



**House Bill 990 – Qualified Health Plans - Standards**  
**Health and Government Operations Committee**  
**12 March 2015**  
**Favorable with Amendments**

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The *Maryland Women's Coalition for Health Care Reform* (Coalition) is a nonpartisan, nonprofit statewide alliance of thousands of individuals and 100 organizations. We appreciate the opportunity to provide our support with amendments for House Bill 990 - Qualified Health Plans - Standards. The Coalition's mission is to promote health equity through access to high-quality, comprehensive and affordable health care for all Marylanders. It is through that lens that we provide this testimony noting, too, that the Maryland Health Benefit Exchange Act of 2012 established health equity as one of seven core principles.

The intent of this legislation is appropriate - to ensure that the Qualified Health Plans (QHP), sold through Maryland Health Connection, meet effective standards. However, it falls short in several areas. First, it appears to ignore the process which the Maryland Health Benefit Exchange (MHBE) has in the past, and is currently undertaking, to establish Certification Standards. This has been an open and transparent process during which our Coalition and other stakeholders, including the carriers, have participated.

Second, there are a number of amendment opportunities in the current bill that could address a reduction in health disparities and expand consumer protections. Examples include:

- Section 31-115.1 - the addition of "tiering of coverage" for appeals or exceptions, and "tier structure of the network" would ensure greater consumer protections , as would the addition in section (iv) the inclusion of a tiering structure for the network, to include a list of each provider and facility in the network and the tier placement of each provider and facility in the network.

- Section 31-115.2 (c) - either here or elsewhere there should be a statement re. conflict of interest with members prohibited from voting on any matter in which they have a conflict of interest and at least 30% of the committee should have no conflict of interest with either pharmacy or insurers;
- Section 31-115.2(c)(3)(II)(2) - the proposed "transparent process" should include a requirement for public meetings with appropriate public notices and the posting of meeting agendas and minutes on the carriers' website and the provision for meaningful public comment.
- Section 31-1153.3 - There are a number of additions that would be helpful as regards network adequacy. For example, mental health and substance use disorder service providers should be included. And, in (3) (D)(2) the language should be amended to include a statement that "such cost-sharing amounts shall be included when computing the consumer's total annual out-of-pocket expenditures under the plan for purposes of applicable Federal law."

We believe that more can and should be done to improve the Standards. There is a process in place to do that with the MHBE Standing Advisory Committee, upon which two members of the Coalition's Steering Committee sit. In addition, we anticipate model legislation from the National Association of Insurance Commissioners that would inform the process.

In our work, we anticipate addressing the high-priority issue of network adequacy. We know from research undertaken by the Mental Health Association of Maryland that there are inaccuracies in CRISP and inadequacies in access to psychiatrists, which we are finding with other provider groups.. This presents significant challenges to addressing health equity.

Therefore, we look forward to working with the bill's sponsors and others to address the important issues raised in House Bill 990 and recommend a favorable report with amendments.