

**New Yorkers For Accessible Health Coverage****Member Organizations**

American Association of Kidney Patients,
New York chapter
American Cancer Society
American Diabetes Association
Brain Tumor Foundation
Cancer Care
Care for the Homeless
The Center for Independence of the Disabled, NY
Cystic Fibrosis Foundation, Greater New York
chapter
Disabled in Action of Metropolitan New York
Epilepsy Foundation of Greater New York
Gay Men's Health Crisis
Hemophilia Association of New York
Huntington's Disease Society of America, New
York and Long Island chapters
Interagency Council of Mental Retardation and
Developmental Disabilities
Leukemia & Lymphoma Society, New York City
chapter
Mental Health Association of New York City
Mental Health Association of Westchester County
National Alliance for the Mentally Ill –
New York State
National Aphasia Association
National Marfan Association
National Multiple Sclerosis Society, Capital,
Long Island, New York City, Southern,
and Upstate chapters
New York AIDS Coalition
New York Association of Psychiatric
Rehabilitation Services
SHARE: Self-Help for Women with Breast and
Ovarian Cancers
SLE Foundation
West Islip Breast Cancer Coalition for Long Island

Cooperating Organizations

Alliance of Resident Theaters of New York
Brooklynwide Interagency Council of the Aging
Citizen Action of New York
Commission on the Public's Health System
Community Healthcare Network
Community Service Society
Dance Theater Workshop
Greater New York Labor-Religion Coalition
Institute for Puerto Rican and Hispanic Elderly
Joint Public Affairs Committee for Older Adults
Lambda Legal Defense and Education Fund
Long Island Progressive Coalition
Medicare Rights Center
Metro New York Health Care for All Campaign
National Association of Social Workers,
New York City chapter
New York State Health Care Campaign
New York State Nurses Association
New York State Psychological Association
New York Statewide Senior Action Council
Senior Services
Society for Hospital Social Work Directors,
Metropolitan New York chapter
South Fork Community Health Initiative
William F. Ryan Community Health Center

August 16, 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:

New Yorkers for Accessible Health Coverage (NYFAHC) is a statewide coalition of 53 voluntary health organizations and allied groups who serve and represent people with chronic illnesses and disabilities for whom access to affordable, accessible comprehensive health coverage is essential to maintaining their well being. We 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."ⁱ 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."ⁱⁱ 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).^{iii, 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.

To ensure that the voices of consumers with serious illnesses and disabilities -- who depend on their coverage often-- are considered in implementation of health reform, NYFAHC has conducted listening sessions with consumers who have mobility impairments, hearing impairments, HIV/AIDS diagnoses, and mental health diagnoses and has scheduled listening sessions with people with Lupus and bleeding disorders. At these listening sessions we have asked

August 16, 2012

consumers, what kinds of coverage choices they want and need and what benefits and services are important to them. While these comments will be included in a future report to be produced by HCFANY, we can see already that there is strong support for health care plans that provide comprehensive coverage in all of the ten EHB categories.

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

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, 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, -- a service that consumers at GMHC identified as important to their need to maintain good nutrition.

The Empire Plan offers out-of-network benefits which can be very important to people who need to be able to easily access particular specialists for 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 NYFAHC's members, 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

Thank you for considering our comments and recommendations. If you have questions about these comments, please contact Heidi Siegfried at hsiegfried@cidny.org or 646.442.4147.

Sincerely,

Heidi Siegfried, Esq.
Project Director

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.