



Nevada Advocates for Planned Parenthood Affiliates, Inc.

To: Scott Kipper, Nevada Commissioner of Insurance
From: Elisa Cafferata, President & CEO, NAPPA
Re: Feedback regarding the selection of Nevada's essential health benefits plan (EHB)
Date: June 3, 2015

Thank you for the opportunity to provide input on the selection of Nevada's essential health benefits plan (EHB). We appreciate the chance to review that plans that are being considered as the benchmark plan. However, our concern is that we cannot thoroughly investigate the plans being considered.

Preventive Healthcare Services:

When we look at the explanation of benefits provided by the carriers, they typically have a paragraph similar to this one:

Preventive Healthcare Services - Services include various recommended exams, immunizations, diagnostic tests and screenings. Refer to the _____ Preventive Guidelines on the _____ website _____ located under the "Current Customers" tab or contact the Member Services Department.

Since we aren't members, we can't actually access the services provided or covered. While we know the insurance carriers are required by law to cover preventive healthcare services under the Affordable Care Act, a recent study by the National Women's Law Center showed that at least three Nevada health plans had violations of preventive health care provisions of the Affordable Care Act.

Specifically, one plan covered women's preventive services but impermissibly subjected them to co-pays. Another plan limited coverage of contraceptives other than oral contraceptives. Finally, one plan limited coverage of breastfeeding supplies. All clear violations of the Affordable Care Act.

Around the country we've also see plans that only cover generics; other plans leave off critical counselling or follow-up visits.

We are primarily concerned with the provision of Preventive Healthcare Services. Whatever plan is selected as the benchmark for Essential Health Benefits, we ask that the Division of Insurance make sure that all provisions of the preventive healthcare services are covered without delay and without additional costs or limitations.

Nondiscrimination:

In addition to preventive healthcare services, we are also concerned with the provision of services without discrimination based on gender. Recent guidance from the Department of Labor includes this specific direction:

Q5: Can plans or issuers limit sex-specific recommended preventive services based on an individual's sex assigned at birth, gender identity or recorded gender?

No. Whether a sex-specific recommended preventive service that is required to be covered without cost sharing under PHS Act section 2713 and its implementing regulations is medically appropriate for a particular individual is determined by the individual's attending provider. Where an attending provider determines that a recommended preventive service is medically appropriate for the individual – such as, for example, providing a mammogram or pap smear for a transgender man who has residual breast tissue or an intact cervix – and the individual otherwise satisfies the criteria in the relevant recommendation or guideline as well as all other applicable coverage requirements, the plan or issuer must provide coverage for the recommended preventive service, without cost sharing, regardless of sex assigned at birth, gender identity, or gender of the individual otherwise recorded by the plan or issuer.¹

Again, it is difficult to determine how benefits are provided from the benefits description online. We ask that the Division of Insurance make sure that all provisions of the preventive healthcare services are covered without discrimination.

Thank you for your consideration.

Submitted by Elisa Cafferata, President & CEO

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¹ Department of Labor, <http://www.dol.gov/> accessed 6/3/2015