

**New York Draft 1332 Waiver Application
Public Hearing
February 23, 2023 at 12:00 PM**

The following is a transcription of the Public Hearing held by the New York State of Health on February 23, 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. And I'm joined by my colleague, Sonia Sekhar, Deputy Director of New York State of Health.

So, thank you all for joining us today for a second public hearing 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 CMS on our approach.

Can we pause for a second? I think a number of people are saying they're hearing Spanish and English at the same time.

I'll start again briefly. Thanks everybody for joining us today, and I want to just talk about what we're here to do and then we'll get going.

So, as I was saying, last year's budget gave us the authority for the New York Health Commissioner to seek a Section 1332 Waiver. And since that time, we have been working on our Essential Plan approach, our analysis, and we have been fortunate to have the help of outside experts. We have actuaries working with us from Deloitte, and we have subject matter experts from the Urban Institute and Manatt Health Solutions. And we have been speaking with CMS on our approach. What we posted on New York State of Health website on February 9th is our Draft Waiver Application and Draft Actuarial Analysis, and we're going to walk through these at a high level today and take your questions and of course, your public comments.

We opened the public comment period on February 9th, and it is open until March 11th. So, we have the opportunity to take public comments here at the hearing today, but as well in writing through our website, and the link was provided, <https://info.nystateofhealth.ny.gov/1332>. The public comment period is open through March 11th. The plan is for us to review all of the comments we receive at these hearings and in writing, review, discuss internally, and submit an updated application

to CMS and Treasury. Our goal is to receive approval by the end of August so that we can implement this expansion in January 2024. As I said, we look forward to your questions and your comments. We do intend to post a Q&A out of these public hearing sessions, and we will also be summarizing the comments that we receive in the Waiver Application that we submit to CMS and Treasury.

So, with that, I'm going to pass it to Georgia Wohnsen, and she's going to run through a few of the logistics and then we'll get underway.

Georgia Wohnsen: Thank you, Danielle, and good afternoon, everybody. Today's webinar does feature ASL interpretation. As you can see, we have Daniel and Raquel with us today who will be switching back and forth and offering ASL throughout the webinar. Closed captions are also available on today's webinar. To enable the closed caption feature, you can simply select the CC in the lower lefthand corner which will show closed caption. You can turn that off and on throughout the webinar.

And again, we also do have two Spanish language interpreters with us today—Martha and Leybe—and they will be interpreting throughout the webinar off and on. Martha is currently in the Spanish language channel. You can access that channel by selecting the globe in the lower lefthand corner and switching your audio to Spanish. You can also toggle the volume so that you can hear both English and Spanish language versions at the same time or one or the other. For this slide, I'm going to pass it over to one of our Spanish language interpreters.

Leybe: Thank you. Hola, bienvenidos, buenas tardes. Para escuchar al intérprete de español, por favor: haga clic en el icono en el parte izquierda de su pantalla, elige Español de la lista, desliza el círculo en la barra completamente hacia la derecha.

Danielle Holahan: Great, thank you. So, let me just give a quick run through on today's agenda and then I'll turn it over to Sonia.

So, we're going to spend a few minutes describing the public hearing and the instructions for providing a comment. I'll send a few minutes walking through Section 1332 Waivers and the requirements. Sonia is going to walk through the specifics of New York's Draft Waiver Application, and then we'll open it for public comments. I'm going to turn it to Sonia. And you can go to the next slide. Thank you.

Sonia Sekhar: Good afternoon, everyone. In compliance with the social distance and guidelines due to COVID-19, and in alignment with approved CMS exceptions to satisfy the public hearing requirements, the State is holding two virtual public hearings. Today is the second one. The purpose of the public hearings is to solicit comments on New York's Section 1332 Draft Waiver Application. We will provide a recording and transcript of this public hearing on the New York State of Health 1332 Waiver information site within about a week following this hearing. And language translation will also be available upon request.

The public may also submit comments online at the same website (<https://info.nystateofhealth.ny.gov/1332>) or mail through March 11th, 2023. The State will consider all comments received before submitting a Final 1332 Waiver Application to U. S Department of Health and Human Services, as well as the U.S. Department of Treasury.

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If you have a question, type your name and question into the Q&A. Questions will be answered throughout the presentation.

After the presentation, the line will be opened for public comments.

During registration, you were asked to indicate if you wish to provide a comment. Registered commenters will be called upon to speak. When your name is called, we'll unmute your line. We're limiting comments to 5 minutes to ensure everyone has an opportunity to comment. But time permitting, we'll come back to commenters who go over and would like to finish their remarks. We will also open for others to provide comments. If you did not register, please enter your name and affiliated organization into the Q&A. And lastly, you can also raise your hand using the icon sort of, next to the share button, and we can call on you at that time as well.

And I'll pass it back to Danielle.

Danielle Holahan: Great, thank you Sonia. I'm going to walk through some of the specifics of what are Section 1332 Waivers.

We can go to the next slide.

Section 1332 is a part of the Affordable Care Act, which permits States to waive provisions of the Affordable Care Act in order to pursue innovative strategies to provide their residents with access to high quality, affordable health insurance coverage while retaining the basic protections of the Affordable Care Act.

So, folks may be more familiar with Section 1115 Waivers, which are a different section of Federal law that we're familiar with on the Medicaid side of the house. Section 1332 allows us to waive provisions of the Affordable Care Act. As Sonia said, states submit 1332 Waiver Applications to both the U.S. Department of Health and Human Services and to the U.S. Department of Treasury for review and approval. Like Medicaid waivers, 1332 Waivers may be authorized for up to five years with options to renew.

So, with this waiver, we'll be talking about passthrough funding. States may request to redirect Federal savings from the waiver in order to administer the waiver program. We'll talk more about this in a few minutes, but New York's request is to waive certain funding streams that come to the State today, specifically the Federal tax credits that

support Qualified Health Plans and the Federal payments that support today's Basic Health Program, or what we call the Essential Plan. We're requesting permission from the Federal government to redirect those two funding streams for the purposes of the waiver program that we'll outline today.

To date, 17 states already have approved 1332 Waivers, and we list them here on the slide. I will note that in early years, the common 1332 Waivers were reinsurance, but more recently we've seen states take more innovative approaches to extending affordable coverage to their populations, some of what we're seeking to do here in New York.

If you could turn to the next slide, I'll walk through the important guardrails that are part of 1332 Waivers.

So, in order for the Departments of Health and Human Services and Treasury to approve a 1332 Waiver, states must demonstrate that any changes they seek under the waiver comply with these four statutory guardrails.

So, the first is comprehensiveness. The waiver must provide coverage at least as comprehensive as it would have been absent the waiver. The second is around affordability. The waiver must provide protections against excessive out-of-pocket spending. It must be at least as affordable for consumers as absent the waiver. As we'll describe, we are seeking to make coverage significantly more affordable for New Yorkers. So that's a key guardrail for us. The third guardrail is coverage. The waiver must offer coverage to at least a comparable number of residences as absent the waiver. And, of course, we are hoping to extend affordable coverage to more New Yorkers, so we'll show how we meet that guardrail. And then finally, the waiver is required to be deficit neutral to the Federal government. As I mentioned, we will be seeking to redirect funding streams to support the waiver. The Federal government cannot pay more than it does today, but we can use the funding differently as long as we need to deficit neutrality.

The next slide walks through eight components that are part of waiver applications. The first is a comprehensive description of the proposed program. The second is evidence of enacted legislation and authority to implement the program, which we'll talk about in a few slides. The third are the list of provisions that the State is seeking to waive and why we are seeking to waive them. The fourth is a draft timeline for implementation. Fifth is an actuarial and economic analysis that includes data and assumptions for both the 5- and 10-year projections, which demonstrate our compliance with the four statutory guardrails I just walked through. Next, there's additional information that's required to be included that's pertinent to the waiver. The seventh component revolves around reporting targets that will be required to meet, assuming approval of our application. And then finally, evidence of compliance with the public notice, public comment, and tribal consultation requirements, which today, of course, is part of that.

So, again, the application that we submit will include a record of all the comments we receive both today and yesterday, the Tribal Consultation we're holding next week, and then of course, everything we receive in writing.

I'm going to pass it now to Sonia, and we're going to walk through the components of New York's Waiver Application.

Sonia Sekhar: Great, thank you Danielle. Next slide.

Building on New York's extremely successful Essential Plan program, which started with under 400,000 enrollees in the first year, and now exceeds 1.1 million as of this month, 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. This will reduce the number of uninsured, low- and moderate- income New Yorkers who do not purchase coverage due to the cost of it.

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

Next slide.

During last year's budget, which was state 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 of coverage up to 250% of the Federal Poverty Level which is what we're covering in this presentation. As required by CMS, we have been meeting and planning for the submission of the Waiver Application since last summer. And 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.

Next slide.

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

As I mentioned earlier, it has proven a tremendous success in New York with over a 1 Million enrollees today. And we think it's also played a key role in cutting our uninsured rate in half from 10 to 5 percent. As the Basic Health Program, New York receives

annual federal funding for the program costs. Currently, the Essential Plan program costs are fully funded by Federal dollars through the trust fund.

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

Next slide.

This slide shows existing Essential Plan eligibility levels, premiums, and cost-sharing at a high level. As you can see for Essential Plan 1 through 4, we have no monthly premium, no deductible, and the out-of-pocket max for most groups is \$200 dollars per year and then for the highest income group it is \$2,000 dollars per year. And then at the bottom of this slide, we've added the new Essential Plan expansion population. So, their incomes are from 200 up to 250% of the Federal Poverty Level. We're proposing a \$15 monthly premium, no deductible, and then \$2,000 max out-of-pocket.

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This slide covers the impact of the waiver on both 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 for health insurance participation either. For new members on the Essential Plan, this will be very similar to our original transition to the Essential Plan from Qualified Health Plans with Advanced Premium Tax Credits in 2016. So, during our annual open enrollment period, which typically starts in October, we will flip these members from their current eligibility to Essential Plan eligibility. The main change is that their health insurance premiums and cost sharing will be a lot more affordable. The enhanced Advanced Premium Tax Credits that were made available through the American Rescue Plan and the Inflation Reduction Act has certainly helped a lot in reducing monthly premiums for New Yorkers, and folks all over the country, but there's still significant cost-sharing.

Under the waiver, affordability for both premiums and cost-sharing increase substantially. We estimate by an average of about \$4,200. But it depends on what you select. So that's why on this slide we provide a range—\$3,400 to \$8,900. But, again, they're not going to be subject to some of those large deductibles that for most folks in this income range, start around \$1,625 that could be up to \$6,100 dollars with max out-of-pocket over \$7,000.

I also wanted to flag that both the current and new Essential Plan members would benefit from enhancements that are currently being considered in the budget to reduce cost-sharing, enhance access to providers, and improve access to social determinants of health and behavioral health services.

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This slide covers the overall impact of the waiver. Overall, the waiver will increase total enrollment in the Essential Plan and by extension total health insurance coverage in New York—which, as Danielle mentioned earlier, is an important guardrail for 1332 Waivers. Under this waiver, we estimate that about 69,000 consumers with incomes above 200 up to 250 percent of the Federal Poverty Level who would have otherwise enrolled in commercial Qualified Health Plans would be enrolled in the Essential Plan in 2024. We also estimate an additional 20,000 new consumers who would have otherwise been uninsured who would now enroll the Essential Plan due to the lower cost. Overall enrollment in the Essential Plan and the individual market is expected to increase. And once it's ramped up to full implementation, it'll be around 2% overall growth for the Essential Plan in the individual market.

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For the duration of the waiver, we're requesting that our current Basic Health Program under Section 1331 of the Affordable Care Act is suspended. This is primarily technical, so the State is able to expand the Essential Plan to the new population under Section 1332 of the Affordable Care Act. Again, current Essential Plans members won't experience any changes as a result. In our Waiver Application, we have to state what provisions of the Affordable Care Act that we're actually waiving. We are proposing to waive Section 36B of the tax code, which would allow us to determine consumers aged 19 to 64 with incomes of 0 to 250 of the Federal Poverty Level eligible for the Essential Plan instead of Qualified Health Plans with Advanced Premium Tax Credits on the New York State of Health.

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As mentioned earlier, the waiver is required to be deficit neutral for the Federal government. The actuarial analysis attached with the Waiver Application projects the waiver to be deficit neutral for the federal government, as required, with increases in the 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 Section 1332. In other words, we're asking the Federal funding that would have been spent on our current Essential Plan and Premium Tax Credit recipients to cover the entire Essential Plan population under the waiver.

The State projects that Federal funding will continue to fully fund the Essential Plan with the expanded eligibility for the five years of the waiver. And the State will use any excess passthrough funding for program improvements, including social determinants of health interventions, further reductions in cost sharing, and expanded access to services.

The state is also requesting continued access to the current trust fund balance for the Essential Plan.

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So here we outline the timeline for our Waiver Application submission and target implementation. As you know, the public comment period started February 9th. We had our first hearing yesterday, and today is our second hearing. We have a Tribal Consultation on Tuesday, February 28th. On March 11th, our public comment period ends. Our target submission following our incorporation of comments will be approximately April 7th. And we hope that the Federal government will approve it by the end of August so we can implement the waiver on time in January.

So, with that, I'm going to pass it to Danielle now.

Danielle Holahan: Great, thank you so much Sonia. If we could go to the next slide or maybe two forward, we're going to just go through the instructions again. We're at the point where we're ready to open for public comment.

And I just want to remind everybody on the line that we're going to call upon individuals who registered to submit a comment. But if you didn't, and you wish to, please indicate in the Q&A feature that you would like to provide a comment and just give us your name and organization, and we'll call upon you and we'll go in order.

We'll unmute lines as we turn to each individual who's wishing to provide a comment. Go to the next slide for me. Thank you.

We're going to limit the comments to five minutes, just to ensure that everybody has an opportunity to provide comment. But if there's time at the end, we're going to go back and give people extra time to speak.

And again, if you wish to comment and you haven't already indicated, let us know. I think we're saying, in addition to entering your name in the Q&A, you can just use the raise hand feature as well.

So, I think those are our mechanics, and the other thing I'll say, in the Q&A we're open to taking questions as well. We'll start with comments and then we'll move to questions.

If we could go to the next slide, I believe we have Dr. Bassett on the line, and we'd like to invite you to provide your comments. If you could please unmute Dr. Bassett.

Dr. Mary Bassett: Thank you very much. As I've just been introduced, I'm Dr. Mary Bassett, and I'm currently a member of the faculty at the Harvard Chan School of Public Health where I direct the FXB Center for Health and Human Rights. I thank you for giving me the opportunity to make a few comments on the 1332 Waiver request.

I'm going to try and stop I think for the simultaneous interpretation, that may take me a little longer.

So let me carry on, as you've already heard, New York State has been a pioneer in the use of an option under the Affordable Care Act and implementing what the Affordable Care Act called a Basic Health Plan, what's known in New York State as the Essential Plan. This plan is entirely funded by the Federal government whereas Medicaid, including Emergency Medicaid, is a shared costs between the Federal and state governments. And with the various insurance options now available to New Yorkers, including low-income New Yorkers, New York has come close to fulfilling the hope of universal coverage. But New York still has nearly 1 million people who are uninsured.

As you've heard, the waiver request would extend eligibility to people up to 250% of the Federal Poverty Line, and it would enhance benefits. And it may also increase reimbursement to providers. All of these are really good ideas. It would be able to take on these additional costs, if the Federal government grants this waiver, and allows the excess returned annually to the trust fund to be redirected to meet these new costs.

A guiding principle of public health is to do the most good for the most people, but unfortunately this waiver proposal fails that test. It extends insurance coverage to a modest additional number of people. About half, and this is an estimate, of New York's uninsured are people who are not insured because they are undocumented and therefore ineligible. This waiver request could address that gap, greatly increasing the access to insurance. By requesting extension of eligibility to all residents of New York who meet income guidelines for the Essential Plan, this could include the undocumented.

So, let me be clear, people who meet income requirements and lack health insurance do get care. If they have an emergency, this is Emergency Medicaid. But they don't get the care that we want them to get. We want them to get high quality primary care that prevents and manages conditions to avoid emergencies. By extending the waiver to the income eligible undocumented group, these individuals would be able to access affordable primary care that is covered by their insurance. They would have the dignity of health insurance, and the State would reduce and possibly even eliminate this source of Emergency Medicaid spending from state coffers. And, of course, New York would continue its deserved reputation nationally as a pioneer. Thank you for the chance to make these comments. That concludes my remarks.

Danielle Holahan: Thank you very much, Dr. Bassett, and we really appreciate your time today and your comments.

We're going to turn next to Assemblymember Jessica González-Rojas. If we could unmute her line. Please go ahead and provide your comment, thank you.

We can't hear you yet. I think we need to go to the next speaker and come back to her.

Do we have Assemblymember Dana Levenberg on the line?

Okay. We'll go down to Isabel Cuervo. If you're on the line, please go ahead.

Dr. Isabel Cuervo: Hello, can you hear me?

Danielle Holahan: Yes, we can.

Dr. Isabel Cuervo: Thank you so much, good afternoon. Thank you for the opportunity to provide comments.

I am Dr. Isabel Cuervo, Senior Research Associate at the Barry Commoner Center for Health and the Environment at Queen's College, City University of New York. I am co-investigator in a project that is a collaboration between Queen's College, the Icahn School of Medicine at Mount Sinai and Make the Road New York with funding from the National Institute of Environmental Health Sciences.

We have been studying work exposures in the health of immigrants, Latinx house cleaners in New York City and Westchester. And I am here today because I oppose the current 1332 Waiver because it excluded immigrants. I'll be reporting on some of our key findings about their employment, health, associations between their work exposures and physical and mental health outcomes, as well as the health and socioeconomic impacts of the COVID-19 pandemic.

These findings highlight the need Latinx household cleaners have for obtaining quality health care. We conducted two in-depth surveys. The first, prior to the COVID pandemic in 2019 and then in 2021. Poor employment quality is associated with negative health impacts. Our study provides an example of this situation. We surveyed over 400 household cleaners and found that 99% were female. Their average age was 45 although participants ages range between 21 and 78 years old. All were immigrants, on average, they have lived in the United States for 16 years, and most did not speak English. And just under half were the primary family wage earner. Three quarters were informally self-employed, and 93% make less than \$1,500 a month. Almost 75% said their income was not sufficient to cover their expenses.

Half of cleaners reported not having access to any kind of health coverage. This compares to 8% of U.S. adults and 12% of New York City adults. In addition to

reporting a high gap in health care coverage, 30% of survey respondents also reported poor or bad health. Low ratings of self-reported health have been shown to be a predictor of clinical health, including heart disease and longevity.

We documented that household cleaners commonly work with toxic cleaning chemicals that are known to cause respiratory problems, irritancies, health issues, including dermatitis and irritation. Almost a third of respondents experienced skin rashes at a rate that is three times higher than a survey of U.S. workers. A third reported irritation so severe that they needed to leave the room when they were working. And 16% reported that either work exacerbated asthma or nighttime shortness of breath, which improved when they went away from work.

We found that cleaners who reported high levels of irritant symptoms and who had poor economic security and working conditions also had poor mental health. Lack of healthcare access and low-income levels mean that they are not able to get good, preventive, and ongoing care.

If people like the household cleaners of our study gets sick, they'll likely resort to emergency rooms, which is expensive to the State as most of the time they end up uncompensated care. The COVID-19 pandemic made an already problematic gap in health care even more critical to address due to its disproportionate physical and mental health burdens. In a follow-up survey with the same workers at the end of the first year of the pandemic, we found that more than half the cleaners contracted COVID-19 during that first year and over half had family or friends that died of COVID-19 before the vaccine was widely available.

Yet, as I previously mentioned, half of our study participants lacked health coverage. Once a vaccine was available, we found good vaccine acceptance, and when asked who they trust to give them accurate information about COVID-19, healthcare and public health institutions ranked highly. This suggests that, provided with access to care, there would be uptake in use of health services. Many household cleaners lost work during this time. We documented high levels of food insecurity, housing insecurity, and feeling unsafe at home. And finally, we documented statistically significant deterioration in household cleaners' mental health and self-rated health, which was related to both COVID illness and their social and economic insecurity.

These findings demonstrate that not only were there immediate COVID health impacts, but that there is a need for health care to attend to and prevent long term health consequences. Our research provides importance and compelling evidence to support the health coverage for immigrant workers like the household cleaners of our study finding, I'd like to add a personal note. My mother is a retired domestic worker. Since 1970, she worked as a household cleaner and nanny. She was undocumented for at least eight years, and she was a single mother that didn't have healthcare for many years. Just like the women in our study I told you about, as her daughter, I didn't have health coverage either for many years as well. I can tell you from our experiences that not having health care coverage added another layer of insecurity on top of her many

years of unstable employment. Paying for preventive doctor's visits does not take precedence over buying food. No one should have to make those choices. We all have the right to lead productive, healthy lives. For these reasons today, I'm here to tell you, the State, that I oppose the current 1332 Waiver because it excludes immigrants. The State has a great opportunity to do what is right for the New York immigrant community.

Thank you for your time.

Danielle Holahan: Thank you very much for your time and your statement and your personal story; we really appreciate that.

I'm going to turn to our next speaker. We're going to ask Dolores if you're on the line. And I think we also have an interpreter with you, so we can unmute you both. Please go ahead.

Dolores Juarez: Gracias. Mi nombre es Dolores Juárez. Soy miembro de Se Hace Camino Nueva York de Staten Island. Hoy día estoy aquí para dejarles saber que me opongo a la exención 1332 tal y como está porque omite a los inmigrantes indocumentados. Todos los inmigrantes, independientemente de su estatus migratorio, deben de ser incluidos y tener acceso a un seguro médico.

Yo sufro de Diabetes desde hace un tiempo y por no tener seguro médico y por el alto costo de los medicamentos, desgraciadamente no he podido comenzar el tratamiento, permitiendo que esta enfermedad avance y arriesgando la integridad de mi salud. No he tenido un trabajo estable desde el 2020 y el tratamiento cuesta alrededor de \$1,500 al mes en una farmacia y \$450 al mes en el hospital. Le pregunto a esta audiencia

¿Cómo puede una neoyorquina, madre de hogar acceder a un tratamiento para la Diabetes cuando los precios son tan extremadamente altos y no tengo ingreso ninguno?

No soy la única en mi comunidad que enfrenta estos retos. Somos 245,000 de neoyorquinos sin acceso a un seguro médico por nuestro estatus migratorio por nuestro estatus migratorio.

Gobernadora Hochul necesitamos que apoye la cobertura médica para todos y necesitamos que la apoye de inmediato solicitando nuestra inclusión en la exención 1332 que permitirá que les inmigrantes indocumentados accedamos y nos beneficiemos de los fondos federales.

Julian: Hello, good afternoon. My name is Julian. I'll be translating the Dolores' testimony.

My name is Dolores Juarez. I am a member of Make the Road New York and leader of the Staten Island Immigration Committee. Today I am here to demand that Governor Hochul pass the bill Coverage for All.

I have suffered from diabetes since long time ago, however, due to not having health insurance and due to the high cost of the medicine, I have not been able to start my treatment, allowing this disease to progress and risking the integrity of my overall health.

I haven't had a steady job since 2020 and treatment costs about \$1,500 a month at a pharmacy and \$450 a month at the hospital. Governor Hochul, I ask you: How can a New Yorker, like myself, a stay-at-home mother, access diabetes treatment when the prices are so extremely high and I have no income?

I am not the only one in my community who faces these challenges. We are 245,000 New Yorkers, without access to health insurance due to our immigration status.

Governor Hochul we need you to support health coverage for all, and we need you to support it immediately by requesting our inclusion in the 1332 Waiver which will allow undocumented immigrants to access and benefit from federal funds.

Danielle Holahan: Thank you very much Doris and Julian for the for the comments. We appreciate it and your personal story. We're going to turn next to Leocardia. Okay, they're also with Julian. You can go ahead and provide your comment.

Leocadia Flores: Soy Leocadia Flores y soy miembro de SHCNY de Queens. En el 2018 sufrí un accidente que casi acaba con mi vida y tuve que estar internada en el hospital por una semana.

Este hecho inesperado tuvo como consecuencia que me atrasara con la renta, con los billes de la luz y el gas y que además se me dificultara cubrir los gastos de alimentación; pero sin duda alguna, lo que más me causó angustia y me afectó psicológicamente, fue la deuda que adquirí con el hospital, ya que la factura que recibí de servicios médicos subió a los 30 mil dólares.

Si en el 2018 cuando sufrí el accidente hubiera tenido seguro médico no me hubiera tenido que preocupar ni angustiar psicológicamente de la manera que me tocó. Porque lo viví en carne propia y porque somos millones y millones los que enfrentamos esto diariamente es que estoy exigiendo se apruebe la cobertura médica para todos solicitando nuestra inclusión en la exención 1332. La inclusión de los migrantes en la extensión 1332 permitirá que nosotros los inmigrantes indocumentados accedamos y nos beneficiemos de los fondos federales para que nadie sufra lo que yo sufrí, me opongo a la exención 1332 tal y como está en este momento puesto que nos excluye a los inmigrantes de la propuesta. El año pasado la Gobernadora prometió que iba a incluir a la comunidad inmigrante en la propuesta, pero ahora está retrocediendo está promesa. Quiere decir que ella nos prometió que personas como yo íbamos a poder acceder a seguro médico, pero ahora nos está

diciendo que no sin ninguna explicación. Esto no es justo. Es importante que el estado revise la propuesta para incluir a todos los inmigrantes como yo, sin importar nuestro estatus migratorio.

Julian: So, once again, I am Julian. I'll be translating her testimony into English. Good afternoon, I'm Leocadia Flores and I'm a member of MRNY from Queens. In 2018 I suffered an accident that almost ended my life and I had to be admitted to the hospital for a week.

This unexpected event had impactful consequence that I was late with the rent, with the electricity and gas bills and it was also difficult for me to cover the food expenses; but without a doubt, what caused me the most anguish and affected me psychologically was the debt I acquired with the hospital, since the bill I received for medical services rose to \$30,000.

If I had had health insurance in 2018 when I suffered the accident, I would not have had to worry or suffer psychological distress in the way that I did. Because I lived it firsthand and because there are millions and millions of us who face this daily, I am demanding that the CoverageForAll be approved by requesting our inclusion in the 1332 Waiver. The inclusion of immigrants in the 1332 Waiver will allow us undocumented immigrants access and benefit using Federal funds and avoids anyone else suffering what I suffered. I oppose the 1332 waiver as it currently stands since it excludes us immigrants from the proposal. Last year, the Governor promised that she would include the immigrant community in the proposal, but now she is going back on that promise. She wants to say that she promised us that people like me would be able to access health insurance, but now she is saying no without any explanation. This is not fair. It is important that the State revise the proposal to include all immigrants like me, regardless of our immigration status.

Danielle Holahan: Okay, thank you very much. So now, we can turn to Selene if we can unmute her line.

Esna Contreras: Hola a todos, gracias por la oportunidad de hablar. Mi nombre es Esna Contreras. Soy miembro de la organización Make The Road New York y vivo en Westchester. Soy una madre indocumentada que lucha contra enfermedades crónicas y debido a mi estatus migratorio no tengo seguro médico.

El año pasado, la gobernadora Kathy Hochul prometió pedirle al gobierno federal una "Exención 1332" para pagar la expansión del Programa del Plan Esencial de Nueva York para cubrir a los inmigrantes indocumentados de bajos ingresos en el estado de Nueva York como yo. Me sentí tan feliz cuando supe estas noticias porque pensé que finalmente iba a poder conseguir cobertura médica. Desafortunadamente, la Exención 1332 que fue sometida por la administración de la gobernadora Hochul excluye a los inmigrantes. Por eso yo estoy opuesta a la solicitud de exención 1332.

En 2007 sufrí intensas migrañas y convulsiones al punto que afectaron mi vida diaria. Más tarde, descubrí que eran causados por un tumor cerebral. Temía por mi vida, temía por el bienestar de mi familia. Mi médico me recomendó ver a un especialista. Era casi imposible para mí ver a un especialista sin un seguro médico. Cuando llamaba para tratar de programar una cita, lo primero que preguntan es "¿Qué seguro de salud tiene?". Yo respondería: "No tengo seguro médico de salud". Luego me referían a otra clínica que "POSIBLEMENTE" podría atenderme. Fue un ciclo interminable de llamar a lugares con la esperanza de llegar a un especialista que pudiera brindar más información sobre mi tumor. Finalmente, después de mucho tiempo y sufrimiento emocional y físico, pude descubrir que mi tumor no era canceroso. Aunque eso me trajo alivio, no detuvo las convulsiones ni las brutales migrañas. Fueron momentos muy difíciles para mi familia, para mí. Evite ir a una sala de emergencia, porque sabía que el costo de los servicios serían muy caros.

Me sentí perdida, desesperada, confundida, y deprimida. Traté de buscar servicios de salud mental para ayudarme a lidiar con todo el estrés, pero nuevamente eso era imposible sin un seguro de salud adecuado. Los terapeutas me dijeron que necesitaban facturar las sesiones futuras a un seguro médico. Finalmente, un terapeuta decidió ayudarme ofreciéndome servicios a bajo costo, casi como caridad.

He luchado con muchos problemas de salud. Tuve una infección en la sangre en el pasado que no pude tratar porque no podía pagar el precio de los medicamentos, los cuales cuestan miles de dólares. Hoy lucho con problemas en mi colon. Vivo con dolor todos los días. Veo a un médico en una clínica pública de vez en cuando porque no puedo acceder a citas más frecuentemente. Las clínicas y consultorios públicos están saturados de personas en situaciones similares. Estos problemas no son exclusivos de mí. Estos son los mismos problemas para los que no tienen seguro médico debido a su estatus inmigratorio. Por eso, le pido al estado enmiende la solicitud de exención para incluir inmigrantes.

Danielle Holahan: Thank you. Julian, are you still there and able to provide translation?

Leocadia Flores: It's Leocardia. Yes, I'm here to do that.

Hello everyone, thank you for the opportunity to speak. My name is Esna Contreras. I am a member of Make the Road New York and live in Westchester. I am an undocumented mother battling chronic illnesses and due to my immigration status, I do not have health insurance.

Last year, Governor Kathy Hochul promised to submit a 1332 Waiver Application that would request federal funds to pay for the expansion of the New York Essential Plan Program to cover low-income immigrants in New York State like me, amongst other things. I was so happy when I heard this news because I thought I was finally going to be able to get health coverage. Unfortunately, the current 1332 Waiver that was

submitted by Governor Hochul's administration excludes immigrants and that is why I oppose it.

In 2007, I suffered from severe migraines and seizures to the point that it affected my daily life. Later, I found out that they were caused by a brain tumor. I feared for my life; I feared for the well-being of my family. My doctor recommended that I see a specialist but it was almost impossible for me to see a specialist without health insurance. When I would call to try to make an appointment, the first thing they asked is "What health insurance do you have?" I would answer: "I don't have one". Then they referred me to another clinic that possibly could treat me. It was an endless cycle of calling places, hoping to reach a specialist who would take me on a patient while being uninsured. Finally, after much time and emotional and physical suffering, I was able to discover that my tumor was not cancerous. Although that brought me relief, it did not stop the seizures or the brutal migraines. They were very difficult times for my family, for me. I avoided going to an emergency room, because I knew that the cost of services would be very expensive, and I just couldn't afford it.

I felt lost, hopeless, confused, and depressed. I tried to seek mental health services to help me deal with all the stress, but again that was impossible without proper health insurance. The therapists told me they needed to bill insurance for sessions, and they couldn't do that. Finally, a therapist decided to help me by offering me services at a low cost, almost like charity.

I have struggled with many health issues throughout my life. I had a blood infection in the past that I couldn't treat because I couldn't afford the medication, which costs thousands of dollars. Today I struggle with problems in my colon. I live in pain every day. I see a doctor in a public clinic from time to time because I can't get more frequent appointments. Public clinics and offices are saturated with people in similar situations. These problems are not unique to me. These are the same problems for those without health insurance due to their immigration status. That is why I am sharing my story today. I am asking the State to amend the waiver application to include immigrants.

Danielle Holahan: Thank you very much for the testimony. Okay, I think we're going to turn to Selene if she on the line.

For now, we will turn to Elisabeth Benjamin and we'll try to find another way for Selene.

Elisabeth Benjamin: Good morning, Ms. Holahan. Thank you so much for taking my testimony today.

I work at the Community Service Society of New York, which is a philanthropy that has been around for more than 175 years trying to improve the economic lives of working New Yorkers and generating a more just society. One of the ways we do that is by running a series of incredibly important health care programs funded generously by the Governor, local, and the New York State legislature, that help people enroll in health insurance. And then when they have problems accessing care, including dealing with

medical debt and resolving those problems, these programs are run through live answer help lines. And with a group of 50, we have extraordinary community-based partners in every single county of the State of New York. Altogether, we serve over 100,000 New Yorkers every year.

One of the great benefits of being able to run a program that serves so many people is that we can run our data and see what is affecting people. And when we do that, we can identify issues that would benefit from some kind of policy analysis and data analytics. We did that with the passage of the Affordable Care Act.

We were completely and very concerned about the affordability schedule of the subsidies. And we had noticed that there was this Basic Health Program provision in the Affordable Care Act that looked like it could be quite beneficial to the State of New York because we had a very substantial state-only funded Medicaid program that serve lawfully present immigrants. Our analysis estimated that that program would at full capacity, enroll 657,000 people a year and generate a \$1 Billion in state savings and people laughed at us when we came out with our original report. But we hung in there. And actually, other folks started doing their own analytics, including the State contractor. And I'm pleased to say that we are working really closely with all sorts of stakeholders. Greater New York health plans, everyone, consumer advocates all came together and realized this would be an incredible benefit to the State of New York. And so, as it has been, I'm delighted to say that my estimates were underestimates, even though they were laughable at the time that they were generated. And now the Basic Health Plan program is generating a \$2 Billion a year surplus, according to the State's data.

Turning to the 1332 Waiver, I want it really to express our deep and profound dismay that it appears that the whole administration is reneging on its commitment. We can't understand why and we're hoping it's just a typo or some kind of mistake or oversight to not include immigrants who are currently ineligible for the Basic Health Program. As expansive as that immigration criteria was, there are still five residual precluded groups plus the beneficiaries over 138% of poverty as well as undocumented immigrants, who could receive 100% federal funding through our 1332 Waiver passthrough. And you know, we were delighted when Governor Hochul on April 7th indicated that she would be asking for such a waiver. And we were delighted it was in the State Department of Health PowerPoint last April when it summarized the budget negotiations. So, we're hoping that the governor and administration will reconsider what appears to be, an oversight in the Article 7 bill and this waiver draft.

There's really good fiscal reasons to remake that reconsideration. First of all, as Dr. Bassett noted, you know, the Emergency Medicaid program pays for over 100,000 utilizing undocumented immigrants. That sits around \$500 million spend a year in state and local share that we could just completely offload to the Federal government through the 1332 Waiver.

So that would be significant savings for our state; that \$500 million could be used for many other items. And we encourage the State to really think about those savings.

The second thing I'd like to point out is that it's really in our providers' interest. Our providers and Medicaid providers have organized a whole coalition to increase Medicaid rates. And I would like to point out that if we were able to insure undocumented immigrants and the residual protocols and DACA, those providers would get the Essential Plan rate, which is much higher than the Medicaid rate. Plus, it would cover more benefits than just the Emergency Medicaid program does. And so, it would really help stabilize, you know, our safety net hospital coalition, our safety net providers. It would stabilize the finances of community health centers, doctors, nurses, everybody would be better off the more people we have in our 1332 funded Essential Plan. And then finally, of course, you know, the State is proposing to cut the indigent care pool again and there's less resources for uncompensated care. We believe, according to Urban Institute, that every single uninsured person generates \$1,174 a month in uncompensated care costs. Those costs could be taken up by the expanded Essential Plan, and it would be so much better for our provider community.

I also just wanted to point out, and I only have two or three other points that I'd like to make, is it other states are doing it. So I feel like New York State should want what they're having in Colorado, which is they've set up their own passthrough account and they are funding immigrant coverage. Washington is doing so through its cascade care with their 1332 Waiver, funding immigrants below 250% of poverty. California and Illinois have taken another path; they're doing Medicaid expansions. But we have this incredible opportunity to expand coverage for immigrants for free. We should take it and then finally, of course, it's just the right thing to do.

You know, we've been through save after wave of global pandemics. They seem like they're coming fast and furious. With COVID-19, we know we need to provide insurance coverage for our essential workers who were heroes and she-roes doing all the work that many of us could not do during the height of the pandemic, and they deserve to have coverage. They deserve to have the economic security of not facing medical bills and bankruptcies and all sorts of, you know, financial problems that are kind of derivative of being uninsured. And more importantly, we know every person that's insured has less mortality, less morbidity, better mental health issues. And it just, you know, would really benefit the health of immigrants. If we could support them, and, of course, you know, our state has made a big hoo-ha of caring about health equity and what could be more equitable than covering everyone through the 1332 Waiver when it would actually cost us nothing to do so, but benefit us all. Finally, I just want to say, I am excited about the expansion from 200-250% of poverty, expanding the Essential Plan up to 250% of poverty. Community Service Society has long argued that we should be expanding it to 300% of poverty. But you know, it's just going to be wonderful for those folks. Because they will be able to save, what I've learned today, around \$4,4000 a year in premiums and out-of-pocket spending, and of course we support that. So, I'm available to answer any questions you may have.

Maybe I'll ask a question of myself, which is, you know, in last year's budget conversation when we were talking about setting up a state-only funded immigrant credit coverage program through the Essential Plan, there was a lot of concern about how much it would cost. And I think I've made a really good case here, as did Dr. Bassett, that, you know, of course there's all these savings. We could have some Emergency Medicaid program. Other states have been able to set up the passthrough account, and we know we have this annual \$2 Billion surplus that keeps generating off the BHP. So why not just go ahead and go forward. But if there is such a worry about costs, last year, I believe it was the administration's position that we could never cap a program. But I think that the administration has changed its views on capping programs because I noticed in the state budget that they are suggesting, that the administration is suggesting, on capping the Medicaid buying program for working people with disabilities. I understand it's my last minute. I think, you know, that is a safety net if we need to do it. We could, if we're worried that \$2 Billion will not be enough. But I can't, even at the highest estimates, I don't think there's any way that we could even begin to spend \$2 Billion on immigrant coverage through this 1332 passthrough. So I'm done, sorry that I took a lot of time.

Danielle Holahan: No, Elisabeth, thank you for your comment and your question. I'll just say you raised a lot of good points, and I think there was a question for us in there as well around the fiscal, and the uncertainty of estimating fiscal and the enrollment cap piece that you mentioned. And I'll just say that is where some of our conversation has gone around how to estimate the population. I know we've talked about this in prior conversations around the challenges of estimating the size of the population, the cost of the population. But your point and question around an enrollment cap is a good one and that is one that we will continue to discuss and continue to explore both operational and legal considerations associated with it. But we appreciate you using it, and so thank you for your testimony today.

I know we have received through the chat that the Assemblymember is on the line. And so, we're going to turn to you next and unmute your line and ask you if you please provide your comment.

Assemblymember Jessica González-Rojas: Thank you, everyone. Good afternoon. My name is Assemblymember Jessica González-Rojas, and I represent the 34th Assembly district in Queens, which includes the neighborhoods of Astoria, Corona, East Elmhurst, Jackson Heights, and Woodside.

I'm also a member of the assembly Standing Committee on Health, and I testify today in opposition to the 1332 Waiver as published because, as others have said, it does not include coverage for undocumented New Yorkers as the Governor committed to doing so on April 7th of last year.

This is personal. I am a daughter of an immigrant. And I represent communities that include many immigrant families and individuals. And just so we're clear, these are New Yorkers just like anyone else. 245,000 undocumented New Yorkers are excluded

from healthcare coverage because of their immigration status. Every single one of them deserve the basic necessity that is health care.

Including immigrant New Yorkers in the 1332 Waiver is also simply a matter of smart economics for our state. By including these New Yorkers in the waiver, we would be shifting this cost onto the Federal government, saving the State more than \$500 Million a year in Emergency Medicaid and at least \$700 Million a year on the New York City care program. In New York City, as New York City's Controller found, passing coverage for all, which is the bill, would lead to the annual benefits of \$649 Million from preventing premature deaths, \$22 Million in increased labor productivity, and \$20 Million in lower out of pocket cost in the city.

At a time when New Yorkers are suffering from housing instability, a need for mental health care, and an overdose crisis that is claiming lives, surely these funds can be better used for other priorities. And the money is there. We could use the \$2 Billion in excess that has been generated every year that could be deposited into the 1332 passthrough account.

Colorado and Washington have included immigrants for health care coverage in their 1332 Waiver Application. California and Illinois are utilizing state Medicaid to provide coverage. None of these states have the Statue of Liberty as we do, but they are doing the right thing. From a health care perspective, including New Yorkers in the waiver would result in improving mortality and morbidity rates and help ensure that our Department of Health is doing the work and advancing health equity.

And just so that we are clear about what we're trying to do here, according to Families USA over 2,000 New Yorkers died from COVID-19 simply because they did not have health insurance coverage. In 2021, there was an exhibit in SoHo of undocumented New Yorkers who died due to COVID-19. I went personally to pay my respect to these New Yorkers who didn't have to die. Mario Hernandez Enríquez. Fedelina Lugasán. Yimel Alvarado. Juan Ramos. Guadalupe Aguilar Sánchez. Ofelia Tapia Alonso. Moisés Hernández Delgado. These are only some of the names of the New Yorkers who died because of health care disparities that claim the lives of individuals every day.

This inclusion many of us are advocating for is about saving lives. We can either choose to do it or not. Will our Governor and the Department of Health choose to save New Yorkers' lives? I imagine like this, everything else has a political calculation. Expanding coverage is popular. The nonpartisan research firm PerryUndem found in a March 2022 report that 8 of 10 New Yorkers support quality health care for immigrants across all regions and political party affiliation.

So, in summary I want to say that New York Governor Hochul demonstrated great compassion to immigrant New Yorkers shortly after assuming office by visiting my neighbors in East Elmhurst in Queens immediately after Hurricane Ida. I was grateful

for that Governor. I was excited to collaborate with that Governor to improve the lives of New Yorkers who have been left out of basic services for too long.

Now, I implore the Department of Health and the Governor to include undocumented New Yorkers in the 1332 Waiver so that we can provide them with the health care they deserve and that they need. It is a smart and economically sound thing to do. It is the right thing to do. Thank you.

Danielle Holahan: Thank you very much for participating today and offering the comments. We really appreciate that, and your time, and all of your work on this.

I'm going to turn to our next speaker. I believe we have Selene on the line now and if that's correct, please go ahead. And hopefully Julian is still with you and still unmuted to provide the translation. So go ahead when you're ready.

Selene Munoz: Buenos días y gracias por la oportunidad de hablar hoy. Mi nombre es Selene, soy activista y miembro de Make the Road NY. Me uní a esta audiencia pública hoy para decir que me opongo a la solicitud de exención de innovación estatal 1332 porque excluye a los inmigrantes como yo.

Yo soy una mujer inmigrante de México, una madre soltera tratando de hacer lo mejor para mi hijo, Y soy una mujer trabajadora que contribuye a esta comunidad. Llevo más de 16 años trabajando por diferentes vecindarios de la ciudad de Nueva York como limpiadora doméstica, exponiéndome a químicos agresivos y condiciones de trabajo peligrosas. Hubieron muchos días donde trabajé horas largas expuestas a productos de limpieza agresivos que al final del día no podía sentir mis manos. Yo quería ir al doctor para cuidar mi salud pero no tenía un doctor ni sabía dónde acceder a uno por falta de seguro médico.

Debido a las prioridades familiares, yo no puedo recibir atención médica. Al no tener seguro médico, yo tengo que pagar las consultas médicas que son altísimas por la misma razón de la falta de seguro médico. Tengo que buscar otros remedios porque no podía gastar mi dinero en consultas cuando tengo que poner el pan en la mesa de mi familia.

En Marzo de 2020, yo me enferme de COVID. Me enfermé por negligencia de mi jefe. Ellos me pidieron trabajar aun sabiendo que estaban enfermos y sin dejarme saber. Como muchos, tuve dificultades para respirar, fiebre, dolores corporales y pérdida del olfato. Un año después, todavía experimentó síntomas de COVID, un ejemplo es mi sinusitis que me causa aún más dificultad para respirar. Siento un peso constante en el pecho, pero no tengo un seguro médico que me ayude a acceder a toda la atención, exámenes, laboratorios, o medicamentos necesarios para tratar los síntomas. Si tuviera un seguro médico tomaría precauciones para poder cuidarme para poder estar saludable para mi hijo. Pero no. No puedo porque no tengo acceso a un seguro médico debido a mi estatus migratorio. Pero no estoy sola, mi comunidad de inmigrantes sigue sin diagnósticos y tratamientos como yo.

Necesitamos garantizar la salud de todos los neoyorquinos. Debemos asegurarnos de que todos tengan acceso a un seguro médico, independientemente de su estado migratorio. No es justo que cuando la pandemia llegó fuésemos los trabajadores esenciales. Las personas que limpiaban sus casas, los que llevan su comida a su casa, los que llenaban los pasillos de los supermercados con comida para que el resto de Nueva York pudiera tomar las precauciones necesarias para evitar enfermarse de COVID.

Por favor, les pido que revisen la exención 1332 para que incluya a inmigrantes como yo. Para que podamos obtener cobertura de salud y llevar vidas más saludables y productivas.

Julian: Good morning and thank you for the opportunity to speak today. My name is Selene, I am an activist and a member of Make the Road NY. I joined this public hearing today to say that I oppose the 1332 State Innovation Waiver Application because it excludes immigrants like me.

I am an immigrant woman from Mexico, a single mother trying to do what is best for my son, and I am a hardworking woman who contributes to this community. I have spent over 16 years working around different neighborhoods in New York City as a domestic cleaner, exposing myself to harsh chemicals and dangerous working conditions. There were many days where I worked long hours exposed to aggressive cleaning products that at the end of the day, I couldn't feel my hands. I wanted to go to the doctor to take care of my health, but I did not have a doctor or know where to access one due to lack of health insurance.

Due to family priorities, I am unable to receive medical attention. Not having health insurance, I have to pay for medical consultations at out-of-pocket costs that are very high for me. I have to look for other remedies because I can't spend my money on consultations when I have to put bread on my family's table.

In March 2020, I got sick from covid. My boss was negligent, they asked me to work even though they knew they were sick and without letting me know. Like many, I had difficulty breathing, fever, body aches, and loss of smell. A year later, I am still experiencing COVID symptoms, an example being my sinusitis causing me even more shortness of breath. I feel a constant weight in my chest, but I don't have health insurance to help me access all the care, tests, labs, or medications needed to treat my symptoms.

We need to ensure the health of all New Yorkers. We must ensure that everyone has access to health insurance, regardless of their immigration status. It's not fair that when the pandemic hit we were the essential workers. The people who cleaned your homes, the people who brought food to your homes, the people who filled the supermarket aisles with food so that the rest of New York could take the necessary precautions to avoid getting sick from COVID.

Please, I ask you to amend the 1332 waiver so that it includes immigrants like me. So we can get health coverage and lead healthier, more productive lives.

Danielle Holahan: Thank you, thank you very much for the comment. Kathy Preston, if you're on, we'll unmute your line and please go ahead.

Kathy Preston: Thank you. Good afternoon. I'm Kathy Preston with the New York Health Plan Association. Thank you for the opportunity to provide comment today. We support the State's proposed 1332 Waiver Application to expand eligibility for the Essential Plan from 200 to 250% of the Federal poverty level since it will make coverage more affordable for over 90,000 individuals.

We also strongly encourage the State to expand the application to include coverage for income-eligible undocumented immigrants, and we will continue to work collaboratively toward the goal of affordable coverage for all New Yorkers regardless of immigration status for all the reasons that folks who have spoken before me have outlined.

We appreciate that the State recognizes the importance of funding a quality incentive pool for the Essential Plan to address the health and social care needs of enrollees. And we support the state's intention to continue to fund a quality incentive program.

Finally, while we understand that overall coverage will expand under this waiver, we are concerned with the expectation that there will be a small loss in coverage in the individual market resulting from the increased premiums projected as a result of the expansion population moving from the individual market to the Essential Plan.

We hope to work with the State over the coming year to address cost drivers in the overall delivery system in a meaningful way in order to make coverage more affordable for all New Yorkers and avoid any loss of coverage.

Danielle Holahan: Thank you, thank you very much for your comments. We appreciate that. So, I think we have another speaker, Jenny Palaguachi, if I said that correctly.

Jenny Palaguachi: Hi, good afternoon. Thank you for the opportunity to provide a comment in this matter. My name is Jenny. I am a healthcare advocate with the Healthcare Education Project, a joint initiative of 1199 SEIU United Healthcare Workers and Greater New York Hospital Association. I am here today to speak on behalf of amending the 1332 Waiver to expand healthcare coverage. As an advocacy organization, our mission is to protect and expand access to quality affordable health care so that our communities have the tools and resources necessary to succeed.

Expanding the waiver to include individuals who don't qualify due to their immigration status does exactly this. The adverse results of the lack of comprehensive health coverage perpetuate continuous health inequities in our communities and this cannot continue.

As an advocate working in Staten Island, I understand the importance of Emergency Medicaid for the members of communities I work with. But it is accessible only to treat severe illnesses or life-threatening circumstances, not to provide preventive care. These are working people without insurance who pay out of pocket or choose to go untreated. In the most severe cases, I have worked with families and individuals who are in need of an organ transplant and are not able to be placed on the list because they don't have health coverage for ongoing treatment. Most common now are the families who are in need of mental and behavioral health services but are unable to obtain these because the few organizations that do provide mental health services either don't have funding to provide comprehensive mental health services to uninsured population or have a long waitlist for treatment. I ask, how can we allow this to continue?

New York has long lead, by example, when it comes to providing access to quality affordable healthcare. To remain leaders in healthcare, we must provide healthcare coverage to the 245,000 uninsured New Yorkers between the ages of 19 to 65 who are excluded from Federally funded health insurance. Expanding the 1332 Waiver to include immigrants in the Waiver Application request will prevent vulnerable individuals from falling through the cracks of New York's excellent health care coverage record and at no cost to the state. And I do want to repeat this, at no cost to the state.

The existing Federal funded Basic Health Plan, Essential Plan Trust Fund will pay for this coverage. Moreover, it will save New York the \$1 Million spent on Emergency Medicaid while providing comprehensive coverage that saves lives. At a time where our healthcare system is in grave need of a major investment, providing healthcare coverage to the largest uninsured population in New York State will begin to address the barriers to access in our health care system.

In the face of the ongoing pandemic, healthcare, health insurance coverage promotes economic and social stability. While we're ensuring that our healthcare providers can continue to provide innovative equitable care, I strongly urge you to expand the 1332 Waiver to include immigrants as it will provide access to crucial, comprehensive health coverage and it will improve the health outcomes of our communities.

Danielle Holahan: Thank you for your time. Thank you very much for your comments. We appreciate that. Do we have anybody else? Ah, very good. Ursula Rozum from Citizen Action, if you're on the line we'll unmute you and please go ahead.

Ursula Rozum: Okay, all right. I'll try to keep my comments concise. My name's Ursula Rozum. I am the statewide health care organizer with Citizen Action of New York. We are a membership-based racial justice and economic justice organization with seven chapters throughout New York state. We believe that healthcare is a human right. Which means that each new Yorker, regardless immigration status, should be able to get the health care that you need, such as seeing a doctor, filling prescriptions, going to the hospital without financial ruin. And we envision a world

where every New Yorker has quality healthcare and financial stability. And this is why we're concerned that Governor Hochul's budget proposal goes back on her promise to include immigrants coverage in the 1332 Waiver Application and because of that, we're here to speak opposition to the 1332 Waiver Application because of its exclusion of immigrant New Yorkers.

Providing health insurance for immigrant communities is both morally and fiscally responsible as many of the speakers that have already pointed out. New York should be a leader like Colorado, Illinois, Washington, and California in recognizing health insurance as a human right by extending coverage to immigrant communities. We will all be safer in the face of global public health threats when everyone has access to quality health care and preventative health care.

And unless the State Innovation Waiver Application is revised to include immigrant New Yorkers, and includes this provision in the next state budget, we will oppose the State's Waiver Application.

Danielle Holahan: Thank you, thank you for your comment. I think we have another speaker on the line. Angela Castrillo-Vilches, if you would please go ahead and mute your line and you can begin.

Angela Castrillo-Vilches: Hi everyone my name is Angela, I am the manager of organizing and strategy for the capital region, and I work for the New York Immigration Coalition. I have been with the New York Immigration Coalition for a little less than a year, but I wanted to talk a little bit about my experience working with immigrant communities and why reassessing this waiver is so important for our communities.

So previous to being with the New York Immigration Coalition, I was part of the Occupational Safety and Health Movement, specifically the Coalition of Occupational Safety and Health, which has been a leading organization in worker's health and rights in New York State for decades and decades. So, while I was working with the COSH movement, I was able to speak to thousands and thousands of workers somewhere around the 3,000 range. I was training them on worker rights, but I was also having tough conversations with them about the realities of their work and of their life.

And I wanted to begin by saying that, you know, New York State, New York City, Albany where I am, downstate and upstate, it would be nothing without our immigrant communities. These are communities that flourish our towns and cities, including my beautiful city of Albany, make them vibrant and make them successful. And it's time that, you know, Governor Hochul really pays attention to these communities and makes sure to prioritize them, to guarantee that these communities are able to utilize the unique resources and opportunities that New York State prides itself on. I specifically wanted to talk about some of the worker stories that I heard within my tenure with the COSH movement. One story really sticks out to me as not only just emotional, but I think it is a testament to how we do have to include immigrants within our healthcare system.

So, I spoke with a worker that works in Saratoga, and for those of you, that are not familiar, there is a pretty large farm working community in a Saratoga County. And this farm worker was telling me that he had experienced some sort of respiratory illness because of the chemicals that he was being exposed to at work. Now, for those of us that do this workers' rights work, we know that worker's compensation is an insurance that applies to anyone who works specifically in New York State, regardless of immigration status. However, when you file for workers compensation, it'll ask you for the primary doctor's name and their contact information. So this worker was telling me that, you know, he was very fearful about filling out workers compensation to begin with. But when he got to that primary care doctor section, he exited out of the web application because he was scared to say that he didn't actually have a primary care doctor. I kept having conversations with this worker about his health and you know what that meant in the great scheme of things when it came to his family, when it came to earning, you know, a dollar. And he had had this illness for a very long time. He told me about 13 years I've been dealing with respiratory issues. And of course, he couldn't just go to a doctor and get seen by a specialist that would either diagnose him, right? Or have him, you know, take some medication to help. He wasn't just able to do that and this affected his life in more ways than just work. He was telling me that he has a 13-year-old daughter who plays field hockey and he loves taking her to her field hockey games. And he, you know, with a lot of regret expressed to me that his daughter, sometimes during the summer months when she's off from school, would ask him to play with her to, like, you know, coach her a little bit. Be at the goal, that type of stuff. But unfortunately, because he had such trouble breathing, he wasn't able to engage with his daughter in that way.

So, we know that in immigrant communities, not having access to healthcare, not having access to primary care, or you know, or doctors, isn't just affecting our economy through the work, right. But it's also affecting their everyday lives and the children that are being raised in New York State and are also citizens.

He also expressed to me that he didn't want to take time off because he couldn't afford it. But on top of that, right, he couldn't even get a doctor's note to kind of take some days off, particularly when the summer gets really, really humid and it's really hard to work under the sun and be able to breathe. And so, he was explaining to me that he couldn't take that time off. It wasn't something that he could even do through getting a doctor's note. And so, this is where you know, having the 1332 Waiver changed kind of makes all the difference, right?

We need to make sure to include our immigrant populations in this one, because we have ginormous immigrant populations, particularly in upstate as well. I know we talk a lot about the city, and upstate has really big farm working communities, very big undocumented communities. And these communities are suffering in more ways than one. It's not just the fact that they are struggling at work because of their illnesses, long term illnesses that they sometimes have for decades. But it's also going to affect their families and the way that they bring up their families in New York State. And so, if we,

as a state, are dedicated to making sure that people have a dignified life here, that includes also including them within the 1332 Waiver that we're hoping that Kathy Hochul will support. So, thank you so much for letting me testify today. And I'm really hoping that we are able to get this through.

Danielle Holahan: Thank you very much for your comment and for joining us today, we appreciate it. I believe that we have Assemblymember Levenberg on the line, and we're ready to turn to you and take your comment. So if we can unmute that line and please go ahead.

Assemblymember Levenberg: Thank you so much for giving me this this opportunity. I only have a few minutes because I have another meeting coming right up behind this, and I'm sorry, because I just got the notification that I was going to be able to testify. But I just want to say I represent the 95th Assembly district, which it basically goes up along the Hudson River in Westchester County up into Putnam. And we have a large Spanish speaking population, a large immigrant population here. They are certainly the backbone of many of our communities. We know how important they are to our communities thriving, and certainly public health is very important to our communities thriving.

So, I wanted to make sure that I had the opportunity to speak about including immigrants in the 1332 Waiver. We know that ultimately making sure people are healthy upfront saves us money in the long run, and I believe that we could save over half a billion dollars if we can make sure that our immigrant community is kept healthy and not having to rely on emergency room services.

So, again, you know, I represent a district that has a large immigrant population, and I want to make sure that our population and our residents are included in getting the best services that they can through the resources of the Federal government and not just the state government. So, I hope that we can be included. We can make sure that immigrants our included in that 1332 Waiver.

Ossining, Peekskill, Yorktown, so many of the communities again throughout the Hudson, the lower Hudson Valley, rely on our wonderful immigrant population to continue to keep our economy strong, our schools strong, our health care system itself strong. So, I hope that that this does get included in the waiver. Thank you very much.

Danielle Holahan: Thank you very much. I'm glad you were able to join today, and we appreciate your comment.

I think we're at the end of the individuals who register to speak, but I'll just say again, if you want to provide a comment and you weren't pre-registered, we're open to it. We have more time to take additional comments, and you can do this in a number of ways. You can use the raise hand feature, or you can enter your name and organization in the Q&A, and we'll unmute your line and call on you. So, we'll give that a minute.

And I'll also just indicate you can put questions in the Q&A as well if you have questions for us.

Give it one more minute, and then we'll wrap up.

Okay, I'm going to take that as no additional comments.

If we could go to the next slide, we'll just make a few closing remarks.

So, we provide several links here today on the website where the Draft Waiver Application and Actuarial Analysis can be found that's on <https://info.nystateofhealth.ny.gov/1332>. As we stated at the beginning, the public comment period is open through March 11th. And we will continue to receive comments that are submitted online. We also include an email address where written comments can be sent, as well as a mailing address where you can send comments to our office.

We really do want to hear from the public. That is the purpose of these hearings and the comment period. So that we can take in the comments that we receive and adjust our application accordingly. So, again, thank you for your time today, for all the stories that were shared, and all of the data points, comments and questions. We greatly appreciate it. Again, we'll take all of this back. We have a lot to discuss, to review, and the goal would be to update our application and submit it to CMS and Treasury. We're aiming for early April.

And we will make these slides available if they're not already on our website; we will do that. And any questions that we receive, we'll be intending to post a Q&A as well.

Then I guess in conclusion, as we said at the outset, we'll be summarizing all the comments we received through these hearings and through the comments that are sent to us either through the form or mail or email. And that will be part of the application that we submit when we update it. So, thank you all again for your time and your interest and we look forward to continuing the conversation.