



August 31, 2012

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

[Submitted electronically to exchange@health.state.ny.us]

RE: Benchmark Plan for Essential Health Benefits

Dear Ms. Holahan:

The New York State Public Health Association (NYSPHA) appreciates 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. This decision is a fundamental step in implementing the Affordable Care Act in New York State.

The New York State Public Health Association is an affiliate of the American Public Health Association and serves as a statewide organization for members from all disciplines in the public health spectrum including state and county health departments, healthcare; policy and advocacy organizations; community based health and human service programs and workers; academia and research. NYSPHA is among the nation's oldest, independent, nonprofit public health organizations. It's the only broad-based statewide organization exclusively devoted to promoting and protecting the public's health.

The EHB package that New York selects must meet the needs of a wide and diverse segment of the state's population. NYSPHA has been a strong supporter of insurance reform, including the Affordable Care Act, and we are strongly committed to ensuring that New Yorkers receive optimal care once ACA is implemented. NYSPHA is particularly focused on optimizing the clinical preventive care benefits because of the need to reduce the devastating burden of chronic diseases on the state which accounts for about 75% of healthcare costs. It is critical that ALL Grade A and B Recommendations of the US Preventive Services Task Force be generously covered under ACA in order to maximize the benefits of each cost effective, evidence-based intervention. This is not the area for health plans to save money on benefits. Over

restricting choices and creating barriers to these proven preventive services will only reduce utilization and increase long-term human and financial costs.

By far, tobacco dependence and obesity are the two largest drivers of chronic diseases. Therefore special attention must be given to ensuring that these benefits are the most generous and well-designed.

Tobacco Dependence Treatment

Summary of Recommendations

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. *Grade: A Recommendation.*

The USPSTF strongly recommends that clinicians screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke. *Grade: A Recommendation.*

Tobacco causes approximately 1 in 5 deaths and is the number one preventable cause of chronic morbidity and mortality. Each year three to five percent of smokers will actually stop smoking. Clearly, increasing the number of successful attempts will have an important effect on health and health care costs. Nicotine addiction is classified as, and should be treated as, a chronic disease.

When quitting, tobacco users need access to a range of treatments, both medication and counseling, to find the most effective tools that work for them. Several attempts are usually necessary to successfully quit, and the frequency and duration of treatments should not be limited. Again, limiting the benefit with cost-sharing or preauthorization requirements deter people from using preventive services which undermines the goal of treatment. Tobacco dependence treatments should be handled like most other treatments for chronic disease; at the discretion of the provider based on the unique needs of that patient. In New York, we have made tremendous progress to reduce the smoking rate. However, the remaining smokers are likely to be more heavily addicted with co-occurring medical issues such as mental illness and require greater flexibility, access, and support to finally quit.

Therefore, **NYSPHA strongly recommends that the EHB include all seven FDA-approved cessation medications (including combination therapy) and individual, group, and telephone counseling with no limits and that these benefits be promoted to tobacco users on each plan**—the treatments identified as effective in the U.S. Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence: 2008 Update* (<http://www.cdc.gov/features/quitsmoking/>).

- NRT Gum
- NRT Patch
- NRT Lozenge
- NRT Inhaler
- NRT Nasal Spray
- Bupropion
- Varenicline

In addition, the following counseling benefits should be covered.

- Individual Counseling (brief intervention by the provider as well as intensive ongoing counseling by a qualified professional)
- Group Counseling
- Phone Counseling

Overweight and Obesity

Two thirds of the adult population in New York State is now overweight or obese while one in three children fall into this category (NYSDOH).

Summary of Recommendations

- The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. *Grade: B Recommendation.*
- The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians. *Grade: B Recommendation.*

According to a recent study, only half of PCPs (49%) reported recording BMI regularly. Fewer than 50% reported always providing specific guidance on diet, physical activity, or weight control. Only 10% of PCPs always referred patients with a high BMI for further evaluation/management. Overall, PCPs were more likely to counsel on physical activity than on diet or weight control.¹ Health plans and physicians need to be held accountable for better outcomes related to addressing the obesity epidemic.

NYSPHA recommends that brief interventions for weight screening and counseling be fully covered to promote a greater focus on the weight management by providers. In addition, intensive behavioral counseling for overweight and obesity be fully covered in the EHB and carried out by qualified professionals specifically NYS Certified Dietitian-Nutritionists (CDN).

¹ A Smith et. al. U.S. Primary Care Physicians' Diet-, Physical Activity, and Weight-Related Care of Adult Patients. American Journal of Preventive Medicine Vol. 41, Issue 1, Pages 33-42. July 2011.

Thank you for considering our comments.

Sincerely,

Michael Seserman

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