

August 21, 2017

Lisa Larson
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

RE: Proposed Action COMAR 31.10.44 – Network Adequacy

Dear Ms. Larson:

On behalf of the American Society of Plastic Surgeons (ASPS), we request that you amend COMAR 31.10.44 Network Adequacy in a way that ensures patient access to specialty care and holds insurance carriers accountable to the proposed regulation. ASPS represents more than 7,000 board-certified plastic surgeons nationwide, including 172 physicians in Maryland.

Following passage of the Affordable Care Act, insurers have created health plans with narrow, inadequate and non-transparent physician networks. Following the growing prevalence of these “narrow networks,” patients have shown a limited understanding of the nuances of their plan, unknowingly receive “out-of-network” care, and are charged high out of pocket fees for their health care. ASPS appreciates the Administration’s efforts to address these issues through this regulation and applauds the Administration for taking corrective steps to rectify these issues on behalf of patients in the state.

ASPS applauds the Administration’s detailed explanation of travel distance standards and appreciates your inclusion of plastic surgery within the list of specialty providers. We are also encouraged to see the Administration’s inclusion of appropriate wait times for both non-urgent specialty care and urgent care. Plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients, including the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, and cancer. Specifying the appropriate travel distances and wait times for patients helps ensure timely access to these necessary services.

Provider to enrollee ratios are specified in the regulation for primary care and mental health providers. Yet ratios for specialty care are equally necessary, as there is only one plastic surgeon per 45,700 individuals in the United States, according to a 2015 study.¹ Wait times and travel distance standards can only be effective if carriers participate with enough providers. We urge the Administration to extend these set ratios to specialty providers, including plastic surgeons, and ensure that Maryland’s patient population has access to at least 1 full-time physician per 2,000 enrollees, as outlined for primary care.

Furthermore, we encourage the Administration to adopt more explicit regulations on the carrier waiver request standards. Insurance carriers have consistently demonstrated an unwillingness to negotiate a fair rate with physicians, which often leads physicians to refuse the proposed contract. Under this proposal,

¹ “Number of People per Active Physician by Specialty, 2015.” AAMC. <<https://www.aamc.org/data/workforce/reports/458490/1-2-chart.html>>.

insurance carriers would be able to reference that refusal in their request to receive a one-year waiver. Instead, we urge the Administration to adopt standards that hold insurance carriers accountable and encourage good faith negotiations with providers. If the standards outlined in the proposal for waiver consideration are not strengthened, inadequate networks to will remain status quo in Maryland.

For these reasons, we request that you **amend COMAR 31.10.44** to ensure patient access to specialty care and to hold insurance carriers accountable to the proposed regulation. Thank you for your consideration of our comments and dedication to enacting regulations that protect patient access to necessary medical care. Please do not hesitate to contact Patrick Hermes, ASPS's Senior Manager of Advocacy and Government Affairs, with any questions at Phermes@plasticsurgery.org or (847) 228-3331.

Regards,

A handwritten signature in black ink, appearing to read 'Lynn Jeffers', with a stylized flourish at the end.

Lynn Jeffers, MD
Board Vice President of Advocacy & Health Policy
American Society of Plastic Surgeons