

**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

## Testimony to the Joint Budget Hearing of the Senate Finance Committee and Assembly Ways and Means Committee on the Executive Budget - Health Care

February 2, 2015

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**Center for Independence of the Disabled**  
**Project Director**  
**New Yorkers for Accessible Health Coverage**



Good Afternoon. My name is Heidi Siegfried and this testimony is submitted on behalf of New Yorkers for Accessible Health Coverage (NYFAHC) a statewide coalition of 53 voluntary health organizations and allied groups who serve and represent people with chronic illnesses and disabilities, including cancer, HIV/AIDS, cognitive impairments, multiple sclerosis and epilepsy. NYFAHC is a project of Center for the Independence of the Disabled, NY. NYFAHC is a founding member of Health Care for All New York. We appreciate the opportunity to share with you our thoughts about the New York State's Executive Budget Proposal and our recommendations. Because the conditions affecting the individuals and families we represent do not discriminate between rich and poor, we advocate for accessible, affordable, comprehensive and accountable health insurance for the privately insured, as well as for those in need of access to public insurance programs.

**NYFAHC SUPPORTS THE METHOD OF FUNDING THE NEW YORK STATE OF HEALTH**

NYFAHC strongly supports the provisions of the budget which would provide a broad-based insurance financing Mechanism for the New York State of Health Marketplace. Under Governor Cuomo's proposal, those who gain coverage through the Marketplace will not disproportionately shoulder the burden of making affordable, quality coverage available to New Yorkers. To further improve the Marketplace, NYFAHC urges the legislature to take the following actions:

**Require QHPs to offer out-of-network coverage.** Even with improved network adequacy and external review appeal processes, many consumers would prefer to purchase an out-of-network option that allows them to use out-of-network providers even if at a somewhat increased cost. People paying for vital and often life-saving treatments with trusted providers – HIV and cancer specialists, for example – should retain the right to see these providers without bearing the complete full costs of these services.

**Merge the individual direct pay and small group health insurance pools both inside and outside of the NYSOH marketplace.** New York still separates its individual and small group insurance markets, both inside and outside of the marketplace. While an individual mandate is bringing new purchasers into the market and has lowered prices, both affordability and choice for individuals would be even more enhanced by a market merger. The ACA requires New York to increase its small group market from 50 to 100 in 2016. This would be a good time to merge our small group and individual markets. It would help ensure an out-of-network option and it would also provide continuity of care during transitions between workplace and individual coverage. Massachusetts offers an example of a successful market merger.

**NYFAHC SUPPORTS CONSUMER ASSISTANCE FUNDING**

**NYFAHC supports increased funding for Community Health Advocates, the state's health care consumer assistance program.** Navigators, who provide enrollment assistance to consumers, cannot help with post enrollment issues. NYFAHC supports a sustainable source of funding to support consumer New Yorkers For Accessible Health Coverage



assistance programs. With so many people who may be new to the world of health insurance enrolling in coverage these services are needed now more than ever especially for people with serious illnesses and disabilities so that they can get the services and supports that are right for them. We are advocating that the legislature increase the Administration's \$2.5 million appropriation to \$5 million for this year.

**Medicaid Managed Care Ombudsperson Program.** In December the state established a Medicaid Managed Care ombudsperson program called Independent Consumer Advocacy Network ((ICAN) for people receiving long term care services for more than 120 days in mainstream managed care, Managed Long Term Care, and the Fully Integrated Duals Advantage (FIDA) program, NYFAHC supports the Governor's provision of an additional \$5 m. in the 2015 -2016 Executive Budget for Ombudsperson program services. Understanding and navigating these new ways of accessing care can be difficult making these services critical to the success of this new care delivery.

**NYFAHC SUPPORTS AFFORDABLE COVERAGE**

**Basic Health Program.** NYFAHC supports the implementation of the Basic Health Program which would provide coverage for people between 138% of federal poverty level (income at which non-disability related adults become ineligible for Medicaid), as well as lawfully present immigrants not eligible for federal Medicaid funding, up to 200% of the FPL which is 23,340 or a single individual and \$47,700 for a family of four in the 2015 benefit year. These people are eligible for premium subsidies, but that can amount to 6.34% of their income for the second lowest silver plan or more if they need a plan with higher actuarial value. A Basic Health Program will provide more affordable coverage and will generate approximately \$300 million in annual fiscal savings for the State. Because federal funds cannot be used to administer the program NYFAHC supports an appropriation to administer the program.

NYFAHC also urges the legislature to provide state funding to make sure that higher income PRUCOL immigrants can be included in the BHP as they are in Medicaid and consistent with past practices under the Family Health Plus program

Finally, the State should consider taking the additional step of covering undocumented immigrants in the program as all New Yorkers deserve affordable, quality health coverage.

**Preserve spousal and parental refusal.** The Governor's Budget again proposes to eliminate the longstanding right of "spousal/parental" refusal for children with severe illnesses, low-income seniors and people with disabilities who need Medicaid to help with long term care costs and Medicare out-of-pocket costs. The "refusal": will only be honored and Medicaid granted if a parent lives apart from his or her sick child, or a "well" spouse lives apart from or divorces his or her ill spouse. NYFAHC opposes denying Medicaid to these vulnerable groups; the projected cost savings from this action may not be realized, and in fact the increased insecurity of these consumers and their New Yorkers For Accessible Health Coverage



families may cause further health care and social costs that have not been included in the budget assumptions.

**NYFAHC SUPPORTS COMPREHENSIVE COVERAGE**

**NYFAHC strongly opposes eliminating Provider Prevails.** This proposal would repeal an important patient protection in the Medicaid It would amend fee-for-service Medicaid provisions to eliminate prescriber prevails for drugs not on the preferred drug list. A prescriber, with clinical expertise and knowledge of his or her individual patient, should have the final say to be able to override the preferred drug list for atypical anti-psychotics, as well as snit-depressant, anti-retroviral, anti-rejection, seizure, endocrine, hematologic, and immunosuppressant therapeutic classes. People with disabilities often have chronic conditions that require a complex combination of medications. Different individuals may have very different responses to different drugs in the same class. Sometimes only a particular drug is effective or alternative drugs may have unacceptable side effects. Disrupting the continuity of care can result in detrimental or life threatening consequences and can actually lead to more medical complications, expensive hospitalizations, emergency room use, and higher health costs. It can also discourage consumers from continuing with needed treatment due to uncomfortable side effects or because drug failure erodes their trust in medication. Prescribers are in the best position to make decisions about what drug therapies are best for their patients. CIDNY urges the State to recognize the importance of specific prescription drug combinations and protect Provider Prevails.

**NYFAHC supports "Step Therapy" legislation that would allow for a prescriber override.** People with disabilities and serious illnesses often have chronic conditions that require a complex combination of medications. Sometimes only a particular drug is effective or alternative drugs may have unacceptable side effects. Sometimes a drug that has been helpful will lose its effectiveness. NYFAHC supports passage of legislation that would add a new article to the insurance law which gives prescribers access to a clear and convenient process to override step therapy and "fail first" restrictions when medically in the best interests of the patient. The prescriber's treatment decisions would prevail when, in his or her professional judgment, the preferred treatment of the QHP or its Pharmacy Benefit Manager is expected to be ineffective or cause an adverse reaction or other harm to the covered person. The legislation would also limit the duration of a step therapy protocol to the period deemed necessary by the prescribing physician or health care professional to determine its effectiveness, or a period of thirty days.