



Sound Policy. Quality Care.

October 31, 2014

Honorable Ted Nickel  
Chair, Regulatory Framework (B) Task Force  
National Association of Insurance Commissioners  
444 North Capitol Street NW  
Suite 700  
Washington, DC 20001  
Attention: Jolie H. Matthews, Esq.

Dear Mr. Nickel:

The Alliance of Specialty Medicine and its member organizations thank you for the opportunity to provide input on the *Draft Individual Market Health Insurance Coverage Model Regulation* and the *Draft Small Group Market Health Insurance Coverage Model Regulation*. The Alliance is a coalition of medical specialty societies representing more than 100,000 physicians and surgeons dedicated to the development of sound federal healthcare policy that fosters patient access to the highest quality specialty care. Regarding these draft models, our members are particularly concerned about patient access and affordability issues related to network adequacy and out of network cost-sharing provisions.

The draft models present an opportunity to ensure that patients are not caught off guard about the availability of physicians, particularly specialist physicians often excluded from networks, and cost-sharing provisions related to the services provided by those physicians who are considered out-of-network by a particular plan.

- The Alliance of Specialty Medicine urges NAIC to incorporate model language that requires health plans to ensure patients have access to specialists and subspecialists as part of the health plan in which they are enrolled. This may require plans to better identify specialty physician specialties and subspecialties to ensure the necessary mix of providers are available for enrollees.
- Similarly, NAIC should incorporate model language that requires health plans that ensure provider network directories are easily accessible via the health plans Web site and in a format that allows the plan to keep the directory current, such as linking it to their internal provider network databases that refresh nightly or in real-time. At any time, a patient should be able to query the database to determine if a specific physician or physician specialty or subspecialty is in the plans network. The directory should include a feature that allows patients to search by physician specialty and subspecialty. For example, the directory should be able to distinguish between Dermatology and Mohs Micrographic Surgery, a recognized subspecialty of

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American Academy of Facial Plastic and Reconstructive Surgery • American Association of Neurological Surgeons  
American College of Mohs Surgery • American Gastroenterological Association • American Society of Dermatologic Surgery Association  
American Society of Cataract & Refractive Surgery • American Society of Echocardiography • American Society of Plastic Surgeons  
American Urological Association • Coalition of State Rheumatology Organizations • Congress of Neurological Surgeons  
National Association of Spine Specialists Society for Cardiovascular Angiography and Interventions • Society for Excellence in Eyecare

dermatology. As another example, a patient using the directory should be able to differentiate between spine specialists who are orthopedic surgeons, neurosurgeons, interventional pain management physicians, or physiatrists (physical medicine and rehabilitation).

- Given the observed issues related to network adequacy, the Alliance of Specialty Medicine believes patient cost-sharing protections should be put into place for treatments delivered and prescribed by physicians considered out-of-network in order to ensure patients do not forego medically necessary therapies because of excessive out-of-pocket spending requirements.
- The Affordable Care Act makes no distinction between in-network and out-of-network cost-sharing for purposes of the annual limit protection, yet the Department of Health and Human Services (HHS), in implementing regulations, took the position that the cost-sharing limits apply only to in-network services rather than to all costs. However, HHS also noted that "nothing in this proposal explicitly prohibits an issuer from voluntarily establishing a maximum out-of-pocket limit applicable to out-of-network services, or a state from requiring that issuers do so." Thus, the federal regulations may be viewed as a "floor" that establishes a minimum level of consumer protection but that States can exceed, should they so choose.

We ask that because of the importance and intricacy of issues related to network adequacy and network-related cost-sharing, the NAIC ***delay any finalization of the model regulatory language and allow time for additional input on the language and implications of implementation.***

The Alliance of Specialty Medicine thanks you for the opportunity to provide continued input on this important issue, and we look forward to providing more detailed recommendations as the development of the draft models continues. If you have any questions please contact Bob Jasak at [bjasak@hhs.com](mailto:bjasak@hhs.com).

Sincerely,

American Academy of Facial Plastic & Reconstructive Surgery  
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