March 22, 2016

The Honorable Joseph M. McNamara
Chairman
House Committee on Health, Education and Welfare
82 Smith Street
Providence, RI 02903

Dear Chairman McNamara:

The American Osteopathic Association (AOA) and the Rhode Island Society of Osteopathic Physicians & Surgeons (RISOPS) are writing to request an amendment to H 7474. While we support the intent of this bill, we believe a narrower update window is essential to ensuring patient access to in-network care. The Meaningful Access to Accurate Provider Directories Act requires health insurers to maintain accurate and up-to-date directories of all in-network providers, and provide that information to plan enrollees. The bill currently requires provider directories to be updated monthly, but we strongly believe that updates within fifteen business days would help to ensure that patients are able to receive the care they need without interruptions or delays. The AOA and RISOPS believe that making accurate information available regarding insurance network providers is vital to providing timely access to covered services for patients, regardless of the complexity of their needs.

The AOA represents more than 123,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs, is the accrediting agency for osteopathic medical schools, and has federal authority to accredit hospitals and other health care facilities. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. RISOPS is a professional organization that represents over 300 DOs providing patient care in Rhode Island.

This bill requires insurers to provide a regularly updated, online interactive map that will give current and prospective enrollees the means to locate physicians within the provider directory by name, specialty, and distance. The measure also defines physician tiering and requires insurers to post conspicuous disclaimers if the provider directory includes the name of a physician to which the enrollee has no right to access on an in-network basis. Insurers must also provide easy mechanisms that enable providers to update their own information in the directory and allow enrollees to report directory errors. Where an insurer's violation of the provisions of this bill results in an enrollee’s use of an out-of-network provider despite the enrollee's reasonable efforts to remain in network, the bill requires the health insurer to pay the non-contracted provider’s usual, customary and reasonable charge. The AOA and RISOPS supports each of these provisions as a means to providing greater access to care for patients and ensuring that enrollees are provided with accurate, up-to-date information that leads to lower out of pocket costs.
The AOA and RISOPS would like to request the following change:

Section 27-81-5. "6(iii)(D) Updating the online provider directory at least every fifteen (15) business thirty (30) days on the health insurer’s public website."

These requirements ensure that patients have clear, up-to-date information that enables them to determine which providers are in-network when they purchase plans or change providers. They would also provide patients with accurate information to allow for in-network referrals when specialized treatment is required, and prevent patients who reasonably relied upon incorrect information contained in the directory from having to pay for expensive, unexpected medical costs.

The AOA and RISOPS are committed to ensuring that all patients have timely access to covered health care services. **We urge you to promote accurate, transparent and accessible information regarding health care service plan networks by supporting H 7474.** Should you need any additional information, please feel free to contact Nicholas Schilligo, MS, Associate Vice President, State Government Affairs, at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

Sincerely,

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President, AOA

James F. Griffin, DO
President, RISOPS

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