



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

June 6, 2016

RULING LETTER NO.: CN-2016-202-AS

TO ALL DISABILITY INSURERS AND HEALTH SERVICES ORGANIZATIONS THAT
WRITE HEALTH INSURANCE PLANS IN PUERTO RICO

**CLARIFICATION OF RULING LETTER NO. CN-2016-197-AS, RELATED
TO FORMS AND RATES SUBMISSIONS TO BE EFFECTIVE FOR CALENDAR
YEAR 2017**

Dear Sirs and Madams:

On March 18, 2016, the Office of the Commissioner of Insurance of Puerto Rico ("OCI") issued Ruling Letter No. CN-2016-197-AS to establish the guidelines in compliance with the dispositions of the Affordable Care Act, related to the submissions of health insurance plans to be effective for calendar year 2017. Section II (I) entitled "Product (Forms) Submissions" of said letter, reminds the public policy against discrimination on the "Essential Health Benefits" and provides several examples. Since the recent issuance of the final rule titled "Nondiscrimination in Health Programs and Activities of the Department of Health and Human Services" (45 CFR Part 92), some clarifications have been requested on this matter. Hence, the OCI deems necessary to explain Section II (I) of the Product (Forms) Submissions.

The federal rule does not require a disability insurer or a health services organization to cover any particular procedure or treatment for transition related care, nor do they preclude disability insurers or a health services organizations from applying neutral standards that govern circumstances in which it will offer coverage to all its enrollees in a nondiscriminatory manner. Therefore, insurers nor health services organizations are required to include as part of its coverage, the surgery for sexual transformations or other gender transition treatment.

Nevertheless, the ruling letter pointed out as a general example of benefits discrimination, the exclusions related to surgery for sexual transformations. This statement is in accordance with the dispositions on nondiscrimination of the federal rule, Section 45 CFR §92.207, that states as follows;

“A covered entity shall not, in providing or administering health-related insurance or other health-related coverage:

(5) Otherwise deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, for specific health services related to gender transition if such denial, limitation, or restriction results in discrimination against a transgender individual.”

Therefore, disability insurers or health services organizations shall not exclude, if medically necessary, services otherwise covered based solely on the criteria that the services are requested in relation to a sexual transformation surgery, other gender transition treatment, or because the treatment is meant for a specific sex or gender.

Strict compliance with the provisions of this ruling letter is hereby required.

Cordially,



Ángela Weyne-Roig
Commissioner of Insurance