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MEMORANDUM IN OPPOSITION

FOR IMMEDIATE RELEASE: FEBRUARY 22, 2021

Re: A.303-A (Gottfried)/S.2539-A (Rivera) -- AN ACT to amend the public health law, in relation to coverage of early and periodic screening, diagnosis and treatment under the child health insurance plan

This legislation, A.303-A/S.2539-A, would add Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services covered under Medicaid to the Child Health Plus (CHP) program. The New York Health Plan Association (HPA) and its member health plans share the sponsors' concerns regarding child and adolescent behavioral health and are working to address the additional strain caused by the COVID-19 pandemic, but believe this legislation is unnecessary and will not resolve those issues. Accordingly, HPA opposes A.303-A/S.2539-A.

New York State's CHP program is a comprehensive health plan covering 425,000 children, and was the model for the Federal Child Health Insurance Program (CHIP). CHP offers an extensive set of benefits, including preventive care, well-child visits and an all-inclusive set of behavioral health and substance use benefits and services. Like all health plans, those participating in CHP are subject to Federal Mental Health Parity and Addiction Equity Act (MHPAEA) requirements.

Nationally and in New York, there is a huge shortage of children's behavioral health providers. Simply adding EPSDT services to the CHP benefit package will do nothing to address that shortage. Health plans have worked aggressively during the pandemic to maintain – and expand – access to children's behavioral health services through telebehavioral health, when families were unable to see a provider in-person. Telehealth services have been crucial to helping address children's behavioral health needs during the pandemic and health plans and providers continue to work together to address challenges to getting children the services they need – both through in-person and telehealth supports, and by monitoring the quality of care provided via telehealth services.

In addition, plans are working to move health care to a more value-based delivery system, with treatment plans and payments based on improved outcomes. Adding EPSDT to CHP will do nothing to expand access to services or improve outcomes and could result in plans being required to cover the cost of benefits that are not included in the benefit package and are not built into the premium. Mandates on plans to cover specific services and treatments without any parameters or requirement on providers to demonstrate improved outcomes substantially slows progress toward the goals value-based health care and perpetuates a system that provides unnecessary care and services.

For all these reasons, we **OPPOSE** A.303-A/S.2539-A.

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