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Center for Independence of the Disabled, NY

August 22, 2012

Danielle Holahan
New York State Health Benefit Exchange
New York State Department of Health

VIA e-mail exchange@health.state.ny.us

Re: Essential Health Benefits Benchmark Options

Dear Ms. Holahan:

I am the Community Health Advocates (CHA) Coordinator at Center for Independence of the Disabled, New York (CIDNY). CIDNY is a nonprofit, cross-disability organization whose goal is to ensure full integration, independence and equal opportunity for all people with disabilities by removing barriers to the social, economic, cultural and civic life of the community. CHA provides free, confidential individual counseling and educational community presentations to consumers, advocates and providers regarding various health insurance options. CIDNY is part of the CHA network of agencies. I appreciate the opportunity to comment on New York's selection of an Essential Health Benefits (EHB) benchmark plan for use in the individual and small group insurance markets.

The EHB decision is critically important for people with serious illnesses and disabilities who are at risk if the essential health benefit package is insufficient to meet their medical needs. The Affordable Care Act establishes critical nondiscrimination and parity requirements that the essential health benefits must meet. They must "take into account the health needs of diverse segments of the population, including women, children, persons with disabilities, and other groups."ⁱⁱ The law explicitly prohibits the essential health benefits from being designed in "ways that discriminate against individuals because of their age, disability, or expected life," and it "prohibits the denial of essential health benefits services based on age, life expectancy, disability, degree of medical dependency, or quality of life."ⁱⁱⁱ The ACA also requires that all qualified health plans (QHPs) sold in an exchange and all plans sold outside the exchange in the individual market comply with the Mental Health Parity and Addiction Equity Act (MHPAEA).^{iv}

The package that New York decides upon must meet the needs of all segments of the state's population, should ease the transition for consumers moving to exchange subsidized coverage upon losing eligibility for public programs, and should reflect New York's insurance philosophy and strong consumer protections currently in place.

I strongly urge the adoption of the New York State Employee Plans' Empire Plan as the best benchmark option for EHB in New York.



A United Way Agency

The Empire Plan offers the comprehensive coverage that New Yorkers need.

The Empire Plan is the most comprehensive of the 10 benchmark options that were reviewed by your consultant, Milliman. It is, in fact, by statute the plan that CIDNY and other Independent Living Centers around state use for their employee coverage. More than half the employees of Independent Living Centers must have disabilities and CIDNY employs people with a wide variety of mobility, hearing, visual, cognitive and psychiatric diagnoses and impairments who have found it to be adequate, although some employees do supplement it with Medicaid Buy-in to cover personal assistance care and other long term care needs. Given that New York's benchmark plan must cover a much more diverse population than many small group plans currently cover, we think that it is important to offer coverage for individual purchasers that are more likely to have complex health needs.

The Empire Plan has more generous service limits, often using medical necessity only, on a list of services that are restricted by other benchmark options such as: mental health, orthotics, chemical dependence, skilled nursing, home health care, physical therapy, rehabilitation therapy, occupational therapy, and speech therapy. It includes dental coverage for adults as well as children.

As an example, the Empire Plan is the only plan under consideration for the Essential Benefit Package that has no limits on physical, occupational, and speech therapy. Every other plan has discriminatory annual or lifetime limits on these crucial services. People with disabilities and chronic conditions typically need long-term access to rehabilitative services in order to prevent functional deterioration of their condition(s).

The Empire Plan also offers out-of-network benefits, which can be very important to people who need to be able to easily access particular specialists with appropriate expertise to treat their health conditions.

The slightly higher effect on premium cost should not be a barrier.

Milliman predicts that using the Empire Plan as the benchmark for the EHB would result in marginally higher premium costs due to medical costs that would be 3.2 percent higher than the lowest priced Oxford small group plan. While affordability of coverage is important to CIDNY consumers, we believe that the marginally higher price will be offset the savings of up to 70% in the individual market and 5-22% in the small group market that have been modeled by the Urban Institute with full implementation that includes market merger. The premium tax credits and cost sharing subsidies available to people who are purchasing coverage in the exchange will also help people afford the comprehensive coverage they need.

In addition, the Empire Plan is the benchmark that best meets or exceeds almost all of New York's individual and small group mandates which are important to the population we serve and could be an additional financial burden on the state.

Attn.: Danielle Holahan, New York State Health Benefit Exchange
New York State Department of Health

Thank you for considering our comments and recommendations. If you have questions about these comments, please contact Heidi Siegfried at gotten@cidny.org or 646-442-4145.

Sincerely,

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ⁱ *Patient Protection and Affordable Care Act*, Public Law 111-148 (March 23, 2010 as modified by the *Health Care and Education Reconciliation Act of 2010*, Public Law 111-152 (March 30, 2010), Title I, Subtitle D, Section 1302.

ⁱⁱ *Ibid.*

ⁱⁱⁱ *Patient Protection and Affordable Care Act*, Public Law 111-148 (March 23, 2010 as modified by the *Health Care and Education Reconciliation Act of 2010*, Public Law 111-152 (March 30, 2010), Title I, Subtitle D, Section 1311.

^{iv} *Patient Protection and Affordable Care Act*, Public Law 111-148 (March 23, 2010 as modified by the *Health Care and Education Reconciliation Act of 2010*, Public Law 111-152 (March 30, 2010), Title I, Subtitle G, Section 1563.