



February 15, 2017

The Honorable Laura Fine  
Chairwoman  
Illinois State House Health and Life Insurance Committee  
255-S Stratton Office Building  
Springfield, IL 62706

Dear Chairwoman Fine:

**The American Osteopathic Association (AOA) and the Illinois Osteopathic Medical Society (IOMS) are writing to encourage you to support HB 311.** This bill creates the Network Adequacy and Transparency Act, which requires health insurers to maintain accurate and up-to-date directories of all in-network providers, and provide that information to plan enrollees. The AOA and IOMS strongly support the bill's goals of increasing insurance network transparency and accessibility, and we believe that making accurate information available regarding insurance network providers is vital to providing timely access to covered services for patients, regardless of the complexity of their needs.

The AOA represents nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at [www.osteopathic.org](http://www.osteopathic.org). IOMS is a professional medical organization that represents over 3,500 DOs providing patient care in Illinois.

This bill requires insurers to make current and accurate provider directories publicly available online for each network plan, and offer current and prospective enrollees the means to locate physicians within the provider directory by name, specialty and distance. The measure also defines physician tiering, prohibits tiering that discriminates against high-risk populations, and requires insurers to post provider tier descriptions in plain language so that prospective enrollees can easily determine which providers are accessible at an in-network level of cost sharing under a given plan. Insurers must also provide easy mechanisms that enable enrollees and the general public to report directory errors, which must be corrected within ten days of receiving a notification. Insurers must file an access plan with the Commissioner describing how a new insurance plan meets certain network adequacy criteria prior to the plan going to market. The AOA and IOMS support each of these provisions as a means to providing greater access to care for patients and ensuring that enrollees are provided with accurate, up-to-date information that leads to lower out of pocket costs.

The AOA and IOMS are committed to ensuring that all patients have timely access to covered health care services. **We urge you to promote accurate, transparent and accessible information regarding health care service plan networks by supporting HB 311 in Committee.** Should you or your staff have any questions, please contact Nick Schilligo, AOA's Associate Vice President for State Government Affairs, at [nschilligo@osteopathic.org](mailto:nschilligo@osteopathic.org) or (312) 202-8185.

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Sincerely,



Boyd R. Buser, DO  
President, AOA



Melanie R. Jessen, DO  
President, IOMS

- CC: Mark A. Baker, DO, AOA President-elect  
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