



AMERICAN SOCIETY OF  
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# ASPS ISSUE BRIEF

## Network Adequacy

Ensuring America's patients have access to the specialty care they need

### Background

Since the passage of the Affordable Care Act, insurers have created products with narrow, inadequate and non-transparent networks. Narrow networks were created to lower monthly premiums and increase insurance company profit margins. This has been achieved by restricting the number of providers available to the patient. These restricted plans are the primary driver of surprise out-of-network encounters, as patients are forced out-of-network to receive the medical care they need. Patients often do not realize that their plan does not cover an adequate number of providers and specialists, and they are shocked when told they are financially responsible for their medical visit.

While health plans are required to meet state adequacy standards, the baseline of requirements varies greatly – providing little protection to the patient. This is particularly problematic when patients require access to specialists, who often treat the sickest and most injured patients. Within these narrow networks, patients often have to travel unacceptable distances for treatment and may not be able to see a provider for months due to poor patient-to-physician ratios.

### The Solution

To ensure that patients have in-network access to necessary specialty care providers, ASPS urges Congress to develop baseline standards that require insurers to:

- design networks with a specific, quantitative standard for the minimum number of active primary care and specialty physicians available by population density and the maximum time and distance patients must travel to see physicians
- maintain accurate and timely physician directories, with robust enforcement to prevent carriers from continuing to provide patients with inaccurate directories
- provide accurate and timely fee schedules to patients and physicians to improve cost transparency
- offer out-of-network options to ensure that patients have choices when their network does not have adequate physicians to meet the patient's needs
- when there are no specialists in a network who can meet a patient's need and a non-network provider must deliver specialty care, insurers should compensate those providers at their full fee. In these cases, the insurer has created an inadequate network, and they should bear the responsibility of ensuring patient access outside what is available in the network

As select states have robust network adequacy provisions, legislation should preserve states' rights to maintain more stringent statutes that are already in place.

### Congressional Request

Develop legislation that provides Americans with truly adequate networks by establishing time and distance standards and specialty care provider-to-patient ratios.

For clinical insight while drafting this legislation, contact [PHermes@plasticsurgery.org](mailto:PHermes@plasticsurgery.org)