



August 8, 2022

Sent via email networkadequacy.mia@maryland.gov

Kathleen Birrane
Commissioner
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

Re: COMAR Proposed Draft 31.10.44: Network Adequacy

Dear Commissioner Birrane:

MedChi, the Maryland State Medical Society, appreciates the opportunity to comment on the proposed draft revisions to the network adequacy regulations. MedChi applauds the Maryland Insurance Administration's (MIA) ongoing commitment to a thorough and deliberative approach in continuing to define the State's network adequacy requirements, including extensive stakeholder involvement. To that end, as you are aware, MedChi, along with a number of other physician specialty organizations, submitted written comments on the proposed draft regulations focused specifically on ensuring network adequacy for providers employed or contracted to work in in-network hospitals. This letter is being submitted to provide MedChi's additional comments on the proposed revisions, including specific provisions related to telehealth services.

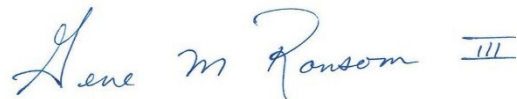
Overall, MedChi believes that the changes proposed are positive and will have a meaningful impact on both consumers and providers in ensuring robust networks. Particularly notable is the focus on timely access to behavioral health services and the incorporation of multiple provisions that address the issues relative to network adequacy for behavioral health services raised by both providers and consumers.

Equally notable are MIA's efforts to balance the importance of recognizing and supporting the current flexibility to use telehealth services, while also continuing to ensure that carriers maintain adequate networks to insure timely access to in-person services. While MedChi supports the basic framework reflected in the draft revisions, it does believe that further strengthening and clarification of the language is necessary to ensure that both patients and providers are able to access and select the appropriate care delivery venue – in-person or telehealth – based on the patient's clinical needs and preferences without unreasonable carrier limitations. To that end, MedChi urges MIA to incorporate patient preference for in-person or telehealth as an essential component for determining "clinically appropriate, available, and accessible." Further, while not tied directly to network adequacy, a patient's provider should retain the authority to determine, in conjunction with their patient's preferences as appropriate, whether services will be rendered in-person or by telehealth without the carrier having the authority to impose prior authorization or

other utilization review mechanisms based upon the selection of in-person versus telehealth service delivery. This is especially critical given the “credit” that is provided for telehealth under the draft revisions.

With the noted comments on the need for further clarifying provisions relative to telehealth and delivery venue determination, as well as the comments reflected in the joint letter regarding hospital-based physicians, MedChi wishes to reiterate its support for the draft revisions to the network adequacy regulations and looks forward to working with MIA, other provider and consumer stakeholders, and the carriers to ensure timely access to medically necessary health care services.

Sincerely,

A handwritten signature in blue ink that reads "Gene M. Ransom III". The signature is written in a cursive style with a horizontal line under the "III".

Gene M. Ransom, CEO

cc: Pamela Metz Kasemeyer, Schwartz, Metz, Wise & Kauffman, P.A., Counsel
Danna L. Kauffman, Schwartz, Metz, Wise & Kauffman, P.A., Counsel