

Dear Mr. Plain,

As a therapist who works regularly with Transgender concerns in my practice, I know many many stories of the cost of the lack of health care for transgender related services, and the higher cost personally, socially, and even to all of us economically by not providing coverage for transgender concerns. The health care system can provide effective (in terms of treating these concerns in evidence based ways and in terms of cost-treat the primary concern and we will remove costs on our health care system for stress, anxiety, depression, emergency services for crises and suicide attempts, and more). The more we know about transgender care, the more we understand that refusing to treat people with these concerns is discriminatory and cruel- we know the problem, we know what helps, how can we turn our backs and let our fellow human beings suffer simply because the problem is not widely understood in our culture?
Mary Minten

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.

M.M.
89509, NV