



**House Bill 1318 – Health Insurance - Network Access Standards and  
Provider Network Directories  
House Health and Government Operations Committee  
25 February 2016  
SUPPORT**

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The ***Maryland Women's Coalition for Health Care Reform*** is a nonpartisan, statewide alliance of thousands of individuals and 100 organizations. We work to promote health equity through access to high-quality, comprehensive and affordable health care for all Marylanders. We appreciate the opportunity to provide our support with amendments for House Bill 1318 - Health Insurance - Network Access Standards and Provider Network Directories.

We want to thank Delegate Kelly for sponsoring this legislation, which is designed to address both the accuracy of the provider directories and the adequacy of the provider networks. The Coalition documented the challenges many consumers now face in our report - *Network Adequacy in Maryland: A Report on Provider Directories and Women's Access to OB/GYN Services*<sup>1</sup>. We undertook this project in 2015 to determine if the findings of the Mental Health Association of Maryland in its report were exclusive to the behavioral health community, or if they were endemic to the system as a whole. After a six month survey of all 1,530 OB/GYNs listed in the CRISP directory available to those purchasing Qualified Health Plans at Maryland Health Connection we arrived at similar findings. These boiled down to the fact that only 22.5% (336 of 1,493 non-duplicative listings) providers could actually provide a well-woman visit within a four week timeframe. To reach that result our researchers were required to make almost 5,000 calls due, in part, to incorrect or incomplete information.

Surely no one should expect consumers to have to face such a daunting task when they are in need of a provider. And, what happens when the consumer finds that there is no in-network provider? They may then select an out-of-network provider without fully understanding the financial implications of that action because there is no clear indication of that, nor is it easy for consumers to understand that they have a right to appeal or the process to do that. grievance. In fact, we would ask - how can a consumer know if they have a right to file an appeal when there are no quantitative standards in place by which to evaluate network adequacy?

HB1318 seeks to address these and other challenges consumers face in two key areas:

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<sup>1</sup> The report can be found at  
[http://static1.1.sqspcdn.com/static/f/481003/26671500/1447430672827/2015+Report\\_Coalition+OB-GYN+Network+Adequacy+\\_FINAL\\_11+13+15.pdf?token=Fh5m4BtIRxzDdvBlgVPfBH4srvo%3D](http://static1.1.sqspcdn.com/static/f/481003/26671500/1447430672827/2015+Report_Coalition+OB-GYN+Network+Adequacy+_FINAL_11+13+15.pdf?token=Fh5m4BtIRxzDdvBlgVPfBH4srvo%3D)

- **Provider Directories** designed with provisions to ensure that carriers are providing consumers with actionable and accurate information by posting their access plan online. In addition, the bill calls for the monitoring of the clinical capacity of participating providers to ensure they are providing the covered services and using claims data for a six-month period. If no claims have been filed, it is the carriers responsibility to contact the provider to determine if they wish to remain in their networks.
- Strategies to address **Network Adequacy** include the requirement that carriers file an access plan for the review and approval of the Insurance Commissioner. Today carriers self-attest the adequacy of their networks. The access plans must be designed based upon quantitative standards. Regulators need these to evaluate the adequacy of carriers' networks and consumers require them to effectively assess their options with benefit plans.

The legislation calls for standards that must include, but are not be limited to, appointment travel and wait times, provider to enrollee ratios, and the ability of the network to meet the needs of low-income individuals and those with chronic conditions or disabilities. The specifics of those standards would be designed through a regulatory process based upon an inclusive and transparent stakeholder process. Such a provision is required because past efforts to reach consensus on even the need for quantitative standards have met with no success. Even after an eight month process undertaken through the MHBE Standing Advisory Committee, the result was a stalemate with only the insurance carriers denying the need for such standards. The stakeholder and regulatory process proposed in this legislation recognizes the need to address the carriers' different models of care.

Finally, HB1318 puts in place necessary consumer protections including notice of their basic right to an accurate network directory and information on a complaint process.

We understand that the issues HB1318 seeks to address are not unique to Maryland. However, what is unique, is that, unlike Maryland's other health care reform efforts, our state lags far behind in these areas. In 2017 Maryland will be one of only six states and the District of Columbia with no quantitative standards and we would note that the full implementation of this legislation would not be applied until 2019. So, for two years at a minimum, Maryland consumers would be lagging behind in assurances that their networks are adequate and our directories accurate. As advocates for Maryland's health care consumers we believe this is unconscionable.

We ask your support for House Bill 1318 and urge a favorable report.