

**LENI PRESTON**  
***An Independent Consumer Voice on Health Policy***  
**6306 Swords Way, Bethesda, MD 20817**  
**Cell 301.351.9381 \* [lenipreston@verizon.net](mailto:lenipreston@verizon.net)**

---

December 4, 2020

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

Thank you for the opportunity to submit comments on the Maryland Insurance Administration's (MIA) draft proposed revisions to the Maryland Network Adequacy regulations, COMAR § 31.10.44. I do so as an individual consumer. However, the following is informed by my work for almost two decades as a consumer advocate on Maryland's health policy reforms. Over that time I held leadership positions with Consumer Health First (CHF) and its predecessor organization and served on multiple policy committees, including the Consumer Standing Advisory Committees at the Maryland Health Benefit Exchange (MHBE) and the Health Services Cost Review Commission. In 2016 Consumer Health First worked with the MIA and MHBE, and partnered with other consumer advocacy organizations to achieve passage of the Network Adequacy Standards legislation.

The MIA is to be applauded for the deliberative and transparent process that was undertaken to draft the initial regulations and it is encouraging that the same approach has been taken to revise and strengthen those. As a result, the draft proposed revisions incorporate significant advances that will be of benefit to consumers.

In commenting on these, Ellen Weber with support from members of the Maryland Parity Coalition, has raised valid issues and provided important recommendations that I encourage you to take into consideration as you finalize the regulations. **I fully support all of their comments and recommendation and, in so doing, would highlight a few that were the focus of my work with CHF and which the organization had commented on in the past.** These include:

- **Definitions - § 31.10.44.02** - Here I would specifically cite the change proposed to waiting time definition to make clear that the appointment must be with a provider that has the "appropriate skill and expertise to treat the

condition.” The value of that change would go beyond those individuals with MH and SUD conditions. It would also include women seeking the services of OB-GYN services whose challenges were highlighted in CHF's November 2015 report on *Provider Directories and Women's Access to Health Care Services*.

- **Sufficiency Standards – § 31.10.44.03(A)** - The recommendations in this area reflect an important step towards expanding transparency for consumers to ensure that they have all of the information they need to make informed decisions. This effort to provide full and complete information to consumers should always be a prime consideration that will not only lead to better care for individuals but a lowering of health care costs in the long-term.
- **Culturally Competent Services § 31.10.44.03(A)(5) and Filing of Access Plans – § 31.10.44.04** I strongly encourage the adoption of the common sense recommendations in both of these areas. The requirement to "specifically identify diverse 'racial' backgrounds," and to include this information in the access plans, means that the MIA can hold carriers accountable for providing the services that meet each individual's needs. At the same time, the collection of this data will provide the information that policy makers and carriers need to address the systemic racial injustices that have been so tragically revealed with the current pandemic.
- **Network Adequacy Waiver Standards – § 31.10.44.08** - From the outset, consumer advocates were concerned about how carriers might use the waiver process to evade complying with necessary standards. The proposed revisions are an important step forward. And, I believe that the additional data, as proposed, would provide the MIA and interested parties with useful information with which to assess carriers' performance and for the purpose of developing future policies.

In conclusion, I want to again thank you for leading such an open and transparent process and for opportunity to provide my individual perspective. The pandemic has illuminated the value of health insurance and the need to ensure that access and quality are affordable and equitable. The MIA, of course, plays a critical role in this regard. I commend your work on these network adequacy standards and encourage you to fully enforce these regulations while continuing to look for ways to expand upon the consumer protections.

Sincerely,



Leni Preston