

From: Cheryl Parcham  
Sent: Friday, January 29, 2010 5:08 PM  
To: Jordan Estey

Subject: Re: July 29 Comment Deadline for Draft NCOIL Proposal

I am out of the office and unable to comment in track-changes, but do want to submit the following:

I am writing to comment on NCOIL's draft balance billing model act.

While it is somewhat useful to consumers to have improved disclosure that providers may be out-of-network, there are a number of ways that this model should be strengthened:

- 1) Network health facilities should have more responsibilities to assist patients in finding participating providers. In particular:
  - a. Hospitals should be able to maintain web information, updated quarterly, of the plans in which each facility-based provider participates.
  - b. Hospitals help patients find participating providers. At a bare minimum, during times when patients cannot reasonably be expected to question assisting providers (such as in an emergency and when they lack the physical or mental capacity), the hospital should make reasonable efforts to assign providers that do participate in the patient's plan network.
- 2) The legislation should hold patients harmless for charges exceeding their copayments when they need and use emergency care. NCOIL should give legislators point legislators to alternatives for reaching reasonable payment rates for out-of-network services in those cases, such as the following:
  - a. Require payment at a reasonable and customary value, as has California, and prohibit providers from balance billing;
  - b. Establish payment rates based on Medicare rates (or a percentage above Medicare rates), as has Maryland; or
  - c. Establish an arbitration process between plans and out-of-network providers, as has Delaware.

These and other state approaches are described here:

<http://www.familiesusa.org/assets/pdfs/medical-debt-state-protections.pdf>

- 3) As part of requirements that health plans maintain adequate provider networks, health plans should contract with an adequate number of anesthesiologists, emergency room providers, and other facility-based providers to see their members at each in-network facility and should establish reasonable procedures to help both patients and facilities to identify and locate those participating providers.

Thanks for the opportunity to comment.

Sincerely,

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