

Dear Mr. Plain,

To fulfill the coverage and equity aims of the Affordable Care Act, to ensure compliance with federal and state nondiscrimination mandates, and to provide all Nevadans with a minimum standard of comprehensive, affordable coverage, the Exchange should take the following actions:

1. Apply the federally mandated exchange nondiscrimination protections to any plan required to cover the essential benefits, including those in the individual and small group markets outside the exchange;
2. Eliminate condition-based exclusions that lack a sound clinical basis, including exclusions targeting the transgender population, from the state's selected EHB benchmark plan; and
3. Prohibit any such arbitrary condition-based exclusions, including those that unfairly discriminate against transgender people, in plans based on the EHB benchmark. The rule that we propose could be drafted along these lines:

Limitation on condition-based exclusions.

A health plan required to cover the essential health benefits may not arbitrarily deny or reduce the amount, duration, or scope of an essential health benefit solely because of the diagnosis, type of illness, or condition for which such benefit is sought. This section shall not be construed to prohibit a limitation or exclusion of coverage based on criteria of medical necessity, appropriateness, or comparative cost effectiveness.

D. B.

Reno, NV