



June 28, 2024

Re: RFI for Nevada Battle Born State Plans and Market Stabilization Program

Please see responses below from 8 patient organizations regarding the RFI on Nevada Battle Born State Plans and Market Stabilization Program.

Section 1: Opportunities to Advance Health Equity & Address Disparities for Rural Communities

1. A. Which types of requirements should the Division consider for its contracts for BBSPs to advance health equity by mitigating disparities in health care access and outcomes?

Response: Our organizations support Nevada's continued work to advance health equity and address disparities in access to care. Our organizations support required data collection on race, ethnicity, language, and other relevant demographic information that would allow identification of health disparities. Washington and California have implemented race and ethnicity reporting requirements, and California also requires data collection on preferred written language,^{1,2} which we urge Nevada to include as well. Our organizations additionally suggest that the Division collect data on providers in plans' networks equipped to serve beneficiaries with limited English proficiency, providers trained in serving LGBTQ+ populations, providers with diversity and inclusion training, and provider offices accessible to people with disabilities. The Division could then require insurers to make this data be made readily available for enrollees seeking culturally competent providers. While we encourage the state to think expansively about what datapoints are necessary and valuable, we would also encourage the Division to survey any existing, major databases, datasets, or data collection standards, to ensure that any collected data can be harmonized to the greatest extent possible either in their form of capture and categorization or in their aggregation and compilation.

Section 2: Quality Incentive Payment Program

2. A. a. Which quality targets or goals should the State measure in value-based payment design in the commercial market?

Response: Our organizations encourage the Division to incorporate stratified data into the structure of the Quality Incentive Payment Program. The stratification of reported quality

measures across race, ethnicity, sex, age, disability, primary spoken language, rural/urban status, and other factors are crucial to identifying and incentivizing actions to address health disparities.³

Section 3: Practice in Nevada Incentive Program for Providers

3. B. What additional feedback would you offer the State regarding the proposed reinsurance program in the waiver?

Response: Regarding the state’s request for additional feedback on the proposed reinsurance program in the Section 1332 waiver, our organizations note that while we agree that reinsurance can play a role in addressing affordability, the benefits of such a program flow primarily to individuals at higher incomes who are not eligible for federal premium tax credits. It does not make coverage cheaper for people — generally at lower incomes — who already qualify for federal subsidies.⁴ For this reason, many of our organizations urged the state to use pass-through dollars to fund a premium subsidy program for low-income Nevadans.⁵ Our organizations would be happy to discuss how such a program could maximize the number of patients and consumers who gain coverage under the waiver, improving health equity in Nevada.

Submitted by:

American Lung Association
Asthma and Allergy Foundation of America
Hemophilia Federation of America
National Multiple Sclerosis Society
National Patient Advocate Foundation
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society

¹ Dania Palanker, Jalisa Clark, and Christine H. Monahan, “Improving Race and Ethnicity Data Collection: A First Step to Furthering Health Equity Through the State-Based Marketplaces,” *To the Point* (blog), Commonwealth Fund, June 9, 2022. <https://doi.org/10.26099/8q55-7w85>

² Jalisa Clark and Christine H. Monahan, “Raise the Bar: State-Based Marketplaces Using Quality Tools to Enhance Health Equity,” *To the Point* (blog), Commonwealth Fund, May 22, 2024. <https://doi.org/10.26099/046M-5X35>

³ Clark and Monahan, “Raise the Bar.”

⁴ This is because of how ACA premium tax credits are calculated. In practice, from a consumer standpoint, reinsurance functions as a premium subsidy for people who are otherwise unsubsidized: in general, it lowers premiums for those who earn too much to qualify for a federal premium tax credit but does not improve affordability for those who, because they are at lower incomes, receive the premium tax credit.

⁵ PPC Comments Nevada Section 1332 Waiver Application. Partnership to Protect Coverage. December 20, 2023. Available at:

<https://www.protectcoverage.org/siteFiles/45367/12%2020%202023%20Comments%20re%20NV%201332%20Waiver%20Application%20Final.pdf>.