EXPEDITED REVIEW REQUESTED

Form Approved: OMB No. 0990-0269.
See OMB Statement on Reverse.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE FOR CIVIL RIGHTS (OCR)

CIVIL RIGHTS DISCRIMINATION COMPLAINT

YOUR FIRST NAME	YOUR LAST NAME
Scott	Schoettes
HOME PHONE (Please include area code)	WORK PHONE (Please include area code)
	(312) 663-4413

STREET ADDRESS	CITY
105 W. Adams St. Suite 2600	Chicago

STATE	ZIP	E-MAIL ADDRESS (If available)
IL	60603	sschoettes@lambdalegal.org

Are you filing this complaint for someone else? ☒ Yes ☐ No

If Yes, whose civil rights do you believe were violated?

FIRST NAME	LAST NAME
Lambda Legal Defense & Education Fund and	AIDSLaw of Louisiana, a program of the NO/AIDS Task Force

I believe that I have been (or someone else has been) discriminated against on the basis of:

☐ Race / Color / National Origin ☐ Age ☐ Religion ☐ Sex

☒ Disability ☐ Other (specify): _____

Who or what agency or organization do you believe discriminated against you (or someone else)?

PERSON/AGENCY/ORGANIZATION

Louisiana Health Cooperative, Inc.

STREET ADDRESS	CITY
3445 N. Causeway Blvd, Suite 800	Metairie

STATE	ZIP	PHONE (Please include area code)
Louisiana	70002	8008397107

When do you believe that the civil right discrimination occurred?

LIST DATE(S)

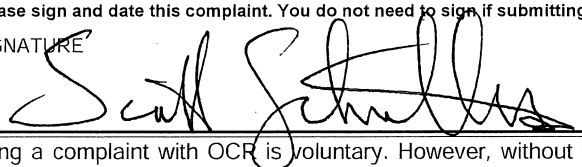
On or around 2/12/14 to the present

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

Please see attached complaint.

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE



DATE *(mm/dd/yyyy)*

02/13/2014

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at: **www.hhs.gov/ocr/civilrights/complaints/index.html**. To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

☐ Braille ☐ Large Print ☐ Cassette tape ☐ Computer diskette ☐ Electronic mail ☐ TDD

☐ Sign language interpreter (specify language): _____

☐ Foreign language interpreter (specify language): _____ ☐ Other: _____

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME	LAST NAME
Kenneth	Upton
HOME PHONE (Please include area code)	WORK PHONE (Please include area code)
2146730858	2142198585

STREET ADDRESS	CITY
3500 Oak Lawn Avenue, Ste 500	Dallas

STATE	ZIP	E-MAIL ADDRESS (If available)
TX	75219	kupton@lambdalegal.org

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)

NO - N/A

DATE(S) FILED	CASE NUMBER(S) (If known)

To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

RACE (select one or more)

☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American ☐ White ☐ Other (specify): _____

PRIMARY LANGUAGE SPOKEN (if other then English) _____

How did you learn about the Office for Civil Rights?

☐ HHS Website/Internet Search ☐ Family/Friend/Associate ☐ Religious/Community Org ☐ Lawyer/Legal Org ☐ Phone Directory ☐ Employer

☐ Fed/State/Local Gov ☐ Healthcare Provider/Health Plan ☐ Conference/OCR Brochure ☐ Other (specify): _____

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

Region I - CT, ME, MA, NH, RI, VT
Office for Civil Rights, DHHS
JFK Federal Building - Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
(617) 565-3809 FAX

Region II - NJ, NY, PR, VI
Office for Civil Rights, DHHS
26 Federal Plaza - Suite 3312
New York, NY 10278
(212) 264-3313; (212) 264-2355 (TDD)
(212) 264-3039 FAX

Region III - DE, DC, MD, PA, VA, WV
Office for Civil Rights, DHHS
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441; (215) 861-4440 (TDD)
(215) 861-4431 FAX

Region IV - AL, FL, GA, KY, MS, NC, SC, TN
Office for Civil Rights, DHHS
61 Forsyth Street, SW. - Suite 16T70
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7884 (TDD)
(404) 562-7881 FAX

Region V - IL, IN, MI, MN, OH, WI
Office for Civil Rights, DHHS
233 N. Michigan Ave. - Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 FAX

Region VI - AR, LA, NM, OK, TX
Office for Civil Rights, DHHS
1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)
(214) 767-0432 FAX

Region VII - IA, KS, MO, NE
Office for Civil Rights, DHHS
601 East 12th Street - Room 248
Kansas City, MO 64106
(816) 426-7277; (816) 426-7065 (TDD)
(816) 426-3686 FAX

Region VIII - CO, MT, ND, SD, UT, WY
Office for Civil Rights, DHHS
999 18th Street, Suite 417
Denver, CO 80202
(303) 844-2024; (303) 844-3439 (TDD)
(303) 844-2025 FAX

Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions
Office for Civil Rights, DHHS
90 7th Street, Suite 4-100
San Francisco, CA 94103
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 FAX

Region X - AK, ID, OR, WA
Office for Civil Rights, DHHS
2201 Sixth Avenue - Mail Stop RX-11
Seattle, WA 98121
(206) 615-2290; (206) 615-2296 (TDD)
(206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OS Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 531H, Washington, D.C. 20201. **Please do not mail complaint form to this address.**

COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* and *Protecting Personal Information in Complaint Investigations* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.

- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.

- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:

☒ **CONSENT**: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

☐ **CONSENT DENIED**: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: _____ Date: 02/13/2014

**Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please print): Scott Schoettes

Address: 105 W Adams St, Ste 2600, Chicago, IL 60603

Telephone Number: 312-663-4413

Lambda Legal
making the case for equality

EXPEDITED REVIEW REQUESTED

Complaint Against Louisiana Health Cooperative, Inc. and Vantage Health Plan, Inc.
by Lambda Legal Defense and Education Fund, Inc. and AIDSLaw of Louisiana

We are national and Louisiana legal organizations that advocate and litigate on behalf of individuals living with HIV. Lambda Legal Defense and Education Fund, Inc., a national organization with members in Louisiana, is committed to achieving full recognition of the civil rights of people living with HIV and of lesbians, gay men, bisexuals and transgender people through impact litigation, education and public policy work. AIDSLaw of Louisiana provides free legal services to low-income persons living with HIV and AIDS and is a program of the NO/AIDS Task Force, a Louisiana not-for-profit corporation.

On February 10, 2014, we filed the attached complaint, which we incorporate by reference herein, against BlueCross BlueShield of Louisiana ("BCBS") to challenge BCBS's recent decision to stop accepting federal Ryan White HIV/AIDS Program ("RWHAP") third-party premium subsidies for qualified low-income individuals living with HIV (the "BCBS complaint").

On February 11, 2014, we were informed that two additional Louisiana insurance companies, the Louisiana Health Cooperative, Inc. ("LAHC") and Vantage Health Plan, Inc. ("Vantage") advised state officials that they too will not accept the RWHAP premium subsidies that enable people living with HIV to afford insurance coverage for their critical health care needs. and Vantage have jumped on the discrimination bandwagon along with BCBS, creating a health care calamity for low-income Louisianians living with HIV. We hereby lodge the same charges of discrimination described in the attached BCBS complaint against LAHC and Vantage, including for violation of Section 1557 (42 U.S.C. § 18116) and Section 1311 (42 U.S.C. § 18031) of the Affordable Care Act ("ACA").

That these insurance companies would do take this step just days after CMS's February 7, 2014 guidance confirming that there is no impediment to insurer acceptance of RWHAP premium subsidies underscores the discriminatory intent of these companies to deter individuals living with HIV from participating in their insurance plans. *See* Dept. of Health and Human Servs., Centers for Medicare and Medicaid Servs. memo regarding "Third Party Payments of Premiums for Qualified Health Plans in the Marketplace," dated Feb. 7, 2014, available at www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/third-party-payments-of-premiums-for-qualified-health-plans-in-the-marketplaces-2-7-14.pdf. Moreover, we are advised that many individuals living with HIV who had been deterred in past weeks from enrolling in BCBS insurance plans by BCBS's refusal to accept RWHAP premium subsidies had enrolled instead in LAHC or Vantage plans. Unless these insurers cease their discriminatory refusal to accept RWHAP premium subsidies, these low income individuals living with HIV will find themselves unable to afford insurance. With all three major Louisiana insurance providers now engaged in concerted discrimination against them, many other Louisianians living with HIV who have not yet enrolled in plans during the ACA open enrollment period will find themselves unable to purchase suitable insurance for life-sustaining health care.

In short, there is an insurance crisis in Louisiana for low-income individuals living with HIV—a population that the ACA was specifically intended to help. The escalating emergency in Louisiana calls for immediate intervention by this office and the most expeditious review.

We request that we be advised as soon as possible of the staff assigned to this complaint and to our February 10, 2014 complaint against BCBS, and of the steps this office is taking in response. We stand ready to assist in any way we can to halt this health insurance crisis in Louisiana.

Lambda Legal Defense and Education Fund, Inc.
Scott A. Schoettes, HIV Project Director*
sschoettes@lambdalegal.org
Kenneth D. Upton, Senior Counsel*
kupton@lambdalegal.org
Susan L. Sommer, Director of Constitutional Litigation*
ssommer@lambdalegal.org
**not admitted to Louisiana Bar*

AIDSLaw of Louisiana
Joshua Holmes, Staff Attorney
jholmes@aidslaw.org