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## **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**

**January 27, 2016**

**Testimony By:**  
**Heidi Siegfried, Esq.**  
**Director of Health Policy**  
**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 CONSUMER ASSISTANCE FUNDING**

**NYFAHC supports increased funding for Community Health Advocates, the state's health care consumer assistance program *with \$4 million.***

Navigators, who provide enrollment assistance to consumers, cannot help with post enrollment issues. With 2.8 million New Yorkers enrolled in the NY State of Health Marketplace since its launch in 2013, many of them new to the world of health insurance, these services are needed now more than ever. People with serious illnesses and disabilities especially need this assistance so that they can get the services and supports that are right for them. Since 2010, CHA has helped 240,000 New Yorkers and saved them \$15 million. The Governor proposes a budget for the program of \$2.5 million. *We urge the Legislature to add \$1.5 million for a total of \$4 million to maintain current capacity.*

**NYFAHC urges the Legislature to include in the enacted budget \$2 million to fund outreach to the remaining uninsured.**

Despite the success of New York's enrollment efforts, 8% of New Yorkers still remain uninsured. And it appears that those who remain without insurance tend to be concentrated in certain communities, including rural New York and among Limited English Proficient (LEP) populations. Legal restrictions and time constraints prevent Navigators from engaging in comprehensive outreach to "hard-to-reach" groups. *We recommend that \$2 million be provided as a legislative addition to the Executive Budget to enable the Department of Health to establish a grant program to fund outreach about the availability of health coverage, and to connect interested consumers to local Navigators.*

**NYFAHC supports adequate funding for the Medicaid Managed Care Ombudsperson Program.**

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. The Governor's Budget provides base funding for ICAN. *We encourage you to make sure this program is funded at sufficient levels to meet the needs of new populations that are transitioning to managed care.*



**NYFAHC supports increased funding for the Long-term Care**

**Ombudsprogram:** The Governor proposes to provide level funding (\$3 million) for the Long-term Care Ombudsprogram--a program with a mandate to protect New York's nursing home residents. The program is dealing with downsizing and closures, discharge of residents to homeless shelters, psychotropic drugging and other serious problems with only minimal resources. Currently, New York's program is one of the most poorly funded in the nation. *The legislature should increase funding of the Long-term Care Ombudsprogram to at least \$3.5 million.*

**NYFAHC SUPPORTS AFFORDABLE COVERAGE FOR ALL**

**NYFAHC Urges the Legislature to support State-only funding to expand the Essential Plan to cover income-eligible immigrants.**

The Essential Plan (formerly referred to as the Basic Health Program), which officially launched on January 1st, is a huge step forward in making health insurance much more affordable for people who are just above Medicaid income eligibility. At a cost of \$20 or less per month, this program will make an enormous difference for low-income New Yorkers who could not previously afford health insurance, even with federal subsidies and cost-sharing assistance. While the Essential Plan promises affordable health insurance to many low income New Yorkers, others, including those with deferred action for childhood arrivals (DACA) status, continue to be left without access to affordable health coverage. A small subset of individuals (approximately 5,500) permanently residing under color of law (PRUCOL) with incomes between 138 and 200% of the federal poverty level are excluded from the Essential Plan and other Marketplace products under federal rules. Because their incomes are too high to qualify for state-only Medicaid they have no affordable insurance options. *We therefore urge the Legislature to allocate \$10.3 million to cover this small group of "residual PRUCOLs" in a State-only funded Essential Plan.*

**Preserve spousal and parental refusal.** The Governor's Budget again proposes to eliminate the longstanding right of "spousal/parental refusal" -- the right to protect some income for a non-disabled children and adults when children with severe illnesses, low-income seniors and people with disabilities 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 families may cause further health care and social costs that have not been included in the budget assumptions. *We urge the Legislature to reject elimination of spousal and parental refusal, as it has in the past.*

**Increase protections for seniors and people with disabilities whose spouses are in nursing homes, waiver programs and managed long-term care plans.**

The Governor's proposal would reduce the spousal impoverishment resource allowance to the federal minimum, \$23,844 from \$74,820. The current allowance was established more than 20 years ago.



Lowering it will only increase the impoverishment of spouses. *Instead, the Legislature should increase the spousal allowance to the federal maximum of \$119,220 to protect couples with moderate resources.*

**NYFAHC SUPPORTS COMPREHENSIVE COVERAGE**

**New children’s mental health services.** NYFAHC is supportive of the Governor’s proposal to add six new children’s mental health services to the Medicaid benefit package. With the proper funding and planning, this could mean better access to services for children with mental health needs, including crisis intervention, psychosocial rehabilitation services, family peer supports, and more. *The Executive Budget includes some new funding for these benefits (\$7.5 million), but our concern is that sufficient funding continue to be available to allow the potential scope of these new services to be fully realized for beneficiaries.*

**Reject the proposal to carve transportation out of the managed long-term care benefit package.** People with disabilities find it challenging to obtain transportation services they are entitled to. When the transportation benefit is included in a Plan benefit package, consumers have more responsive avenues for their complaints and the Plan can address any systemic problems. Removal of transportation services from the benefit package will leave people who find coordination of services challenging without assistance. *We urge the Legislature to reject separation of transportation from other services that need coordination.*

**Eliminate the 20-visit limit on Medicaid Physical Therapy, Occupational Therapy, and Speech Therapy.** The Medicaid Redesign Team adopted the principle that decisions on the Medicaid Benefit package would be based on evidence derived from an assessment of effectiveness, benefits, harms, and costs. Arbitrary visit limits do not make sense, and discriminate against people with disabilities. People who have a stroke may need more than 20 physical therapy visits to regain the function of walking. Already, we have seen a person subjected to this limit who required surgery as a result, and then was unable to get the recommended post operative physical therapy due to the limit. Some people experience depression when they are unable to gain or regain function that may require therapy or prescription drug treatment. *The Legislature should repeal the therapy caps.*

**NYFAHC strongly opposes eliminating Provider Prevals.** This proposal would repeal an important patient protection in the Medicaid. It would eliminate prescriber prevails for many 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 anti-retroviral, anti-rejection, seizure, endocrine, hematologic, and immunosuppressant therapeutic classes, as well as atypical anti-psychotics and anti-depressants. 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. *NYFAHC urges the State to recognize the importance of specific prescription drug combinations and protect Provider Prevalence. We urge the Legislature to preserve prescriber prevalence for all current classes of drugs.*

**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.

