

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:

Thank you for the opportunity to provide comments on this fundamental step in implementing the Affordable Care Act in New York State. The EHB decision is critically important for the children of New York because the package must provide a comprehensive set of benefits that meets the particular medical, developmental and behavioral services needs of children from birth through adolescence.

Children are not just small adults – their health care requires a system and professionals able to provide services that will help them through critical years of growth and development. Services must include prevention, health education, treatment of identified conditions and episodic illness as well as chronic disease management. Services must reflect all aspects of child well-being, including medical, dental and behavioral health care. The health care that children and adolescents receive sets the trajectory for their health over their lifetime.

We are pleased that the ACA requires preventive services, including *Bright Futures*, the CDC Advisory Committee on Immunization Practices (ACIP) recommended immunization services and United State Prevention Services Task Force (USPSTF) recommendations with a rating of “A” or “B” to be in the EHB package. These are extremely important for children’s health.

We urge adoption of the New York State Health Insurance Program’s Empire Plan as the best benchmark option. The Empire Plan is the most comprehensive of the ten benchmark plan options. 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. It also covers dental care for children and adults.

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However, there are some important areas for children's health missing from the Empire Plan and we urge the State to consider the best approaches for supplementing the necessary coverage:

**Vision Services** – The Empire Plan does not cover routine vision care, vision appliances (glasses) or vision services related to specific medical condition. *Bright Futures* contains a schedule for routine vision screening for the detection of eye disease and refractive disorders. However, screening must be followed by the ability to obtain treatment and corrective appliances.

A recent study of elementary school students revealed that over 13% of parents were unable to afford needed eyeglasses (new prescription or replacement) for their children and over 27% reported no vision insurance coverage for eye examinations and eyeglasses. Parents with lower income were more likely to report being unable to afford children's eyeglasses even after controlling for all other factors.<sup>1</sup> Without eyeglasses, children will find school and other activities difficult or impossible and undetected disease may cost a child his sight as an adult.

We believe that when Congress listed vision care for children as one of the 10 Essential Health Benefits, their intent was to include treatment and eyeglasses, in addition to screenings. The December 16, 2011, Essential Health Benefits issued by the Department of Health and Human Services (HHS) states that where there are no pediatric vision services offered in the benchmark plan, it must be supplemented with the FEDVIP vision plan with the largest enrollment.<sup>2</sup> We urge the State to consider options for supplementing the benchmark plan with the most robust vision option available.

**Oral Health** – The Empire Plan covers dental care for adults as well as children. This is important for the health of the entire family. Providing dental coverage in the benchmark plan will make it easier for families since they will be able to select one plan for their children's health needs.

Preventive oral health services, including risk assessment and anticipatory guidance are included in *Bright Futures* but children must receive pediatric dental services that restore oral structures to health and function, and address emergency conditions for the attainment and maintenance of oral health. The HHS Bulletin also includes medically necessary orthodontia as a covered benefit.<sup>3</sup>

The Summary of Covered Services for Potential Benchmark Plans presented by Milliman includes Emergency Dental Services, Routine Dental Services and Oral Surgery as covered services for both adults and children. While this is an excellent range of services, it will be necessary to get a more detailed description of the actual scope of services to ensure that coverage is consistent with the needs of children.

**Hearing Coverage** – The Empire Plan does not cover testing for hearing and provides limited coverage for hearing aids. The benefit does not recognize children's hearing needs separately.

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<sup>1</sup> Zang, X., Elliott, M., Saaddine, J., Berry, J., et al, Unmet Eye Care Needs Among U.S. 5th-Grade Students, *American Journal of Preventive Medicine*, v. 43, no. 1, July 2012, p. 55-58

<sup>2</sup> Essential Health Benefits Bulletin, Center for Consumer Information and Insurance Oversight, December 16, 2011, p. 11

<sup>3</sup> Essential Health Benefits Bulletin, p. 11.

Hearing is very important to children's health. Both speech and social-emotional development are highly related to language development.<sup>4</sup> Children who are hard of hearing will find it much more difficult than children who have normal hearing to learn vocabulary, grammar, word order, idiomatic expressions, and other aspects of verbal communication<sup>5</sup>. The American Academy of Pediatrics recommends that health benefits for children include "Corrective audiology and speech therapy services, delivered by those trained in the care of children. These services include assistive technology (hearing aids, cochlear implants and so forth)."<sup>6</sup>

Any benchmark plan should be supplemented to ensure that this important health benefit is included in a way that includes treatment and therapy services. Benefits should recognize that growing children may need new/differently sized hearing aids more frequently than adults and out-of-pocket costs should be affordable for low- and moderate-income families.

**Mental Health** --- Children's mental health and social-emotional development are integral to their overall health. One of every five children and adolescents has a mental disorder, and one in ten has a serious emotional disturbance that affects daily functioning. But four out of five children who need mental health services do not receive them.<sup>7</sup> Childhood and adolescence are critical periods for promoting social and emotional development and preventing mental disorders – many major mental health disorders now are recognized to have their onset in childhood.

SCAA is pleased to see that mental health services are covered, but additional information is needed about the scope of the benefits to ensure that they are expansive enough to cover the needs of infants and toddlers, young children and adolescents, since all have particular needs. It is also important to ensure access to providers that specialize in children.

SCAA recommends the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit as the best model for children's health care. EPSDT is the standard recommended by the American Academy of Pediatrics as the benefit benchmark for children. EPSDT provides comprehensive and preventive health care services for children under 21 who are enrolled in Medicaid. New York implements EPSDT through the Child Teen Health Program (CTHP) which promotes "the provision of early and periodic screening services and well care examinations, with diagnosis and treatment of any health or mental health problems identified during these exams."<sup>8</sup> SCAA will use the EPSDT benefit as a touchstone against which we will continue to monitor the selection of the benchmark plan and subsequent supplementations of that plan.

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<sup>4</sup> Yoshinaga-Itano, C., From Screening to Early Identification and Intervention: Discovering Predictors to Successful Outcomes for Children With Significant Hearing Loss, *Journal of Deaf Studies and Deaf Education* 8:1 Winter 2003

<sup>5</sup> National Information Center for Children and Youth with Disabilities. (2004, January). *Deafness and Hearing Loss* (Pub. No. FS3). Washington, DC: Author.

<sup>6</sup> Scope of Health Care Benefits for Children From Birth Through Age 26, Committee on Child Health Financing, *Pediatrics* 2012; 129; 185; originally published online November 20, 2011; DOI: 10.1542/peds.2011-2936.

<sup>7</sup> Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders, National Institute for Healthcare Management, Issue Paper, February, 2005.

<sup>8</sup> EPSDT/CTHP Provider Manual, New York State Department of Health, Office of Medicaid Management, Version 2005-1.

Other considerations for children's coverage:

- The definition of "medical necessity" for children should be informed by the particular health concern of children, including their developmental, as well as medical needs.
- Drug coverage should provide flexibility for pediatric need, which may be different from those of adults. Categories and classes of drugs, and the availability of particular drugs, should recognize the needs of children.

Thank you for the opportunity to make recommendations on essential health benefits as they relate to children's health services. The needs of children span not just the medical care they receive, but their oral and behavioral health. A benefit package that reflects children's needs must recognize the influence on health of factors outside the medical system, such as family and community as well as the environment where they live and play.

The consequences of poor health and social-emotional well-being early in life set the stage for long-term costs to the adult that child will become and to society. Children who are healthy both physically and emotionally have a greater chance of becoming self-sufficient, productive citizens. The implementation of the ACA gives New York an opportunity to design a health benefit package that explicitly recognizes the needs of children and sets them on a course for a healthy future.

SCAA is available to discuss any of the points raised in this letter. We look forward to the next steps in the implementation process.

Sincerely,

A handwritten signature in black ink, appearing to read 'KB', with a long horizontal flourish extending to the right.

Kate Breslin  
President & CEO