EXHIBIT C3

Mr. Chairmen and members of the House and Senate Insurance and Commerce Committees:

Thank you for your invitation to address you today and for allowing me to submit these remarks in writing due to a scheduling conflict.

Arkansas Blue Cross and Blue Shield (ABCBS) does not see any impact on premiums if the coverage ordered by the HHS rules are put into place. Part of the reason is that we left everything in place once it was initially ordered during the administration under President Obama.

At the time of President Trump's edict, there was an appeal to the U.S. Supreme Court that was pending at the same time. The same month that the rule from the Trump administration became final, the Supreme Court decided Bostock vs. Clayton County, GA, (June 2020), which would not allow gender discrimination because a person was gay or transgender. As our insurance policies were already filed for the upcoming year and there was a definite question about the constitutionality of Trump's 1557, we did not change our policies. In May 2021, the Biden administration said that it would enforce the law according to Bostock. Therefore, we did not change the 2022 filings either.

From the perspective of our Actuarial Department, a lot of the rules (2016, 2020, and now 2022) are merely operational in nature. As a result, I cannot really speak to whether we "left everything in place" in 2020, or made changes, etc. My presumption is that Arkansas Blue Cross never had practices in place that intentionally discriminated against Arkansans' ability to *purchase insurance* based on their disability, sexuality, preferred gender identity, or immigration status.

The "new" rule, Chairman Lowery is asking about, appears to revise what President Trump issued in 2020, therefore reverting to the original pieces that were

in place with President Obama's rule in 2016. It seems to deal more with discriminatory behavior/protections to individuals based on sexuality, immigration status, etc., and not any new mandated benefits or coverages. Therefore, premiums should not be impacted (at least not explicitly).

ABCBS believes in the sanctity of life, privacy, and respect of our members. We support our mission of making healthcare more affordable and available for our members by paying for the medical and mental health services that are covered under our contracts for our fully insured membership. Arkansas Blue Cross believes that members should be allowed to make determinations about their healthcare with their doctors to determine what is in their best interests and what is medically appropriate. Our policies comply with Federal regulations so we can participate in various products like Medicare. There are other federal regulations that apply to ACA products, so we are mindful of complying with those as well as any state laws specific to the expanded Medicaid or ARHome program.

While some of our employer groups may request broader coverage than our typical policies for our self-insured block of business, these groups are self-funded and therefore determine the benefit plans they would like to offer their employees.

In general, our role as an insurer is only as a payor of medical services.

As such, Arkansas Blue Cross does not and has not covered abortions in its fully insured policies for more than 10 years. However, Arkansas Blue Cross does allow for pregnancy terminations, such as a dilation and curettage during miscarriage, when they are performed under the direction of a physician in an in-network hospital. The providers and hospitals are responsible for ensuring that they are providing legally allowed services and meeting the guidelines established

by the facility. This policy is the same regardless of where the services are obtained.

Regarding services for transgender situations, if a person and their doctor determine that hormones are needed and the prescribed drug is allowed to be provided to the patient under FDA guidelines, Arkansas Blue Cross does not involve itself in the medical decision (absent a prior authorization requirement on certain high dollar or high-risk drugs). If a patient decides with their physician to undergo gender reassignment surgery, Arkansas Blue Cross employs the 2012 World Professional Association of Transgender Health guidelines. Prior Authorization under the requirements of these guidelines is conducted and surgeries are only allowed for those who have reached the age of consent, 18 years of age. Procedures related to cosmetic purposes (i.e., breast augmentation, rhinoplasty, or chondrolaryngoplasty) to look more male or female are NOT covered.

Regarding Medicare, the proposed rules regarding Part B would be covered under the anti-discrimination requirements but we believe this would have limited impact because we do not actively demonstrate bias in any of the key areas called out withing the legislative materials. We follow all federal guidelines and do not discriminate because of sex/gender. It certainly appears the focus and concern of the proposed rule is related to that change and update.

We follow clinical guidelines in the administration of health programs, activities, and services in determining age, sex, disability, or other criteria, as would be expected by CMS. No concerns have been expressed by Compliance or our external audit entities.

Finally, regarding the Limited English Proficient portion, CMS has already issued multiple guidance points regarding language requirements, including multi-

language inserts and language conversion requirements. We follow those guidelines with our membership and do have translation services. The website portion would likely require some potential updates which we could easily accomodate.

Please let me know if you have any additional questions.

Sincerely,

Max Greenwood

Vice President of Government and Media Relations

Arkansas Blue Cross and Blue Shield