To:	Maryland Insurance Administration
From:	Robyn Elliott on behalf of the Maryland Nurses Association
RE:	Draft Network Adequacy Standards
Date:	August 4, 2022

The Maryland Nurses Association (MNA) appreciates the opportunity to offer comments on the draft *Network Adequacy Regulations*. MNA believes that the draft regulations accomplish the purpose of ensuring carriers have sufficient provider networks to serve their enrollees. We have several technical comments which primarily ensure that advanced practice registered nurses (APRN) are recognized in several provider type categories. Two type of APRNs, nurse practitioner (NP) and certified nurse midwives (CNMs), have full practice authority under Maryland law. This means that these provider practice independently and contract with carriers as individual practitioners, and therefore carriers should receive credit for contracting with NPs and CNMs in their networks. We will note that NPs and CNMs play a particularly important role in rural and underserved areas, so their inclusion in network adequacy calculations will help carriers meet minimum network requirements.

Our comments are as follows:

- **School-Based Health Centers:** Under COMAR 31.44.02 B(26), we support the inclusion of school-based health centers as essential community providers. School-based health centers, which are primarily managed by NPs, are safety net provides within the walls of an elementary, middle or high school. School-based health centers provide essential primary, behavioral, and dental services to underserved students;
- **Primary Care Providers:** Under COMAR 31.44.04 F(1), replace the word "*physician*" with "*provider*" and add "*nurse practitioner*" to the list of providers to acknowledge the full range of primary care providers;
- **Travel Standards – APRNs:** In COMAR 31.44.05:
  - *Under A(1)(a), replace "physician"* with "*provider*" to acknowledge the full range of primary care providers;
  - Under A(5) on the Chart of Travel Distance Standards, we suggested changes to make provider terminology consistent in terms of recognizing APRNs. We will note that one of the existing terms "*Pediatric-Routine/Primary Care*" is already inclusive of NPs. Further, we would note that the description of types of services under *.06 Waiting Times* are already inclusive of APRNs. For example under .06A(2), the terminology of urgent care and routine primary care is inclusive of services provided by APRNs;

        - Add "*Nurse-Midwifery/Certified Midwifery*" to "*Gynecology/OB/GYN*" line to acknowledge the range of providers with full practice authority;
        - Change "*Primary Care Physician (non-pediatric)"* to "*Primary Care Provider"*
    - Under B(1)(a), change the term "*primary care physician"* to *"primary care provider"*
    - Under B(5) on the Chart of Travel Distance Standards, to make provider types consistent.
        - Add "*Nurse-Midwifery/Certified Midwifery*" to "*Gynecology/OB/GYN*" line to acknowledge the range of providers with full practice authority;
        - Change "*Primary Care Physician (non-pediatric)"* to "*Primary Care Provider(non-pediatric)"*
- **Access Plan Executive Summary Form:** Under COMAR 31.44.11 A(1)(h)(i), change the term *"medical"* to *"clinical"* . Under the Health Occupations Article, only physicians are authorized to practice medicine. Since nurses provide many of the primary care services offered in local health department, it is appropriate to make the term more inclusive.

Thank you for the opportunity to submit these comments. If MNA can provide any further assistance, please contact me at relliott@policypartners.net.