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MEMORANDUM IN OPPOSITION

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Re: A.1316 (Cahill) / S.1573 (Rivera) – An act to amend the social services law, the public health and the insurance law, in relation to prohibiting a provider of health care coverage from requiring providers of behavioral health services to offer all products offered by the provider of health care coverage.

This legislation, A.1316/S.1573, proposes to prohibit health plans from requiring providers to participate in all of their product lines. The New York Health Plan Association (HPA) opposes this legislation because it is harmful to health plan members as it would remove important continuity of care protections when they move between products.

Health care networks are the foundation of health plans. Providing coverage through a network increases quality, enhances medical competency, and encourages greater coordination and collaboration by providers.

Health plan members regularly move between health plan products as their eligibility changes. Currently in New York there is substantial movement of members between commercial and Medicaid products. A reason for allowing Prepaid Health Plans into the NY State of Health, the state's health exchange, was in recognition of the shifting membership based on income eligibility changes between Medicaid and Qualified Health Plan products, and now the Essential Plan. If a behavioral health provider chooses only to participate in a health plan's Medicaid network, but not in the Essential Plan or individual or small group commercial products, then the member who moves to a different product would lose access to his or her provider. For example, a member who moves from Medicaid Managed Care to an individual commercial product would no longer have access to his or her behavioral health provider, thus impacting the member's continuity of care.

The advocates also point to "consumer groups" who purportedly support this legislation. However, consumer group support is an inadequate substitute for the real-world experience of health plan members who say that they prefer broad access to their preferred behavioral health providers. These consumer groups overlook the real-world consequences of the bill.

In reality, this legislation is a *provider* protection bill that allows behavioral health providers to cherry-pick the Medicaid program in order to receive enhanced payments as compared to the payments received under the Essential Plan or commercial products. The impact of the bill will come at the expense of health plan members outside the Medicaid program who need behavioral health services. Ultimately this approach will result in less choice or increased costs for health plan members.

For all these reasons, HPA opposes A.1316/S.1573.

The New York Health Plan Association represents 28 managed care health plans that provide comprehensive health care services to nearly 8 million New Yorkers.