



January 28, 2022

Administrator Suzanne Bierman
Division of Health Care Financing & Policy
Nevada Department of Health and Human Services
1210 S. Valley View Blvd., Suite. 104
Las Vegas, NV 89102

Re: Design Considerations for the Nevada Public Option

Dear Administrator Bierman,

Thank you for the opportunity to offer input on the design of and priorities for the Nevada Public Option. The Leukemia & Lymphoma Society (LLS) shares many of the goals of the public option as established by Senate Bill 420 and we support your efforts to ensure timely implementation of this important program.

At LLS, our mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and to improve the quality of life of patients and their families. We advance that mission by advocating that blood cancer patients have sustainable access to quality, affordable, coordinated health care, regardless of the source of their coverage. LLS evaluates all health care policies through the lens of our Principles for Meaningful Coverage. These principles give us an objective and constructive means of evaluating health care policies impacting the patients we serve.¹

Our system of care is not only complex and costly, but also biased. Despite overall gains in coverage made across all racial and ethnic cohorts in the past decade, non-white individuals are still more likely than their white peers to be un- or under-insured.² It is therefore imperative that organizations like LLS stand up for patients, survivors, and caregivers by advancing coverage solutions that promote equity, while also bending the cost curve and broadly expanding access to care.

We believe the state's public option program can improve access to coverage and make health care more equitable, to the benefit of all Nevadans. We look forward to working with you to achieve these goals and offer the following comments for your consideration.

¹ The Leukemia & Lymphoma Society. Principles for Meaningful Coverage. Retrieved from:

<https://www.lls.org/cancercost/principles>

² Sara R. Collins, Munira Z. Gunja, and Gabriella N. Aboulafia. Commonwealth Fund (2020). "U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability." Retrieved from: <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial>; Samantha Artiga, Kendal Orgera, and Anthony Damico. Kaiser Family Foundation (2020). "Changes in Health Coverage by Race and Ethnicity since the ACA, 2010-2018." Retrieved from: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>

State Premium and Cost-sharing Assistance

To increase enrollment in comprehensive coverage and reduce disparities in un- and underinsurance, the public option must be affordable, both in terms of premiums and out-of-pocket expenses. A state coverage subsidy program can help accomplish this, and efforts underway in another state provide an example of how this can work. As you know, the state of Colorado is implementing a set of coverage reforms broadly similar to those established under SB 420, including premium reduction requirements, and is seeking federal approval of a Section 1332 waiver to support its program. Thanks to its premium reduction reforms, Colorado's waiver should generate substantial savings for the federal government that will then be "passed-through" to the state pursuant to its waiver.³

We anticipate that the premium reductions called for under SB 420 likewise will produce significant "pass-through" savings that Nevada will be entitled to access under its forthcoming Section 1332 waiver. We urge that these savings be used to fund additional premium and cost-sharing assistance to make the Nevada Public Option more affordable.

Because cost burdens pose a widespread challenge to coverage take-up and care utilization, we believe some portion of this additional state assistance should be broadly available to consumers now eligible for federal marketplace subsidies (federal tax credit-eligible consumers). Recently enacted federal legislation, the American Rescue Plan Act, has made federal premium subsidies temporarily more generous, and more widely available, than they were previously. If these federal premium subsidy enhancements are extended and still in place at the time the Nevada Public Option is implemented, state subsidies for federal tax credit-eligible consumers should be used to reduce cost-sharing.⁴

In addition, we strongly encourage the state to use pass-through savings to fund coverage assistance for Nevadans who are currently ineligible for the federal premium tax credit. State subsidies should reduce premium and cost-sharing burdens to maximize the chances that Nevadans left behind by the federal coverage framework can access the care they need.

Reinsurance

Individual market reinsurance programs have successfully lowered unsubsidized premiums in more than a dozen states, improving premium affordability for enrollees who do not receive federal subsidies.⁵ These programs also appear to have contributed to a stable market environment that has allowed states with reinsurance to maintain or increase insurer participation in their marketplaces.⁶

³ State of Colorado. Colorado Section 1332 Innovation Waiver Amendment Request: Colorado Option. Retrieved from: <https://drive.google.com/file/d/1SUy-iNz3i7IIRTPTqy2OJgNYH1oyN5mX/view>

⁴ This generally corresponds to the approach Colorado proposes to take with respect to its coverage subsidy program.

⁵ Center for Consumer Information & Insurance Oversight. "State Innovation Waivers: State-Based Reinsurance Programs." Retrieved from: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Downloads/1332-Data-Brief-Aug2021.pdf>; Justin Giovannelli, JoAnn Volk, Rachel Schwab, and Emily Curran. Commonwealth Fund (2020). "The Benefits and Limitations of State-Run Individual Market Reinsurance." Retrieved from: <https://www.commonwealthfund.org/publications/issue-briefs/2020/oct/benefits-limitations-state-run-individual-market-reinsurance>

⁶ Ibid.

The temporary enhancements to the federal premium subsidy framework made by the American Rescue Plan extend eligibility for premium subsidies up the income scale, drastically reducing the pool of marketplace shoppers who are unsubsidized. If these enhancements are maintained, the value to consumers of reinsurance decreases. In these circumstances, the state might address coverage affordability more efficiently by dedicating whatever funds it might otherwise expend on reinsurance to more robust premium assistance for Nevadans still ineligible for federal help. On the other hand, should federal funding be made available for states to establish reinsurance programs (for example, as proposed in the “Build Back Better” legislation), or if the American Rescue plan subsidy enhancements expire, waiver-funded reinsurance could again provide greater value for Nevadans and be worth pursuing.

Rate Review and State Oversight of Premium Reduction Requirements

Nevada health insurers are required by law to submit proposed rate changes to the Division of Insurance (DOI) for review and approval and the DOI must ensure that these rates, if and when finalized, are justified. At the same time, SB 420 empowers the Department of Health and Human Services (DHHS) to oversee the process for selecting insurers to administer the new public option plans — plans that must meet specified premium reduction targets. We believe these statutory provisions supply the authority and tools necessary to ensure that Nevada Public Option plans meet the premium reduction requirements contained in SB 420. We urge DOI and DHHS to work collaboratively so that Nevada consumers continue to receive the benefit of a robust and careful assessment of carrier rates.

Provider Participation

For a public option to be successful, it must expand and protect patient access to the care they need. Public option plans must be obligated to comply with rigorous quantitative measures of network adequacy, just as any other marketplace qualified health plan in Nevada, or as would a plan subject to Medicaid managed care rules.

To facilitate the development of adequate networks, we support policies that encourage provider participation in the public option and appreciate the inclusion of such provisions in SB 420. We suggest that policymakers continue to draw on the experiences of other states implementing a public option and consider adopting additional provider participation incentives if necessary to achieve for consumers the coverage access and cost improvements SB 420 requires.

Plan Design and Benefits

The Nevada Public Option must offer a robust set of benefit. We strongly support the requirement in SB 420 that public option plans must cover all of the essential health benefits required by the Affordable Care Act and meet minimum actuarial value standards. We suggest that plans also be required to cover non-emergency medical transportation, as provided under Medicaid.

We encourage the state to develop benefit and cost-sharing parameters for the public option that make it easier for consumers to understand their coverage options and draw meaningful comparisons between them. Plan designs should also promote affordability of high value care. For example, the state should consider establishing a plan design structure that uses copays instead of coinsurance, and



that maximize pre-deductible coverage, particularly of prescription drugs – including specialty drugs. Evidence shows that even small cost-sharing increases can significantly increase the likelihood of patient abandonment of their prescribed medications.⁷ First-dollar coverage for these services is especially critical for those consumers, such as many blood cancer patients, who rely on prescription medications to treat or manage their disease.

Thank you for the opportunity to provide this input. Questions or requests for further information on LLS and our position can be addressed to sara.kofman@lls.org.

Sincerely,

Sara Kofman
Regional Director, Government Affairs
Leukemia & Lymphoma Society

⁷ Blesser Streeter, S. et al. Patient and Plan Characteristics Affecting Abandonment of Oral Oncolytic Prescriptions. Journal of Oncology Practice, 2011. Available at: <https://ascopubs.org/doi/10.1200/JOP.2011.000316>

From:
To:
Subject: FW: Nevadans Deserve Better Than An Unaffordable, One-Size-Fits-All State Government Option
Date: Monday, January 31, 2022 1:55:19 PM

Aida Blankenship
Executive Assistant
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy|Las Vegas District Office

-----Original Message-----

From: LEANNE MACIAS <team@speak4.co>
Sent: Saturday, January 29, 2022 8:10 PM
To: DHHS DO NVpublicoption <NVpublicoption@dhhs.nv.gov>
Subject: Nevadans Deserve Better Than An Unaffordable, One-Size-Fits-All State Government Option

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

January 30, 2022 @ 04:05am
Nevadans Deserve Better Than An Unaffordable, One-Size-Fits-All State Government Option Health

Dear Nevada DHHS,

I am writing you today to share the serious concerns I have about the state government option.

Nevada residents are relying on our health care system now more than ever and, during this critical time, we need strong, stable health care that meets the needs of ALL Nevadans, no matter where they live or work. The state government option is the wrong choice to meet this goal.

The negative consequences of the state government option could be far reaching for Nevada families. It could raise costs, while reducing access to the high-quality care Nevada families are counting on. Furthermore, Nevada hospitals are already dealing with shortages of the doctors and nurses needed to provide care to every patient and the state government option could worsen this crisis – threatening my access to care.

I encourage you to slow down and consider the many negative consequences this system could have for Nevada patients before implementing it.

Sincerely,
LEANNE MACIAS

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N Las Vegas, NV 89032
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999-999-9999

From: Patrick Kelly <Pat@nvha.net>
Sent: Monday, January 31, 2022 2:29 PM
To: DHHS DO NVpublicoption <NVpublicoption@dhhs.nv.gov>
Subject: Design Session 4

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

During Design Session 4, I attempted to offer comments during the public comment section of the agenda. I had a poor internet connection and some of my comments were cut off. The host suggested that I submit my comments in writing.

Below are my comments for consideration. Thank you.

Patrick Kelly
CEO of the Nevada Hospital Association

As we proceed with these Design Sessions, more questions arise than answers. It's becoming increasingly difficult to provide meaningful comment when we aren't receiving any feedback. I hope feedback from the state is part of the process going forward. The

actuary will need the position of the state on several key issues before moving forward.

With respect to today's topics, we have a few questions:

How will the state ensure a robust provider network with the stated premium reduction?

How will financial equity be achieved between health plans and providers? Will the margins for each group be equal?

How will the state ensure that providers are reimbursed fairly? What mechanisms will be put in place to prevent Medicare rates from becoming the reimbursement ceiling?

How will the state use value-based care to improve equity, access and culturally competent care?

Additionally, I would like to address cost containment today. Several factors drive cost in health care.

Labor is a major factor, and that cost has exploded! Health care facilities are paying exorbitant rates to agencies for travelling nurses. The state can reduce this cost by taking meaningful action to educate more nurses and techs of all kinds. We've known for more than a decade that Nevada has an inadequate supply of nurses, now it's time to do something about it. Graduating more nurses will help the economy, help the people of this state and reduce costs.

Another driver of health care cost is the health and lifestyle of the people insured.

If we want to improve the health of the uninsured, we need to add creative and innovative programs that prevent people from getting sick or developing chronic health conditions. The actuaries should analyze and assess the savings from behavioral modifications programs.

We encourage the state to include population health initiatives as a major component of cost containment.

Patrick D. Kelly

President and CEO

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775.827.0184

January 28, 2022

Suzanne Bierman
Administrator
Nevada Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701

RE: Stakeholder Meeting for the Implementation of a Public Insurance Option Session #6

On behalf of the Nevada Association of Health Plans (NvAHP), we write to offer our comments on Nevada's Public Meeting for the Implementation of a Public Insurance Option on January 28th, 2022.

In response to the questions posed for this meeting, we provide the following feedback:

Small Group Market

The Association does not believe that a small group public option is necessary. Small employers in Nevada already have numerous options in Nevada including ACA plans, Association plans, and Stop loss plans. Furthermore, as mentioned in a previous letter, small employer needs and market dynamics are different from the individual market. Small employers have the ability to choose plans for themselves and their employees that provide various network options (board or narrow network) that meets the needs of the employer and their employee. Additionally, unlike the individual market, the employer contributes to the premium so that neither the employer nor employee is paying the entire cost of the premium. If a small employer wants to provide health insurance coverage, there are already options and a public option plan is not necessary.

Additionally, we are concerned that a small group public option plan could negatively impact the broader small group market which could result in higher premiums for small employers or have a financial impact on the State of Nevada. The Nevada Association of Health Plans is concerned that small employer groups will be more likely to move to balanced- or self-funded plans leading to a less healthy small group ACA risk pool with higher premiums for the remaining, fully insured community rated small group market. This type of adverse selection would be extremely disruptive and would result in fewer small groups in the fully insured market. As we indicated, small employers would likely look for options outside the fully insured market or stop offering health insurance coverage.

Additionally, if it is determined that the Public Option plan is a self-funded arrangement, then the State of Nevada could ultimately be financially responsible for claims associated with a small group public option plan. The State of Nevada would then need to increase premiums or provide funding to cover the claims similar to any self-funded arrangement.

While the Public Option plan may be made available for small group employers,ⁱ it is unclear if the intent is to offer it on the Exchange, where currently only individual plans are offered. If small group plans are included, then the timing to build out a Small Business Exchange needs to be reviewed as part of the

Public Option development process. The Exchange was originally developed to include small group plans, but due to numerous technical issues and lack of interest by employers to purchase small group plans on the Exchange, they ceased to offer small groups plans.

Timeline and 1332 Waiver

Without a clear detailed understanding of SB420 and details of a Public Option plan, we remain concerned on the timeline and submission of a waiver that will claim premium savings. There are a number of critical questions that should be answered before it can be determined if any provisions of the ACA should be waived, if the waiver passes the ACA guardrails, and the amount of federal pass-through funding.

We appreciate the opportunity to provide comments and look forward to your responses.

Sincerely,

Nevada Association of Health Plans

¹ Senate Bill 420, Section 10, subsection 2 (b): *May make the Public Option available to small employers in this State or their employees to the extent authorized by federal law.*