
February 22, 2023 at 1:00 PM**

The following is a transcription of the Public Hearing held by the New York State of Health on February 22, 2023 about New York's Draft Section 1332 Waiver. The transcribed presentation and comments were lightly edited for readability.

Danielle Holahan: Good afternoon, everyone. My name is Danielle Holahan, and I am the Executive Director of New York State of Health Marketplace. I'm joined by my colleague, Sonia Sekhar, Deputy Director of New York State of Health. Thank you all for joining us today to discuss the draft Section 1332 State Innovation Waiver to expand the Essential Plan. We appreciate the interest in this topic, and we are very eager to hear your comments and your questions.

As you know, last year's budget included the authority for the Commissioner to seek a Section 1332 State Innovation Waiver. Since then, we have been working on our waiver approach and analysis with the support of our actuaries at Deloitte and with external subject matter experts from the Urban Institute and Manatt Health Solutions. And we have been in discussion with the Centers for Medicare and Medicaid Services on our approach.

So, what was posted on the New York State of Health website on February 9th is a Draft Waiver Application and Draft Actuarial Analysis, which we will walk through at a high level today. We have the opportunity to take public comments both at these hearings today and tomorrow, and in writing through the New York State of Health website at <https://info.nystateofhealth.ny.gov/1332>. We'll be accepting public comments through March 11th. We intend to review all of the comments received both today, tomorrow, and in writing to discuss internally and submit an updated Waiver Application to CMS and Treasury. Our goal is to receive CMS approval by the end of August so that we can implement this expansion for January of 2024.

Thank you again for joining today, and I'm going to turn it to my colleague Georgia Wohnsen in the Office of Health Insurance Programs to run through a few logistics.

Georgia Wohnsen: Afternoon everyone. Today's webinar has ASL interpreters available as you can see on the screen. We have Arthur and Jessica joining us today who will be offering ASL interpretation throughout the duration of the webinar. This webinar also offers a closed caption feature for those interested. You can enable close captions by selecting the CC icon in the lower lefthand corner of your screen.

We are also working to have an interpreter with us today. We are having a bit of a technical difficulty trying to get them to join, but hopefully they can join us soon. And if you would prefer the webinar to be interpreted into Spanish language, we are offering

a Spanish language channel and you can enable that using the little globe icon in the lower lefthand corner. And with that, I will turn it back to the agenda.

Danielle Holahan: I'll run through the agenda and then we'll get started.

First, we're going to begin with Sonia giving us an overview about the public hearing and the instructions for comments. And we'll go over those again before we open for comments. I'll take a few minutes to describe the Section 1332 Waiver. Sonia will walk through the New York Draft 1332 Waiver. We'll open it for public comment and questions. And then we will end with some closing remarks. So, let me pass it to Sonia.

Next slide.

Sonia Sekhar: In compliance with social distancing guidelines due to COVID-19 and in alignment with the approved exceptions to satisfy public hearing requirements, we are holding two virtual public hearings. The purpose of the hearings are to solicit comments on our Section 1332 Draft Waiver Application.

We'll make available on our website, which is linked here, a recording and transcript of the public hearings within 5 to 7 days of the hearings. And we will also provide language translation upon request. You may also submit comments online on our website or by mail through March 11th. The State will consider all comments we receive before submitting the Final 1332 Waiver Application to both the U.S. Department of Health and Human Services and Treasury.

If you can move to the next slide—we're going to talk about our Section 1332 Waiver.

If you want to provide a comment, you can use the Q&A function. If you want to ask a question, you can use the Q&A function. After the presentation, we will make the line available for public comments. During registration, you were asked to indicate whether you wish to provide a comment. So, we'll start with the registered commentors. And when your name is called, we'll unmute your line to provide your verbal public comment. We'll limit commentors to five minutes to ensure everyone has an opportunity to comment. But if we have time at the end, we will allow registered commentors who are not able to finish their remarks to do so, and we will also open the line to others who would like to provide comments. If you did not register, please enter your name and affiliated organization into the Q&A. Thank you.

Danielle Holahan: Great, thank you. Okay, now we're going to go through what is a Section 1332 Waiver.

So, 1332—if you could go to the next slide—is a section of the Affordable Care Act, or the ACA, which permits states to request to waive parts of the Affordable Care Act in order to pursue innovative strategies that would allow the state to provide residents with access to high quality, affordable health insurance while retaining the basic

protections of the Affordable Care Act. So, states interested in pursuing a State Innovation Waiver would submit a 1332 Waiver Application to both the U.S. Department of Health and Human Services and the U.S. Department of Treasury for review and approval. Similar to Medicaid waivers that everyone is familiar with, a Section 1332 Waiver may be authorized for up to five years with options to renew. When you seek a 1332 Waiver, you may request to redirect Federal savings to the State to administer the program.

And when we talk about the savings, this is really redirected Federal funding that comes to the State today. And in our case, Federal funding that supports both Federal tax credits for the purchase of Qualified Health Plans, and the funding that comes in to support our Basic Health Program, or New York's Essential Plan. So, through the waiver, we will ask the Federal government to redirect those two funding streams and convert it into what we will call "passthrough funding." You'll hear us use that term a lot. We'll seek to redirect those two funding streams as passthrough funding to administer this waiver program.

Sonia will walk through that in a bit more detail but wanted to make sure we're clear on what we meant when we said passthrough funding.

To date, 17 states have already received approval for 1332 Waivers. We list them here on the slide. I will just say that most of the states in the early years of 1332 Waivers received approval to pursue reinsurance programs, but in more recent years states have pursued other types of coverage, expansion, and more innovative coverage expansion similar to what New York is pursuing.

Next slide.

This slide is very important around setting the parameters for 1332 Waivers. There are four guardrails for requirements that must be abided by states in 1332 Waivers. In our application, we need to demonstrate that we meet all four of these guardrails. The first one is comprehensiveness. In the waiver, we need to demonstrate that the waiver would provide coverage to at least as many people and be at least as comprehensive as the without waiver scenario.

So, comprehensiveness is the first, the second is affordability. The waiver must provide protections against excessive out-of-pocket spending, and the coverage that we will be offering through the program must be at least as affordable as it is for consumers absent the waiver.

The third guardrail is coverage. The waiver must offer coverage to at least a comparable number of residents as absent the waiver but ideally, we would be expanding coverage to additional New Yorkers.

And then finally, the waiver must demonstrate that is deficit neutral to the Federal government. And what we mean by that is, asking to redirect Federal spending. We

cannot get more Federal spending than we get today. We need to demonstrate that this will cost the Federal government no more money than it does today to support our programs. So, we believe that we need all four of these guardrails, and we'll walk through that today.

I just want to acknowledge that we now have a Spanish language interpreter on the line, and we're happy that you could join us. Sorry for the technical difficulties.

Here we are back on the slide.

So, the Waiver Application must include the following components: a comprehensive description of the proposed program; evidence of the legislation and authority to implement the program; it must list the provisions of the law that we're seeking to waive and the reasons for waiving them; a draft timeline for implementation; an actuarial and economic analysis, including data and assumptions for the 5 and 10 year projections which demonstrate the compliance for the four statutory guardrails I just walked through; additional information pertinent to the waiver; reporting targets assuming approval of the waiver; and then finally evidence of compliance with the public notice, public comment, and Tribal Consultation. So, that is part of what we're doing today. And I will now turn it to Sonia who's going to walk us through the components of New York's Draft Application.

Sonia Sekhar: Great, thank you Danielle. In these next slides, I'll go through our actual 1332 Waiver Application.

Next slide.

We're building on the extremely successful Essential Plan program, which started with under 400,000 enrollees in its first year, and now exceeds 1.1 million. The goal of the waiver is to expand the Essential Plan so we can further improve affordability for New Yorkers with incomes up to 250 % of the Federal Poverty Level. We believe this waiver will reduce the number of uninsured, low- and moderate-income New Yorkers who do not purchase coverage today due to cost.

By law, the waiver must be deficit neutral to the Federal government as Danielle pointed out, and we will be using the funding that the Federal government would have been spending without the waiver. We have also asked the Federal government for continued access to the Essential Plan Trust Fund.

Next slide.

During last year's budget, the fiscal year 2022 to 2023 that became law, the Department of Health was given authority to apply for a Section 1332 Waiver as well as the expansion up to 250% of poverty, which is covered in this presentation. As required by CMS, we have been meeting and planning for the submission of the Waiver Application since last summer.

This year's proposed budget language more explicitly proposes to change the authority of the Essential Plan from Section 1331 of the Affordable Care Act to Section 1332 of the Affordable Care Act.

Next slide.

I know many of you are probably already familiar with the Essential Plan, but for those of you who aren't, currently, the Essential Plan is health insurance for New York residents aged 19 to 64 with incomes up to 200% of poverty. Essential Plan members have comprehensive coverage, which includes vision and dental, with no premiums, no deductibles, and low cost-sharing. New York's Essential Plan is designated as a Basic Health Program under Section 1331 of the Affordable Care Act, and it provides an alternative to Qualified Health Plan coverage.

And as I mentioned earlier, it has proven a tremendous success in New York with over 1 million enrolled today. And we also think it's played a very key role in cutting our uninsured rate in half from 10 to 5 percent. As a Basic Health Program, New York receives annual Federal funding for the program costs of the Essential Plan, and today, the Essential Plan program costs are fully funded by those Federal payments.

Next slide.

This slide helps illustrate, or establish, the case for why we want to switch the authority for the Essential Plan by showing its Federal funding trajectory. Federal Essential Plan payments are tied to commercial premiums that are rising faster than the Essential Plan program costs. If we switch the authority of the program from the more restrictive Section 1331 of the Affordable Care Act to Section 1332, we are able to use this annual surplus more flexibly, like through this coverage expansion.

Next slide.

This slide shows the existing Essential Plan eligibility levels at the top. So, at all different Essential plan levels, there is no premium, there is no deductible, and for most populations, there's a max out of pocket of \$200. For the highest income, it's \$2,000. And towards the bottom of the slide, we're showing the proposed premiums and cost-sharing for the new Essential Plan level, which we're calling the Essential Plan 200 to 250. So, for adults enrolled in this program, there will be a \$15 monthly premium, no deductible, and a \$2,000 max out of pocket.

Next slide.

The slide covers the impact of the waiver, both on existing consumers and new consumers.

First of all, we want to be very clear that nothing changes for existing Essential Plan members. They will apply for coverage and enroll the same way they do today. We don't anticipate any changes in health insurer participation either.

For new members on Essential Plan, this will be very similar to our original transition to the Essential Plan in 2016. During our annual open enrollment period, we will flip these members who are currently eligible for Advanced Premium Tax Credits to the Essential Plan. The main change is that their health insurance premiums and cost-sharing will be a lot more affordable. While the enhanced Advanced Premium Tax Credit under the American Rescue Plan, and the Inflation Reduction Act, have helped lower premium costs significantly for consumers, there is still significant cost-sharing in these plans.

I've listed here the Silver Plan deductible is about \$1,625. In this income range, the max out of pocket actually exceeds \$9,000. If they enroll in a Bronze Plan, which is extremely popular, the deductible is \$4,700. So based on the actual plans, for individuals who are eligible for the new Essential Plan, we expect that annual savings will be between \$3,400 and \$8,900 with an average of \$4,200.

I wanted to also flag that both current and new Essential Plan members would benefit from enhancements that are being proposed in this year's budget, which include reducing consumer cost-sharing, enhancing access to providers, and also access to social determinants of health and behavioral health and interventions.

Next slide.

So here, we're looking at the impact of the waiver and how many people in particular it will impact. Overall, the waiver will increase total enrollment in the Essential Plan. And by extension, total health insurance coverage, in New York as well. Which, as Danielle mentioned earlier is a critical guardrail for all Section 1332 Waiver Applications.

Under the waiver, we expect about 69,000 consumers within comes above 200% of poverty up to 250% of poverty would otherwise be enrolled in a Qualified Health Plan are expected to enroll in the Essential Plan in 2024. We also expect, because of the enhanced affordability of the Essential Plan, that an additional 20,000 new consumers will come in who would have otherwise been uninsured.

In 2024, overall enrollment in the Essential Plan and the individual market combined is expected to increase under the 1332 Waiver compared to without the waiver. So, it eventually ramps up to a 2% growth by 2028.

Next slide.

So, for the duration of the waiver, we are requesting that our current Basic Health Program under Section 1331 is suspended. And this is primarily technical, so the State is able to expand the Essential Plan to new populations. Again, current Essential Plan members will not experience any changes as a result, as we've mentioned earlier.

In our Waiver Application, we have to say what provisions of the Affordable Care Act that we would like to waive. We are proposing to waive Section 36B of the tax code to allow the state to determine consumers, aged 19 to 64 with incomes up to 250% of poverty eligible for the Essential Plan instead of Qualified Health Plans with Advanced Premium Tax Credits on the marketplace.

Next slide.

As we mentioned earlier, the waiver is required to be deficit neutral by the Federal government. The actuarial analysis attached with the Waiver Application projects the waiver to be deficit neutral while increasing affordability of coverage and expanding coverage to additional New Yorkers.

The State is requesting to use Federal savings from foregone Premium Tax Credits and Federal spending on the current Basic Health Program to fund the Essential Plan under a 1332 Waiver. In other words, we're asking for the Federal funding that would have been spent on the waiver instead.

The State projects that Federal funding will continue to fully fund the Essential Plan with expanded eligibility for all 5 years of the waiver. The State would use any excess funding for program improvements, which include social determinants of health interventions, behavioral health interventions, and further reductions to cost-sharing and expanded access to services. The State is also requesting continued access, as I said before, to the Essential Plan Trust Fund balance.

Next slide.

Here we outline our timeline of the Waiver Application process. We started the public comment period on February 9th. Today is our first public hearing, and we have another one tomorrow. We have a Tribal Consultation on February 28th. Our public comment period ends March 11th. Once we receive comments and are able to incorporate them into our waiver, we have a target submission of April 7th. And we are hoping in order to implement all this in time for open enrollment, that the waiver is approved by August 31st to implement the changes by January 1st.

I'm going to turn it to Danielle.

Danielle Holahan: Thank you Sonia. So, we're going to open it for public comments at this point and also questions. I don't think any questions have come into the chat, but I'll just remind participants if you have a question, the Q&A feature is enabled, and you can enter a question there. And we'll do our best to answer all the questions here today, and if not, we do intend to post a Q&A to our website.

So, with that, I'm going to go back through the instructions for public comments.

When you registered for this hearing, you were asked to indicate whether you were offering a comment today. So, we're going to call upon the registered commenters first. When your name is called, we will unmute your line. And we're asking commenters to limit their remarks to five minutes to ensure everybody has an opportunity to comment.

And as we mentioned at the outset, time permitting, anyone who is unable to complete their remarks in that time, we'll grant you additional time to speak. Then, we intend to open the line for others to provide comments. So, if you did not yet register and indicate that you wanted to provide comment, please go ahead and do that in the Q&A feature with your name and your organization, and we'll call upon you to provide a comment.

So, with that said, I'm going to begin. We have Dr. Anuj Rao first, if you would like to provide your comment, unmute your line and please go ahead.

Dr. Anuj Rao: Good afternoon. My name is Dr. Anuj Rao. I'm an internal medicine resident in Manhattan, and I'm here to provide some testimony on behalf of my union, the Committee of Interns and Residents, which stands united in opposing the 1332 State Waiver Application as it stands now because it excludes immigrants. And we are urging the Department of Health and the Governor to amend the waiver to include all immigrants.

As a doctor, every day I see how harmful and how deadly it can be for my patients who are immigrants who don't have access to health insurance. The State's Waiver Application should use the existing \$9 billion surplus and expected annual surplus in the Federally funded Essential Plan Trust Fund to pay for expanded coverage for immigrant patients rather than excluding them.

I'd like to share; I think it's more powerful to highlight one of the folks I work with. He worked as a delivery driver. He was a primary economic provider for his family. And he worked at the height of the COVID pandemic, like many essential workers, and he put himself and his family at personal risk for the rest of us. Around that time, he noticed spots in his vision, but he put off medical care out of concern of high cost and, at the time, fear of deportation. I met him a couple of months ago when he could no longer feel safe driving on the road because of these spots. It turned out he had diabetic retinopathy. It's a complication of longstanding diabetes. It's a preventable complication. Having access would have helped him receive care and potentially saved his vision, and he could still be providing for his family today.

I feel it's really immoral that a health care system forces so many of these patients, you know historically marginalized, under-resourced, poor folks into emergencies before they can get care. And as a physician, it really feels, it's agonizing that we feel powerless to help them because they don't have access. We bear witness to this trauma daily.

If the state really wants to address, on another note, the burnout faced by health care workers across the state, particularly from the pandemic, the Governor and the Department of Health can take a real step here and help our patients and the folks that we serve every day live healthier lives, instead of jeopardizing them. Ensuring that these patients have access to coverage is a bare minimum to support their health. And as a result, our wellbeing is us being able to do our job. As healthcare workers, we believe this is a human right.

The other story I want to highlight, I wish it was something rare, but it's something me and my colleagues see all the time. Another story, a young woman in her forties was diagnosed with cervical cancer that was metastatic. And at that point, not curable. We have pap smears. This was unacceptable. It was a tragedy.

And passing a waiver without supporting these folks, I think, it's a failure. By amending this waiver to include immigrants, the State has the power to save lives. It would also help avoid \$500 million in annual Emergency Medicaid costs when many of these folks visit the emergency department when they're too sick and they have no other options when they don't have access to primary care.

I want to thank you both and everyone here today for giving me the opportunity to speak on behalf of myself, my fellow union members, residents, and fellows in New York City and state, and of course the many patients I work with. I'm here to advocate for those folks and again, my, our position is in opposition of the waiver as it stands.

I urge the Department of Health and the Governor to do the right thing and include immigrants in the waiver. Thank you.

Danielle Holahan: Thank you very much for your comment, Dr. Rao. I'm going to turn it next to Dr. Colleen Achong.

If Dr. Achong is on the line, if you could put a note in the Q&A because I see a couple of numbers not associated with a name, and it could be one of those, so we can always circle back.

Okay, I'm going to ask Gustavo if you're on. We're going to turn to you next, and we'll unmute your line so that you can provide the comment. Thank you. And we also need to unmute Arline Cruz Escobar for translation.

Okay, both have been unmuted.

Gustavo is going to speak in Spanish, thank you. Please, go ahead.

Gustavo Rosendo: Buenas Tardes, mi nombre es Gustavo Rosendo y soy un miembro de Se Hace Camino Nuevo York. Soy un inmigrante de México. He estado en este país por 20 años y actualmente vivo en Queens. Hay un dicho que dice "Si has estado en Nueva York por más de 10 años, eres un NeoYorquino". Yo me siento

como un NeoYorquino. He pasado muchos años aquí, trabajando duro para poder mantenerme. Pero para el estado de Nueva York, no soy un Neoyorquino porque soy inmigrante. Al ser inmigrante, no tengo los mismos beneficios que otros Neoyorquinos.

Durante la pandemia yo trabajé en un diner. Los dueños tuvieron que recortar personal porque las cosas se habían puesto difíciles. Al cortar personal, les dieron más responsabilidades a los que seguían trabajando ahí, como yo. Antes de la pandemia yo era un dishwasher, durante y después de la pandemia yo me volví un dishwasher, un preparador, un cocinero, un mil utils, pero me siguieron pagando lo mismo. Mientras muchas personas estuvieron aisladas en sus casas para poder cuidarse contra el coronavirus, yo tuve que trabajar porque no pude calificar por un seguro de desempleo debido a mi estatus migratorio.

Un día en el trabajo, estaba subiendo una caja de papas para limpiarlas, pero me caí de espaldas y la caja de papas se cayeron encima de mí. Sentí un dolor inmenso y pedí ayuda, pero no había nadie que me ayudara. Entonces, me tocó levantarme y buscar al jefe. Le expliqué al jefe lo que me pasó, pero él me dijo que seguiré trabajando.

Tuve que terminar mi día, y después llame al 911 para que me ayudaran. Incluso, mi jefe se enojó de que hice esto. Llegó una ambulancia y me llevó al hospital. Ahora estoy demandando a mi trabajo por negligencia. A través de esta demanda estoy recibiendo ayuda para mis gastos médicos, ya que de otra manera yo no podría calificar por servicios de especialistas por falta de un seguro médico. Pero esto no cubre servicios preventivos o de primaria, entonces todavía estoy en la misma necesidad para cuidar de mi salud.

Esto no es justo. Todos deberíamos tener acceso a un plan de seguro médico independiente de nuestro estatus migratorio. Si no hubiera demandado mi trabajo las cosas serían muy diferentes para mí. Como yo hay muchas personas que sufren por no tener acceso a un seguro médico. Entonces estoy aquí hoy, diciéndoles que estoy en contra de la extensión 1332 como está ahora por el hecho de que excluye a los inmigrantes de la propuesta. El año pasado la Gobernadora prometió que iba a incluir migrantes en la propuesta, pero ahora está retrocediendo esta promesa. Quiere decir que ella prometió que personas como yo podía por fin tener acceso a un seguro médico pero ahora nos está diciendo que ya no sin ninguna explicación. Eso no es justo. Es importante que el estado revise la propuesta para incluir a todos los migrantes como yo, sin importar nuestro estatus migratorio. Gracias.

Arline Cruz Escobar: I can interpret for Gustavo, if that's okay.

Hello and good afternoon. My name is Gustavo Rosendo, and I am a member of Make the Road New York. I am an immigrant from Mexico. I have been in this country for 20 years and currently live in Queens. There is a saying that goes "If you have been in New York for more than 10 years, you are a New Yorker". I feel like a New Yorker. I have spent many years here, working hard to support myself. But to the state of New

York, I am not a New Yorker because I am an immigrant. As an immigrant, I don't have the same benefits as other New Yorkers.

During the pandemic I worked in a diner. The owners had to cut staff because things had gotten tough. By cutting staff, they gave more responsibilities to those who were still working there, like me. Before the pandemic I was a dishwasher, during and after the pandemic I became a dishwasher, a preparer, a cook, somebody that does all kinds of jobs, but they kept paying me the same. While many people were isolating at home to take care of themselves against the coronavirus, I had to work because I couldn't qualify for unemployment insurance due to my immigration status. One day at work, I was lifting a box of potatoes to clean them, but I fell backwards, and the box of potatoes fell on top of me. I felt immense pain and asked for help, but there was no one to help me. So, I had to get up and look for the boss. I explained to the boss what happened to me, but he told me to continue working.

I had to finish my work shift. Once over I called 911 for help. My boss got mad that I called for help. An ambulance arrived and took me to the hospital. Now I'm suing my job for negligence. Through this lawsuit I am receiving help for my medical expenses, since otherwise I would not be able to qualify for specialist services due to lack of health insurance. But this does not cover preventive or primary services, so I still have the same need to take care of my health.

This is not fair. We should all have access to a health insurance plan regardless of our immigration status. If I hadn't sued my job things would be very different for me. Like me, there are many people who suffer from not having access to health insurance. So, I'm here today, telling you that I'm against the 1332 waiver as it stands now because it excludes immigrants from the bill. Last year the Governor promised that she would include migrants in the proposal, but now she is going back on that promise. She promised that people like me could finally have access to health insurance but now she is telling us no more without an explanation. That is not fair. It is important that the state revise the proposal to include all migrants like me, regardless of our immigration status. Thank you.

Danielle Holahan: Thank you very much for the comment and thank you for the interpretation. Okay, I'm going to go to Dr. Achong. Okay. Dr. Achong. we're going to go to you next. We'll unmute your line and then ask you to provide your comment.

Okay, we'll try again after the next.

I think our next speaker is Marcia. If you could, we'll unmute your line, and if you would please provide your comment. And Arline as well, she's going to interpret. Okay, great. And unmute Arline as well. Thank you.

Marcia Pico: Hola, gracias por la oportunidad de hablar hoy.

Mi nombre es Marcia, soy miembro de Make the Road. Soy originalmente de Ecuador. Tengo más de 6 años viviendo en este país. Desde que llegué aquí he mantenido a mis hijos trabajando duro. Pero tengo miedo de no poder seguir proveyendo para mis hijos si llego a enfermar o sufrir problemas de salud. Y este miedo es porque debido a mi estatus migratorio no puedo acceder a un programa de seguro médico. El no tener un plan de seguro médico dificulta mi acceso al cuidado médico de calidad. Al tener una falta de cuidado médico, no puedo tomar las medidas adecuadas para cuidarme y tratar de mantenerme saludable para seguir siendo el pilar de mi familia.

Les quiero contar mi experiencia para que puedan entender más sobre porqué estoy opuesta a la extensión 1332 como es ahora, y la necesidad de revisar para incluir a gente indocumentada como yo.

Tuve un accidente automovilístico el Día de las Madres el año pasado y me ha sido casi imposible ver a un fisioterapeuta debido a mi falta de seguro médico. Finalmente obtuve una cita después de meses de intentarlo y desafortunadamente no pude asistir a mi cita tan esperada porque tuve una emergencia laboral. Tuve que elegir entre perder potencialmente mi trabajo debido a la emergencia laboral o recibir la fisioterapia que necesitaba. Terminé reprogramando mi cita porque tengo que asegurarme que tenga dinero para mis gastos básicos. El problema es que, todavía no he podido recibir los servicios que son necesarios para mi recuperación porque no hay citas disponibles y hay largas listas de esperas.

Muchos inmigrantes evitan recibir atención médica por esa razón y solamente ven un doctor en casos realmente necesarios y terminan en salas de emergencia. Esto no debería de ser el caso. Los inmigrantes deberían tener acceso a cuidado médico de calidad.

Nadie debería tener que elegir entre acceder a la atención médica o necesitar trabajar porque temen la carga financiera que experimentan después de una visita a la sala de emergencias.

Nadie debería tener una lucha tan difícil para ver un especialista y estar saludable porque no tiene un seguro médico de salud. La salud es un derecho humano. Es importante que el estado revise la propuesta para incluir a todos los migrantes como yo, sin importar nuestro estatus migratorio.

Arline Cruz Escobar: Hello, thank you for the opportunity to speak today.

My name is Marcia, I am a member of Make the Road. I am originally from Ecuador. I have been living in this country for more than 6 years. Since I came here, I have supported my children by working hard. But I am afraid that I will not be able to continue providing for my children if I get sick or have health problems. And this fear is because due to my immigration status I cannot access a health insurance program. Not having a health insurance plan makes it difficult for me to access quality health care. Lacking medical care, I am unable to take the appropriate measures to take care of myself and try to stay healthy to continue being the pillar of my family.

I want to tell you about my experience so that you can understand more about why I am opposed to extension 1332 as it is now, and the need to review it to include undocumented people like me.

I was in a car accident on Mother's Day last year and it has been nearly impossible for me to see a physical therapist due to my lack of health insurance. I finally got an appointment after months of trying and unfortunately I couldn't keep my long awaited appointment because I had a work emergency. I had to choose between potentially losing my job due to missing the work emergency or getting the physical therapy I needed. I ended up rescheduling my appointment because I have to make sure I have money for my family's basic expenses. The problem is, I still haven't been able to receive the services that are necessary for my recovery because there are no appointments available and there are long waiting lists.

Many immigrants avoid receiving medical attention for this reason and only see a doctor in cases that are really necessary and end up in emergency rooms. This should not be the case. Immigrants should have access to quality health care.

No one should have to choose between accessing healthcare or needing to work because they fear the financial burden they experience after an ER visit. No one should have such a difficult fight to see a specialist and be healthy because they do not have health insurance. Health is a human right. It is important that the state revise the proposal to include all migrants like me, regardless of our immigration status. Thank you.

Danielle Holahan: Thank you for the comment. Thank you.

Okay, I believe we have Dr. Achong on the line.

Dr. Achong: I apologize for my technical difficulties that have occurred so far. Good afternoon.

Again, I am an internal medicine resident in Brooklyn, and one of the representatives from my union, Committee of Interns and Residents. Among us, there's about 7,000 resident physicians in New York today. And I want to offer testimony on behalf of my union in opposition of the 1332 Waiver Application because it excludes immigrants.

I was once an immigrant. This State's Waiver Application should use the existing \$9 Billion surplus, expected annual surplus in the Federal funded Basic Health Plan and Essential Plan Trust Fund to pay for extended coverage for immigrants rather than excluding people from the human right that is health care simply because we were not born here.

Expanding coverage would come at no cost to the State. It would avoid \$5 million in annual Emergency Medicaid costs incurred when uninsured patients seek emergency care at our hospitals. It would also increase revenue for our hospitals and provide

Essential Plan rates instead of Medicaid, which is lower and reduce the amount of compensated care we provide. Primarily working at public or safety net hospital members in New York, we care for New Yorkers who are the most shut out of our racist, classist healthcare system. We do so while understaffed and under-resourced. It is infuriating that the State would choose to not only ignore the need to expand coverage for my immigrant patients for the sake of their health, but they would choose to do so at a greater cost to the State. Eliminating even the weak excuse, it is such a weak excuse.

In the hospital where my fellow members and I work, we are desperate for resources to better serve our patients. \$500 million in Emergency Medicaid costs is what the State should save by expanding health coverage through the Essential Plan. It would be used to upgrade our facility and provide us with much needed interpreters, help improve health care workers salary so that we can keep up with the cost of living that we desperately need. For instance, working during the peak of pandemic. I was in charge of taking care of the monoclonal antibody for patients and at times because of patients being undocumented, I had to tell them they either have to pay out of pocket an exuberant rate or that they would not be able to receive this life saving medication. If we were expanding care, I would never have to do that ever again. So, this is why I beg you to not adhere.

By expanding coverage, we would also be assuring immigrant New Yorkers have access to primary and preventative health care, which is essential. We would be reducing the number of patients who come in and access our hospitals through our fast-track areas just for basic care or coming in through a crisis.

As doctors, we do all we can for those patients, but far too often the care results in costly, traumatic hospital stays. As a doctor, I took an oath to do no harm. And because of that oath, as a doctor, we cannot support the waiver in its current form because by excluding immigrants, it is doing harm. Harm to our immigrant community, harm to health care workers like myself, who are focused on our patients suffering from preventable diseases. I urge you and the State to include immigrants in the waiver as a matter of urgency and basic health decency.

Thank you so much.

Danielle Holahan: Thank you very much for your comment and your personal statements, we really appreciate it.

I think we have one more registered speaker. Noelle, if you're on the line.

Wonderful, great. Thank you. Please, go ahead. Welcome.

Noelle Penas: I'm the community organizer with the health justice program at New York Lawyers for the Public Interest also known as NYLPI.

I'm here today to share our opposition to the 1332 State Innovation Waiver Application which excludes immigrants for no explanation, even though expanding access to healthcare will save lives and improve health across the city. The waiver should not be authorized until it expands healthcare eligibility for the hundreds of thousands of immigrants who are also New Yorkers.

Many of our clients have end stage renal disease, and they need a kidney transplant. However, because many of them are undocumented immigrants, they only have access to Emergency Medicaid which does not pay for kidney transplants. Our clients are forced to rely on dialysis to survive. But the analysis is a painful process, and it shouldn't be considered a sufficient substitute for an organ transplant. And beyond kidney transplants, our clients have other health care needs, like medication for chronic conditions or psychiatry or mental care. They're not covered by Emergency Medicaid for long term survival.

People need basic health insurance and better access to our State's health care system. There is no reason why undocumented immigrants should not be included in the waiver. Expanding coverage comes at no cost to the state.

The Waiver is asking for Federal dollars from a trust fund that would otherwise be sitting untouched and that also has an \$8 Billion surplus that could be used to fund comprehensive, cost-effective health coverage for immigrant New Yorkers. If all New Yorkers had this coverage, it would save the state over \$500 million by reducing the Emergency Medicaid expenses.

Immigrants wouldn't be forced to resort to emergency care and the cost of treatment if they had been eligible for primary and preventative care.

For New York City to have a health care system that is truly just and equitable, it needs to ensure comprehensive coverage for all New Yorkers, including undocumented immigrants. That is the only way for people to afford the medical care they need before the condition becomes chronic or fatal. Legal status should not be a barrier to accessing lifesaving health care. We're asking Governor Hochul of the State of New York to do the right thing and to make sure that immigrants are included in this waiver. Thank you for your time and consideration.

Danielle Holahan: Thank you for your comment. I really appreciate it.

Arline, I'm seeing in the Q&A, and I don't know if you mean you'd like to submit a comment as well as interpret, but you're certainly more than welcome. We can unmute your line again if you wanted to provide a comment. But I just want to make sure I'm not misunderstanding your comment.

Arline Cruz Escobar: Yes, thank you so much. Lisa had signed up to speak, because when I originally registered, I didn't put SP. So, thank you for this opportunity. I'm going to share my comment now.

So good afternoon everyone, my name is Arline Cruz, and I'm the Director of Health Programs at Make the Road New York.

Thank you for the opportunity to testify today on behalf of Make the Road New York and our 25,000 members, and as one of the Coverage4All, we are also on the steering committee of Health Care for All New York. Make the Road New York is a community-based membership organization that builds the power of immigrant, working class communities to achieve dignity and justice.

We're the largest participatory immigrant organization in New York State, and have community centers in Brooklyn, Queens, Staten Island, Long Island, and Westchester. Our work integrates core methodologies like community organizing, policy innovation, transformative education, and the provision of legal and survival services. The holistic model enables us to meet immediate needs, cultivating leadership among low-income communities, design sophisticated and innovative policy solutions grounded in real life experiences, and use deep-base building and community organizing to win policy transformation that impacts millions. Our health, legal, and educational survival services reach up to 30,000 individuals annually.

Our members and clients are among the hardest hit by the pandemic and healthcare inequities experienced in our communities have been greatly exacerbated. The need for communities and for all immigrants throughout New York State is dire. However, many of our members lack access to healthcare due to their immigration status. These are the same individuals we value as essential workers, family and friends who pay taxes and our integral members of our community. To put it simply, they are New Yorkers.

I'd like to share an experience from one of our members in Long Island. Maria went to the emergency room after experiencing intense pain and later was diagnosed with cancer. She had a bill of over \$32,000. Because she couldn't afford the bill and in addition to all the stress she was experiencing and not knowing how to handle the bill, she avoided it all together. Soon after, a sheriff from the General Attorney's office showed up to her home to give her a summons. This was a frightening experience for Maria who needed to continue to seek care to battle her cancer.

The situation could have been avoided Maria had access to health insurance. However, Maria's story is not one, but one of many.

Last year Governor Hochul made a promise to New York State that she would expand the Essential Plan and include all immigrants in the 1332 Waiver, regardless of immigration status. However, the 1332 Waiver submitted unexpectedly omits undocumented immigrants. For this reason, I'm here to oppose the waiver because it leaves out immigrants.

By excluding immigrants from the 1332 Waiver, the State is missing out on an opportunity to advance the overall health of New York and to make ambitious changes to keep New York a progressive state. It's called an Innovation Waiver for a reason.

Not only are we falling behind in comparison to other states, like Colorado and Washington who have expanded coverage to immigrants through their 1332 Waiver, but other states like California and Illinois, who are using state funds. Through the innovation waiver, New York had the opportunity to provide coverage for approximately 245,000 undocumented immigrants between the ages of 19 and 64 who continues to remain one of the highest uninsured populations in all the State using Federal funding. The expansion would cause \$0 to the State of New York and furthermore yield savings of over \$500 million which is currently spent on Emergency Medicaid and uncompensated care.

As we see with our members, everyday people without insurance coverage are more likely to delay seeking preventive preventative care for serious and chronic health conditions, avoid taking care for fear of costs and are at high risk for incurring medical bankruptcy. Research demonstrates that gaps in coverage lead to cost efficiencies and waste. Individuals and families without access to coverage are more likely to be sicker and die sooner. Hospitals are asked to provide care for which they may not be reimbursed, and which patients may not be able to afford on their own. Extending health insurance coverage to all, independent of immigration status, would have a mutual benefit and makes the health care system work better for all New Yorkers. Ensuring that everyone has access to quality affordable care will make it easier for the State to control costs and improve health outcomes for all.

And during these unprecedented times, New York has the opportunity to further cement its leadership by making a firm commitment to supporting immigrant communities' ability to stay healthy for years to come. I'd like to reaffirm Make the Road New York's stance of opposing the State's application for the 1332 Waiver because it leaves out immigrants and recommend that the State submit a revised 1332 Waiver that includes all immigrant New Yorkers, regardless of immigration status.

Danielle Holahan: Thank you, thank you for your comment for sharing the personal stories. We really appreciate that.

At this time, I'm going to ask if there's anybody else registered to speak. I don't believe anybody else pre-registered, but if you are interested in offering a comment, you can include your name and organization in the Q&A. And we'll open up your line so you can provide comments.

And there's also time for us to take questions if anybody has them. What we would just ask you is to put it in the Q&A so we can see the questions and your organization and respond. So, we'll give that another minute.

Okay, we're not seeing any additional interest in speaking or any submitted comments, so we can move to the next slide.

First, I want to thank everybody again for your time and participation today, and certainly for sharing your comments and personal stories.

If we could go to the next slide, there's a few links we want to highlight.

The first is the link to the 1332 Waiver page on the New York State of Health website. Again, it's a Draft Waiver Application and Actuarial Analysis. We will continue to receive comments through the link there. You can provide comments to the form. You can email them to us, and we will also be holding another hearing tomorrow to take verbal comments. The public comment period will remain open until the 11th. We'll take written comments as well.

And then our process will be to answer any questions that we receive. We will post the Q&A from these hearings, take back the comments, review them internally, and submit our Waiver Application to CMS and Treasury reflecting any comments and changes through this public comment period.

Again, we thank you for your time today, your comments, and would encourage you to continue to provide your input. That is the purpose of the public comment period, for us to hear from our colleagues across the State on how New York should tailor this 1332 State Innovation Waiver. Thank you for your time today. And for your ongoing participation.