



VIA E-Mail

November 18, 2021

Chairwoman Pamela Hunter
711 East Genesee Street
2nd Floor
Syracuse, NY 13210-1540

Re: NCOIL Health Insurance & Long-Term Care Committee Meeting - Telemedicine Authorization and Reimbursement Act

Dear Chairwoman Hunter:

On behalf of AHIP¹, thank you for the opportunity to continue to engage on the NCOIL Telehealth Authorization and Reimbursement Act (TARA), discussion draft of October 19, 2021. We appreciate the on-going dialogue.

As you know, we have had multiple discussions with NCOIL members and senior staff on the TARA model. During recent conversations, we had the opportunity to share the following two key concerns with new network adequacy provisions added as a new Section 6 to the October 19 draft.

- The new network adequacy provision appears to be inconsistent with the previously stated policy position of insurance regulators through the National Association of Insurance Commissioners (NAIC).²
- The new provision appears to be inconsistent with the other provisions of TARA, which require telehealth services to be treated the same way as in-person services relative to coverage, reimbursement, patient-relationship and licensure.

As a result of recent conversations with NCOIL senior staff, AHIP understands that the intent of the new network adequacy language is not to prohibit telehealth from being used for purposes of network adequacy development but rather the new language in Section 6 is intended to prohibit instances where telehealth is the *sole* source for network adequacy development.

AHIP greatly appreciates this clarification. As a follow up, NCOIL senior staff asked AHIP to develop and submit language consistent with the original intent. To that end, AHIP developed the following language:

Clarifying Amendment:

Section 6. Network Adequacy and Limitation

¹ AHIP is the national association whose members provide insurance coverage for health care and related services. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities, and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access and well-being for consumers

² The NAIC's Network Access & Adequacy Model Act clearly allows a commissioner to determine sufficiency of a network using several data and criteria, including "health care service delivery system options, such as telemedicine or telehealth, mobile clinics, centers of excellence and other ways of delivering care."

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(a) An insurer shall not solely use telemedicine or telehealth to satisfy network adequacy requirements with regard to a health care service.

b) An insurer shall not limit coverage only to services delivered by select third party telemedicine or telehealth organizations.

Sincerely,

A handwritten signature in blue ink that reads "Brendan H. Peppard". The signature is written in a cursive, flowing style.

Brendan H. Peppard
Regional Director, State Affairs

c. Tom Considine
Will Melofchick