



August 21, 2017

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

RE: Network Adequacy Draft Regulations

Dear Ms. Larson,

Thank you for the opportunity to once again provide comments regarding the Maryland Insurance Administration's (MIA) proposed network adequacy regulations. I am writing on behalf of the National Multiple Sclerosis Society - an organization that supports nearly 12,000 people living with multiple sclerosis (MS) in the state of Maryland.

MS is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and symptoms in any one person cannot yet be predicted. Network *inadequacy* raises particular concerns for people living with MS and others with specialized and complex healthcare needs. People living with MS may require care from neurology, rehabilitation, radiology, mental health and other specialists, as well as treatments, services and products from pharmacies, durable medical equipment (DME) providers, home care agencies and more to live their best lives.

The Society believes that shorter wait times provide stronger protections for consumers who, like those living with MS, may need to see a clinician for an urgent medical issue without an unreasonable delay. Nancita Rogers, a Marylander living with MS notes, "An MS symptom may come on suddenly and disappear within a few days – it is critical that I visit my clinician right away so that they can see the symptom firsthand and take action rather than wait and base a medical determination on my recollection—which can be complicated by the impact MS has had on my cognition." As noted and recommended in the Society's comments to the Administration in May 2017, the National Association for Insurance Commissioners (NAIC) model suggests that a consumer be able to access emergency care 24 hours a day as well as urgent care within 24 hours. The state of Colorado allows for a wait time no greater than 7 calendar days for primary care and behavioral health non-emergencies. We were disheartened to see that the regulation still only requires a 72 or less hour wait time and recommend that you shorten the wait times for emergency and primary care to 24 hours, as recommended by the NAIC. We also urge that you consult with medical clinicians to determine feasibility and methods to ensure that the established wait times are adhered to.



Important network adequacy standards like these can be rendered meaningless if an individual cannot access the physical medical office. Also noted in our May 2017 comments and not yet addressed, the Society continues to believe there is an opportunity to address physical accessibility within these regulations. It is essential that persons with physical disabilities have reasonable access to primary care and specialist providers whose professional offices are accessible in accordance with the federal Americans with Disabilities Act of 1990 (ADA) standards for accessible design. The Society supports legislation in New Jersey which determines that if a covered person with a physical disability is unable to reasonably access an in-network primary or specialty care provider whose professional office is accessible to the covered person, the carrier shall arrange for a provider that is accessible, and if that provider is out-of-network, with the same financial responsibility as the covered person would incur if the provider was in-network. We urge you to add similar language to support people living with disabilities.

The National MS Society looks forward to the final regulations and we appreciate the opportunity to participate in the process. If I can be of further assistance, please contact me at 804-591-3048 or ashley.kenneth@nmss.org

Sincerely,

A handwritten signature in black ink, appearing to read "Ashley Kenneth". The signature is fluid and cursive, with a long horizontal stroke at the end.

Ashley Kenneth
Sr. Manager, Advocacy
National MS Society