



PUBLIC FORUM ON THE ESTABLISHMENT OF A
HEALTH INSURANCE EXCHANGE IN NEW YORK STATE
TESTIMONY BY ANNETTE CHOOLOFAIAN
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My name is Annette Choolfaian, Chair of the Health Issues Committee at the Women's City Club of New York, a nonprofit, nonpartisan, multi-issue civic organization founded in 1915. Our mission is to improve the lives of New Yorkers by helping to shape public policy and promoting responsible government. Affordable, comprehensive healthcare options are essential for New Yorkers, and we laud New York's swift efforts to plan its Health Insurance Exchange in order to provide these healthcare options.

New York must continue to be a trailblazer and promptly pass the Exchange legislation, thus making New York eligible for the five year (Level II) funding.

The WCC is pleased to share with you our suggestions and recommendations.

1. Ensure that the Exchange Governing Board includes individuals representing the needs and concerns of women and families.

We are pleased to see in the First Quarter Exchange Planning Grant Report so many consumer advocate groups listed as members of the Advisory Committee. It is imperative that the interests of consumers are represented throughout all stages of the planning and implementation process, especially on the Governing Board once the Exchange is established.

While it is critical that there is a proper distribution of providers and consumers on this Board, it would be unacceptable to have a majority of the representation be insurers and providers. In fact, if there is an uneven distribution, it should be tilted in favor of consumers, for that is the point of these Exchanges. Exchanges are meant to lower costs, increase provider competition and transparency, provide one-stop shopping, and offer greater benefits and protections, innovations which are primarily meant to benefit the consumer. The primary function of Exchanges is to advocate for consumers and small businesses.

2. New York's Exchange should be run by a public or quasi-public agency, not by a for-profit or non-profit organization.

Currently, New York has been considering three main governance options for its Exchange: (1) placing the Exchange within an existing State agency; (2) establishing a new public authority; and (3) establishing a not-for-profit agency. While all three options have their own merits, we strongly urge that New York NOT establish a not-for-profit agency to run the Exchange.

The agency that operates the exchange will have access to substantial amounts of data about the enrollees, including sensitive and private medical information. This data will need to be protected, and only the government has the authority to regulate the protection and use of

this data. A public or quasi-public agency can be held accountable for the strict confidentiality necessary in handling this information.

3. New York's Exchange should ensure that the structure, benefit package, and procedures are user-friendly and reflect the needs of the population to be served.

It is well known that women are the primary purchasers of health care for their families while at the same time critical medical services that they need are underutilized or not available. According to the Commonwealth Fund, an estimated 27 million women ages 19 to 64 were uninsured for all or part of 2010. Women were also skipping needed health care, with nearly half (48%) reporting that they did not see a doctor when they were sick, did not fill a prescription, or skipped a test, treatment, or follow-up visit because they could not afford it. This was an 18% increase from 2001.¹

New York's Exchange provides an opportunity to ensure that health needs of women are met. The information to make the appropriate decisions should come from dialogue with women from a variety of economic, social, and ethnic backgrounds using techniques such as focus groups, town hall meetings, and surveys. The information gathered will assist New York in answering the question, "What do women want and need in the Exchange?" thereby gaining insights into how procedures should be established and directing the way services are provided. What good is a one-stop-shop if it doesn't carry the products consumers want?

4. Make sure New York's Exchange maintains our state's historic leadership on reproductive health.

New York has a long and progressive history as a champion of Women's reproductive rights and health. We urge the State to allow and encourage all plans participating in the exchange to offer a benefits package that covers all reproductive health services.

We urge Governor Cuomo to call upon the Department of Health and Human Services to make sure the federal minimum essential benefits package includes contraception.

In sum, we urge you to maximize consumer representation on the Governing Board, have a public or quasi-public agency run the Exchange, engage in dialogue with women, and ensure that comprehensive reproductive health services are included.

Thank you for your time and work on this important task.

¹ Ruth Robertson and Sara R. Collins, "Women at Risk: Why Increasing Numbers of Women Are Failing to Get the Health Care They Need and How the Affordable Care Act Will Help," *The Commonwealth Fund*, May 11, 2011, <http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2011/May/Women-at-Risk.aspx>