

Dear Administrator Oz:

On behalf of organizations dedicated to promoting access to comprehensive, high-quality health care for patients nationwide, we write in strong opposition to the proposed prohibition on coverage of evidence-based treatment of gender dysphoria (referred to in the proposal as “sex-trait modification”) as an essential health benefit (EHB) advanced in the Centers for Medicare and Medicaid Services (CMS) “Patient Protection and Affordable Care Act; Marketplace Integrity and Affordability” Proposed Rule. This provision creates a dangerous precedent by excluding coverage for medically necessary health care from the EHB package for individual and small-group market health insurance plans without justification. An unjustified coverage exclusion of this nature represents an inappropriate intrusion into the practice of evidence-based health care and discriminates against patients simply because they are transgender.

In enacting the Affordable Care Act (ACA) 15 years ago, Congress set out to expand access to high-quality, comprehensive health insurance coverage for every American to meet their individualized medical and mental health care needs. The EHB requirement reflects part of a broader statutory approach whereby Congress established a federal minimum level of coverage for enrollees in ACA-regulated individual and small-group market plans around the country. The Proposed Rule would amount to a significant change in how CMS has previously approached implementation of the EHB requirements. Since HHS established the EHB benchmarking process, the agency has never utilized the EHB framework to force states to categorically exclude benefits that target specific populations with a particular condition. If this rule is finalized, states will be prohibited from developing health benefits packages that meet the health needs of their populations, while opening the door to further limitations on the types of care available to patients through private health insurance.

This proposal also threatens access to best-practice medical care for transgender young people and adults. Health care for transgender people is individualized, age-appropriate, and provided according to longstanding expert clinical guidelines. This evidenced-based care is supported by every major American medical organization. Preventing anyone from obtaining medically necessary care threatens their health, mental health, and well-being and that of their families. This proposal specifically excludes medically necessary health care services for individuals with gender dysphoria while explicitly including the same services for patients with other clinical indications. As such, the proposal discriminates against transgender individuals. While CMS does not propose to prohibit any coverage of this care, excluding these services from the EHB package will have the effect of limiting the plans with benefit packages that include medically necessary services and increasing the

cost of premiums and care for this population. We oppose any proposals that make it more difficult for patients to access the care they need to lead healthy lives.

Clinicians, not CMS, are best positioned to work with patients and their families to address their medical and mental health care needs. By inserting CMS between patients and health care providers, this proposal represents a harmful intrusion into the patient-clinician relationship. It serves no purpose other than to target individuals whose families rely on life-saving medical care.

We call on you to abandon this harmful proposal and instead focus your efforts on improving access to high-quality, comprehensive health care.

Sincerely,