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**NCOIL MOVES TOWARD COMPREHENSIVE APPROACH TO NETWORK ADEQUACY/
OUT-OF-NETWORK CONCERNS, CONSIDERS NEW YORK-BASED MODEL**

San Antonio, Texas, November 15, 2015 — On November 12, NCOIL legislators at their Annual Meeting here kicked off consideration of a proposed model law to ensure that patients have ample choice of in-network physicians and to protect consumers from surprise bills when they unknowingly receive treatment from outside an insurer’s system. Discussion of the draft *Model Act Regarding Network Adequacy and Use of Out-of-Network Providers* was a first step to developing model legislation based on a well-regarded 2014 New York State law.

NCOIL Past President Sen. James Seward (NY), who sponsors the proposed model, said that a comprehensive approach was needed to address concerns related to the availability of in-network physicians and the potential for burdensome and unexpected medical bills. “The proposed NCOIL model,” he commented, “is an opportunity for us to protect patients from additional suffering and will be refined prior to the 2016 Spring Meeting to ensure that we take into account the most important elements of the New York law while recognizing that states have different needs and systems.”

The proposed model requires insurance department approval of each insurer’s provider network and re-approval at least every three years. The draft calls for disclosure of estimated out-of-pocket costs for frequently billed out-of-network healthcare services and allows a consumer to appeal when an insurer denies treatment because the provider is out-of-network.

The New York-based provisions also, among other things, require various contact information and other disclosures related to hospitals, physicians, and specialists that may play a role in the patient’s treatment. The draft excludes emergency services.

Although the NCOIL Health, LTC & Health Retirement Issues Committee intended to consider adding other New York provisions—which establish a comprehensive dispute resolution process when patients disagree on the amount of their balance bills—to a 2011 NCOIL balance billing model act, consumer representatives urged NCOIL to reconsider and include those provisions in Sen. Seward’s model. In a letter submitted just before the November 12 Committee meeting, consumer advocates also suggested expanding Sen. Seward’s proposal to include specific measures, as laid out in the New York law, that a regulator would use to determine if a network is adequate.

The Committee at the Annual Meeting likewise debated three other proposed model acts to address challenges in today’s health insurance market. A draft *Model Law to Ensure Meaningful Access to Accurate Provider Directories* seeks to ensure that the information insurers give consumers about in-network doctors

and hospitals is updated and expansive. A proposed *Model Telemedicine Reimbursement Act* would require coverage for telemedicine services that is on par with coverage for in-person treatments—and would prevent insurers from excluding coverage only because the treatment was provided via telemedicine. The third proposal, a *Model Telemedicine Licensure Act*, would require physicians treating patients to be licensed in the state in which the patient receives care, as well as to be regulated by that state’s Board of Medicine.

The NCOIL Spring Meeting will take place from February 26 to 28 in Little Rock, Arkansas. The Annual Meeting took place November 12 to 15 in San Antonio, Texas.

NCOIL is an organization of state legislators whose main area of public policy interest is insurance legislation and regulation. Most legislators active in NCOIL either chair or are members of the committees responsible for insurance legislation in their respective state houses across the country. More information is available at www.ncoil.org.

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