

April 6, 2018

The Honorable John G. Franchini Superintendent of Insurance State of New Mexico 1120 Paseo de Peralta Santa Fe, NM 87501

RE: Proposed changes to NMAC 13.10.30

Dear Superintendent Franchini:

I am writing on behalf of the American Society of Plastic Surgeons (ASPS) regarding the proposed changes to NMAC 13.10.30. ASPS is the largest association of plastic surgeons in the world, representing more than 94 percent of all board-certified plastic surgeons in the United States. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

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 Office of the Superintendent's (OSI) efforts to address these issues through this regulation and applauds the OSI for taking corrective steps to rectify these issues on behalf of patients in the state.

ASPS applauds the detailed explanation of travel distance standards and we are also encouraged to see the 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 *certain* specialty providers. Yet ratios for all specialty care providers are equally necessary. For example, there is only one plastic surgeon per 45,700 individuals in the United States, according to a 2015 study. Wait times and travel distance standards can only be effective if carriers participate with enough providers. We urge the OSI to extend these set ratios in NMAC 13.10.30.11(F)(1) to all specialty providers, including plastic surgeons, and ensure that New Mexico's patient population has access to at least 1 full-time board-certified plastic surgeon per 30,000 enrollees.

Furthermore, we encourage the OSI to adopt more explicit regulations on the provider directories outlined in NMAC 13.10.30.12. Insurance carriers must be held accountable for the information that they provide to patients and prospective patients. Inherent in the problem of out-of-network billing is that patients are not intentionally choosing very limited care. They simply do not understand what they are being sold, or what the serious financial implications of inadequate insurance coverage are. Therefore, NMAC 13.10.30.12 must include the following clause:

If a patient receives care from a provider listed in the directory as participating, but unintentionally receives out-of-network care due to an inaccurate carrier directory, the carrier is required to compensate the provider at the provider's billed rate at no expense to the patient beyond their regular cost-sharing obligation for in-network services.

For these reasons, we request that you amend the proposal to ensure patient access to all specialty care and to hold insurance carriers accountable to the proposed regulation. Thank you for your consideration of our positions on these important issues. Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at <u>phermes@plasticsurgery.org</u> or (847) 228-3331 with any questions or concerns.

Sincerely,

Jeffrey E. Janis, MD, FACS President, American Society of Plastic Surgeons