



**ASSEMBLY STANDING COMMITTEE ON INSURANCE**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** The Legislative Role in Modernizing State Health Insurance Coverages under the Affordable Care Act

**PURPOSE:** To evaluate the process of modifying or enhancing health insurance coverage requirements under the Affordable Care Act.

**\*PLEASE NOTE, THIS HEARING HAS BEEN POSTPONED\***

**Hearing Room B, Legislative Office Building  
198 State Street, Albany, New York 12210**

**Thursday  
December 17, 2015  
11:00 AM**

**ORAL TESTIMONY BY INVITATION ONLY**

The Affordable Care Act provided that states must pay the cost of new health insurance coverage "mandates" which were not included as "essential health benefits". There has been almost no guidance to the state legislatures about what this means in practice, including how states are to calculate this cost, whether the "cost" may be mitigated by the prevention of future treatments, and how funds are to be appropriated if a mandate is enacted. In practice this means that health care coverage has become frozen as reflected in the 2012 essential health benefits. The purpose of this hearing would be to investigate and determine the process for evaluating, enacting and implementing new health insurance mandates in New York State.

Persons invited to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Hon. Kevin Cahill**

**Member of Assembly  
Chair  
Committee on Insurance**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the Legislative Role in Modernizing Health Insurance Coverages under the Affordable Care Act are requested to complete this reply form as soon as possible but no later than Tuesday, December 15, 2015 and mail, email, or fax it to:

Dallas K. Trombley  
Senior Analyst  
Assembly Committee on Insurance  
Room 520 - Capitol  
Albany, New York 12248  
Email: tromblid@assembly.state.ny.us  
Phone: (518) 455-4311  
Fax: (518) 455-7095

- I plan to attend the following public hearing on the Legislative Role in Modernizing State Health Insurance Coverages under the Affordable Care Act to be conducted by the New York State Assembly Committee on Insurance on Thursday, December 17, 2015.
- I have been invited to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

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- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** \_\_\_\_\_

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NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_