Section 1557: Coverage of Health Insurance in Marketplaces and Other Health Plans

Section 1557 is the civil rights provision of the Affordable Care Act of 2010. Section 1557 prohibits discrimination on the ground of race, color, national origin, sex, age, or disability in certain health programs and activities. The Section 1557 final rule applies to any health program or activity, any part of which receives funding from the Department of Health and Human Services (HHS), such as hospitals that accept Medicare or doctors who receive Medicaid payments; the Health Insurance Marketplaces and issuers that participate in those Marketplaces; and any health program that HHS itself administers. Provisions of the rule requiring changes to health insurance or group health plan benefit design have an applicability date of the first day of the first plan year (in the individual market, policy year) beginning on or after January 1, 2017.

Section 1557 extends nondiscrimination protections to individuals enrolled in a variety of health related coverage. Covered entities include:

- Health insurance issuers, hospitals, health clinics, physicians' practices, community health centers, nursing homes, State Medicaid agencies, etc. that receive assistance, such as recipients of grants, property, federal Medicaid matching funds, Medicare Part D payments, and financial assistance under Title I of the ACA

- State-based and Federally-facilitated Health Insurance Marketplaces

- All health programs and activities administered by HHS

Protections for Coverage of Health Insurance: The following actions are prohibited on the basis of race, color, national origin, sex, age, or disability. Specifically, covered entities may not, on a discriminatory basis:

- Deny, cancel, limit or refuse to issue or renew a health-related insurance plan or other health-related coverage.

- Deny or limit a claim or impose additional cost-sharing or other limitations or restrictions on coverage.

- Engage in discriminatory marketing practices or adopt or implement discriminatory benefit designs in health-related insurance or other health-related coverage.

- Deny or limit coverage or a claim, or impose additional cost-sharing or other limitations or restrictions on coverage, for sex-specific health services provided to transgender individuals just because the individual seeking such services identifies as belonging to another gender.

- Categorically exclude coverage for all health services related to gender transition, and may not deny or limit coverage or impose additional cost-sharing or other limitations or restrictions on coverage for specific health services related to gender transition if those result in discrimination against a transgender individual.

For more information about Section 1557, visit http://www.hhs.gov/civil-rights/for-individuals/section-1557.