

**August 27, 2012**

**Ms. Danielle Holahan  
New York State Health Benefit Exchange  
New York State Department of Health**

**RE: Benchmark Options for Essential Health Benefits**

**Dear Ms. Holahan:**

**The NYS Breast Cancer Network submits these comments on New York's selection of an Essential Health Benefits (EHB) benchmark plan for use in the individual and small group insurance markets. The NYS Breast Cancer Network is the only network of community-based, survivor-driven cancer organizations in New York. Our 25 member organizations are located in communities stretching all the way from Buffalo to Long Island and collectively reach over 100,000 New Yorkers each year with cancer support and education services. We thank you for the opportunity to provide our comments on this fundamental step in implementing the Affordable Care Act in New York State.**

**The EHB decision is critically important for the cancer community. The package that New York decides upon must meet the needs of all diverse segments of the state's population, including New Yorkers facing a cancer diagnosis. We know that everyone with cancer needs access to the full range of treatment modalities available, including access to oral chemotherapy without any special requirements in their policy (such as a prescription drug requirement). Also needed is access to the full range of treatment for lymphedema including access to physical therapy practitioners trained specifically for lymphedema and to necessary products for treatment. Lastly, it is essential that women with dense breasts have access to newer diagnostic tools such as MRI since conventional mammography has more difficulty finding a growing cancer in women with dense breasts.**

**We strongly urge adoption of the New York State Employee Plans' Empire Plan as the best benchmark option for EHB in New York. The Empire Plan is the most comprehensive of the ten benchmark plan options. For example, it is the only benchmark option that covers almost all of New York's individual and small group benefit mandates. It has more generous service limits on many services that are restricted by the other benchmark options, including mental health, orthotics, chemical dependence, skilled nursing facilities,**

home health care, physical therapy, rehabilitation therapy, occupational therapy, and speech therapy. It covers adult dental care and women's health services like medically necessary and elective abortions, infertility services, and contraception. Finally, it does not exclude transgender-specific services.

New York should not reject the Empire plan as the EHB benchmark merely because of the slightly higher predicted effect on premium cost. While affordability of coverage is important to our members, we expect that the Exchange will bring down premium costs. And our members need the security that a comprehensive benefit package provides.

Thank you for considering our comments.

Sincerely,

Andi Gladstone

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