



August 18, 2017

Lisa Larson, Assistant Director of Regulatory Affairs
Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

RE: Proposed Network Adequacy Regulations

Dear Ms. Larson:

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 3,750 members reside in Maryland.

On behalf of our members, I submit the following comments on the revised proposed network adequacy regulations.

Rehabilitative and habilitative services and devices encompass a wide range of benefits that are critical to individuals with injuries, illnesses, disabilities, and chronic conditions, including but not limited to, physician services, speech-language pathology, physical therapy, occupational therapy, audiology services, hearing aids, augmentative and alternative communication devices, and other medically necessary services and devices. These services and devices can be provided in an array of settings (e.g., hospitals and other inpatient settings, outpatient therapy clinics and offices, in a person's home) and be provided at various levels of intensity, duration, and scope depending on the severity of the condition and the functional impairment presented by the particular individual.

We believe the revised proposed standards weaken consumer protections and access to health care services. The previous version of the draft regulations included specific time and distance standards for speech therapy (ST), physical therapy (PT) and occupational therapy (OT). However, the latest iteration has removed these professions as distinct providers for which distance standards apply and are now included under the general "other provider not listed" category. In addition, the newest version has reclassified the distance categories from "large metropolitan, micropolitan, rural" to "rural, suburban, and urban". These changes are problematic because:

1. The proposed distance standards under the "other provider not listed" increase the acceptable maximum distance miles, which means Marylanders requiring services would have to drive longer distances. Removing the distinct categories for ST, PT and OT disadvantages individuals in need of services, who are often children and adults with serious, chronic or complex health conditions or physical or mental disabilities.

2. Reclassifying the categories as rural, suburban, and urban changes individuals who previously were classified as living in a micropolitan area as now living in a rural area in the latest draft. In making this change, the maximum distance has increased from 60 miles under the previous draft to 90 miles under the most recent proposal.

We would ask that ST, PT, and OT be removed from the general category and moved to a new category “ST, PT, OT” in order to align the maximum distance requirements with those for Physiatry, Rehabilitative Medicine, which are 15 miles for urban, 30 miles for suburban, and 75 miles for rural. It is not uncommon for therapy providers to treat the same or similar patient population that physiatrists treat.

Thank you for the opportunity to comment. Should you have any questions or need further information, please contact Susan Adams, ASHA’s director of state legislative and regulatory advocacy, at sadams@asha.org or by phone at 301-296-5665, or Daneen Grooms, ASHA’s director of health reform analysis and advocacy, at dgrooms@asha.org or by phone at 301-296-5651.

Sincerely,

A handwritten signature in cursive script that reads "Gail J. Richard".

Gail J. Richard, PhD, CCC-SLP
2017 ASHA President