



August 17, 2012

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

Submitted electronically to [exchange@health.state.ny.us](mailto:exchange@health.state.ny.us)

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

Dear Ms. Holahan:

On behalf of the American Heart Association/American Stroke Association, thank you for the opportunity to comment on the state's selection of an Essential Health Benefits (EHB) benchmark plan for use in the individual and small group insurance markets.

The American Heart Association is the nation's largest, voluntary-led organization focused on the mission to improve cardiovascular health of all Americans by 20% by the year 2020. Heart disease, stroke, and other cardiovascular diseases (CVD) remain the No. 1 causes of death in New York and across the nation and are the leading causes of permanent disability. New York has the 16th highest death rate from CVD in the country. In 2009, heart disease took the lives of 47,283 New Yorkers and another 5,950 New Yorkers died of stroke<sup>1</sup>.

The decision before the state is a fundamental step in implementing the Affordable Care Act and is critical to making affordable, high-quality health insurance coverage available for New York State residents. For those suffering from CVD, lack of insurance can be deadly. The detrimental health effects of being uninsured or underinsured for individuals with heart disease and stroke are well documented. For example, people without health insurance experience a 24-to-56 percent higher risk of death from stroke than their insured counterparts<sup>2</sup>.

**Recommendation: Adopt the New York State Employees' Empire Plan as the benchmark for New York.**

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<sup>1</sup> Centers for Disease Control and Prevention. *WISQARS Leading Cause of Death Reports, 2009*. Based on total number of deaths in 2009.

<sup>2</sup> Shen, W. *Disparities in outcomes among patients with stroke associated with insurance status*. *Stroke*. 2007; 38: 1010–1016.

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 and 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.

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 essential, we expect that the Exchange will bring down premium costs, particularly for those who attempt to purchase individual coverage. And those suffering from CVD need the security that a comprehensive benefit package provides.

HHS requires states to supplement any missing categories of benchmark services. As such we recommend that comprehensive services critical for heart disease and stroke patients are included, specifically tobacco cessation, cardiac rehabilitation, and habilitative services. Clarification should also be provided to ensure that preventative services such as cholesterol screening and obesity counseling are covered.

**Tobacco Cessation:**

In general, tobacco cessation treatment remains highly cost-effective, even though it is very difficult for people to quit this deadly, addictive habit. Tobacco users vary in what tobacco products they use, how much, how often, and in what coexisting medical conditions they may have. When quitting, they need access to a range of treatments, both medication and counseling, to find the most effective tools that work for them.

While smoking cessation is covered under the Empire Plan prescription drug benefit, clarification is needed to ensure the covered benefit includes all over the counter and prescription medications approved by Food and Drug Administration (FDA) and cessation counseling. Current smoking cessation aids approved by the FDA include nasal sprays, inhalers, bupropion, varenicline, nicotine patches, lozenges, and gum. Combination therapy with counseling and medications must be included as this is evidence based and more effective at increasing cessation rates than either component alone.

**Cardiac Rehabilitation:**

Most heart disease patients can help lower their risk of future heart problems if they make changes to improve their health. Cardiac rehabilitation (cardiac rehab) is a professionally supervised program to help people recover from heart attacks, heart surgery and percutaneous coronary intervention (PCI) procedures such as stenting and angioplasty. Cardiac rehab programs typically provide education and counseling services to help heart patients increase physical fitness, reduce cardiac symptoms, improve health and reduce the risk of future heart problems, including heart attack.

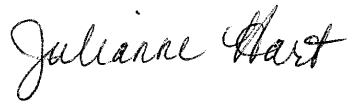
The benefits of cardiac rehab are great. Regular physical activity helps your heart and the rest of your body get stronger and work better. Patients have the advice and close supervision of healthcare professionals to help improve their heart health and lower the risk of future heart disease and health complications. As such, the American Heart Association calls for coverage of cardiac rehabilitation services to be included in the EHB benchmark plan.

**Habilitative Services:**

Habilitative services are critical for many patients, most notably for children who experience a stroke. Access to appropriate habilitative and rehabilitative therapy is a critical element of care that minimizes disability and promotes the productivity of patients with many different conditions. We recommend requiring that habilitative services be offered at parity with rehabilitative services (i.e. parity in coverage for PT/ST/OT for adults and children).

Thank you for the opportunity to comment on the state's selection of an EHB benchmark plan. Please contact us with any questions or concerns. We look forward to working with you to ensure the EHB benefits meet the needs of all consumers.

Sincerely,



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