



AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS



May 11, 2017

The Honorable Rodney Whittmore
Chairman
Maine State Joint Committee on Insurance and Financial Services
PO Box 96
Skowhegan, Maine 04976

Dear Chairman Whittmore:

The American Osteopathic Association (AOA) and the Maine Osteopathic Association (MOA) are writing to regarding LD 1557. This bill addresses concerns regarding network transparency and balance billing. The AOA and MOA support efforts to enhance transparency that help patients make more informed decisions about their health care coverage. We also support efforts to require carriers to make network information and directories easily accessible to patients. We appreciate your leadership on this issue, but are concerned that some aspects of this bill may lead to diminished access to quality, timely health care for patients. We would like to take this opportunity to recommend several amendments to the bill.

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). The MOA is a professional medical organization that represents approximately 400 DOs and an additional 500 residents and students providing patient care in Maine.

The AOA and MOA appreciate the provider directory requirements that this bill creates. We strongly believe that health benefit plans have a responsibility to provide accurate and up-to-date information to their contracted beneficiaries. Patients, particularly those in rural and underserved areas, continue to experience issues with access to physicians and care. The requirements laid out in LD 1557 will help overcome these issues. The AOA and MOA also support the requirement that carriers provide an out-of-network benefits notice to enrollees when they are scheduled for nonemergency out-of-network services.

We do request that if an enrollee informs the insurer of a possible inaccuracy in the provider directory, the insurer should investigate and take corrective action within 15 days. We further request that provider directories should be updated within 15 days after a provider leaves the network. For clarity, we request that provider directories list the provider's designation (i.e. MD/DO/NP, etc.) in addition to their specialty.

We are concerned with balance billing restrictions that limit physicians' ability to receive appropriate payment for services delivered to patients. We believe that this could lead to decreased access to care in Maine, an unfortunate unintended consequence. We believe that the starting point for reimbursement for a non-participating provider should not be the insurers contracted rate or 120% of Medicare, neither of which the provider agreed to accept in return for providing services. In many cases, providers do not participate in health care plans because they cannot come to terms with an insurer. To this end, we request that this language be changed to the "usual and customary

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rate” for similar services in the same geographic area. Finally, out-of-network providers should be allowed to submit a request for payment to a patient, along with the Payment Responsibility Notice below (in the same or substantially similar language):

“The service[s] outlined below was [were] performed by a facility-based provider who is out-of-network with your health care plan. At this time, you are responsible for paying your applicable cost-sharing obligation – copayment, coinsurance or deductible amount – just as you would be if the provider is within your plan’s network. With regard to the remaining balance of this out-of-network bill, you have three choices: 1) you may choose to pay the balance of the bill; OR 2) you may send the bill to your health care plan for processing pursuant to the health carrier’s out-of-network facility-based provider remittances process or the provider mediation process required by Section 4. C. OR 3) you may rely on other rights and remedies that may be available in your state.”

The AOA and MOA appreciate your efforts to protect access to necessary and timely health services for Maine patients and thank you for your consideration of our concerns regarding LD 1557. Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,



Boyd R. Buser, DO
President, AOA



Merideth Norris, DO, FACOFP
President-elect, MOA

CC: Mark A. Baker, DO, AOA President-elect
William J. Burke, DO, Chair, AOA Department of Governmental Affairs
Richard Thacker, DO, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Chief Executive Officer
Laura Wooster, MPH, Senior Vice President, AOA Public Policy
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs
Angela Cole-Westhoff, Executive Director, MOA