The City of New York (NYC) submits the following comments on the upcoming selection of the benchmark plan that will determine the package of health care items and services known as Essential Health Benefits (EHB) offered in New York State. The goal must be to strike an appropriate balance between providing New Yorkers with an appropriate amount of coverage to assure access to critical health care services while limiting to the greatest extent possible the cost of providing such benefits. Currently, the high cost of health coverage poses a significant challenge for many businesses and individuals that have health insurance. The cost and affordability of coverage under reform will directly affect public expenditures in terms of subsidies, individual and employer costs, and individual and employer enrollment decisions.

The decision of selecting a particular benchmark plan must be balanced so as to achieve the desired goals of reform: increasing access to needed care while providing adequate and affordable coverage over the short- and long-term. In addressing both coverage and cost, NYC encourages the broader use and coverage of preventive services, including reproductive health services and contraception, which prevent the development or progression of costly illnesses or conditions over time and improve population health. For the same reasons, it also is important to offer extensive coverage of behavioral health services.

NYC offers the following specific evidence-based recommendations on physical preventive, dental and mental health services for inclusion in New York State's EHB package:

Tobacco Cessation: NYC recommends coverage of all FDA-approved, first-line cessation medications, and a minimum of eight counseling sessions a year, at no cost to the member.[1,2] Our reasoning for ensuring these services are part of the final EHB package include:

- An estimated 25,000 deaths in NYS occur as a result of tobacco use annually.[3]
- For each smoking-related death, twenty people have a smoking-related disease like heart disease, lung cancer, or stroke.[4]
- Tobacco use results in $200 billion in lost productivity and health care expenses every year in the US.[5]

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[1] Tobacco-dependence screening and treatment is an 'A' rated USPSTF service and successful intervention requires coverage of multiple counseling sessions per year, as well as prescription and over-the-counter cessation medications. United States Preventive Services Task Force website. Available at: http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm#summary. Accessed August 7, 2012.

[2] Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ,) and U.S. Preventive Services Task Force. Counseling and Interventions To Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women Clinical Summary of U.S. Preventive Services Task Force Recommendation. http://www.uspreventiveservicestaskforce.org/uspstf09/tobacco/tobaccosum2.pdf

[3] NYS Tobacco Control Program. Leading the Way Toward a Tobacco-Free Society 2010-2013. Available at: http://www.health.ny.gov/prevention/tobacco_control/docs/leading_the_way_2010-2013.pdf. Accessed August 9, 2012.

[4] Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012. U.S. Department of Health and Human Services. Public Health Service. Office of the Surgeon General, Rockville, MD. Available at: http://www.hhs.gov/news/press/2012pres/05/20120531b.html. Accessed August 2, 2012.

- In NYS, total annual medical costs for treating smoking-caused disease was $8.17 billion, while annual lost productivity costs related to smoking came to $6.05 billion in 2010.[6]

Providing access to effective behavioral and pharmacological treatments will encourage successful cessation attempts, which can lead to improved outcomes and cost-savings:

- A course of tobacco-dependence treatment that entails counseling sessions and cessation aids can attain 12-month abstinence rates of 25% to 35%.[7]
- Cost-saving estimates relating to Massachusetts' Medicaid tobacco cessation benefit, which included counseling and medication, showed that for each $1 invested in these benefits $3.12 in medical savings was achieved over a two-year period.[8]

Type 2 Diabetes Prevention and Intervention: NYC recommends coverage for a diabetes prevention program recognized by the Centers for Disease Control and Prevention for adults who are at risk for type 2 diabetes, including adults who are obese or overweight, and either have pre-diabetes, or among women, a history of gestational diabetes.[9,10] The following health indicators underscore the importance of including this program in the EHB package:

- Currently, 8.7% of the NYS population has diabetes, a majority of which is type 2.[11]
- The prevalence of uninsured among individuals with pre-diabetes, using NYC survey data, is estimated to be 24%.[12]
- Overweight and obesity increase the risk of developing diabetes.
    - Expansion of behavioral intervention to overweight individuals and those with pre-diabetes can reduce the risk of developing diabetes by as much as 58%.[13,14]

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[5] Fiore M, Goplerud E, Schroeder S. The Joint Commission's New Tobacco-Cessation Measures—Will Hospitals Do the Right Thing? The New England Journal of Medicine 2012; 1-4.
[6] NYS Tobacco Control Program. Leading the Way Toward a Tobacco-Free Society 2010-2013.
[7] Currey et al. The Role of Health Care Systems In Increased Tobacco Cessation. The Annual Review of Public Health, 2008; 411-x.
[8] Richard, Patrick et al. The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts.PLoS One. 2-12. 7 (1): e29665- e29665.
[9] Centers for Disease Control and Prevention. Diabetes Prevention Recognition Program, Standards and Operating Procedures. Available at: http://www.cdc.gov/diabetes/prevention/pdf/DPRP_Standards_09-02-2011.pdf. Accessed August 8, 2012.
[10] Intensive, multicomponent behavioral intervention for obese adults has a 'B' rating from USPSTF, and consequently, must be covered under PPACA. United States Preventive Services Task Force website. Available at: http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm#summary. Accessed August 7, 2012.
[11] Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, Prevalence and Trends Data for New York State. Available at: http://apps.nccd.cdc.gov/BRFSS. Accessed August 9, 2012.
[12] New York City Department of Health and Mental Hygiene. Bureau of Epidemiology Services. New York City Health and Nutrition and Examination Survey, 2004. June 2010.
[13] The Diabetes Prevention Program Research Group. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin. N Engl J Med. February 2002; 346(6):393-403.

Behavioral Health: The State should ensure that the selected benchmark plan includes a robust continuum of behavioral health treatment. We would also urge the State to follow the intent of HHS to apply the Mental Health Parity and Addiction Equity Act of 2008 to essential health benefits such that inpatient and outpatient chemical dependence services do not face greater quantitative or non-quantitative treatment limits such as through medical management standards, formulary design, step-therapy protocols, etc. than those applied to services for physical health care. Many plans have historically limited their coverage of behavioral health services (including both mental health treatment and chemical dependency services), creating significant barriers to treatment for individuals seeking behavioral health care. In addition to running counter to sound public policy, these treatment limitations may be prohibited under the Mental Health Parity and Addiction Equity Act.

Oral Health: NYC recommends coverage of medically necessary orthodontic interventions in addition to important emergency and routine dental services. Medicaid and CHP currently cover services for medically necessary (not cosmetic) orthodontia for children and adolescents. Those affected have severe malocclusions that prevent them from speaking, swallowing, eating and performing other activities of daily living. Additionally, orthodontic treatment may lead to better long-term oral hygiene by patients and the prevention of tooth decay and periodontal disease.[15]

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[14] Tuomilehto J, Lindström J, Eriksson JG, Valle TT, Hämäläinen H, Ilanne-Parikka P, Keinänen-Kiukaanniemi S, Laakso M, Louheranta A, Rastas M, Salminen V, Uusitupa M; Finnish Diabetes Prevention Study Group. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. N Engl J Med. May 2001;344(18):1343-50.

[15] Feliu Jose L. The Long-Term benefits of orthodontic treatment on oral hygiene. American Journal of Orthodontics 1982; 82 (6): 473-477.