

TO: Chair Monnes Anderson & Committee Members
Senate Committee on Health Care

DATE: April 22, 2015

RE: HB 2468

Chair Monnes Anderson and committee members:

Thank you for the opportunity to address this important issue. The American Heart Association applauds the efforts of the Oregon Department of Consumer and Business Services to strengthen consumer protections and create the tools it needs to hold insurers accountable for delivering access to needed health care services through their provider networks.

The American Heart Association served on the Health Care Network Adequacy Committee for the last year and we support the resulting bill, HB 2468.

Inadequate Safeguards for Oregon Consumers

Consumers and consumer advocates nationwide are increasingly concerned about the impact of narrowing health insurance provider networks and the need for greater transparency and accountability to enable policyholders to access the care they need when they need it.

While well-coordinated narrow networks offer some benefits and can be appropriate choices for some consumers, current Oregon law provides little recourse to ensure basic access to services, access to accurate information about provider networks, and protection from significant out-of-pocket costs in cases where consumers use out-of-network services unknowingly or through no fault of their own. Oregon lags behind many states, including our neighbors to the north and south, in having very few protections for consumers in this area.

The overarching question is: Does a plan's network connect enrollees with the right care, in a timely manner, without them having to travel unreasonably far?

HB 2468 – The result of the Health Care Network Adequacy Committee

To create a path forward that will help ensure that health plans include sufficiently broad networks to deliver promised services, the Oregon Insurance Division convened stakeholders to serve on the Healthcare Network Adequacy Advisory Committee regularly for the last year. HB 2468 represent an effort to balance many stakeholder perspectives on this important issue. Concerns from stakeholders were incorporated into the bill, and compromises were made with the aim of achieving a final product we could all support.

For example, the American Heart Association does support applying network adequacy standards to large group health insurance plans, so as to not leave hundreds of thousands of Oregonians without access to key consumer protections. However, we have agreed to support HB 2468 (which do not include large group plans), because the policy represents a step forward for Oregonians.

HB 2468 should help address the following concerns:

- **Time & Distance:** A fundamental concern for both consumers and regulators should be whether a plan's network is sufficient to provide the range of covered services a consumer might need, including care they might not have anticipated they would need, in a timely, reasonable manner. If not, the plan will not provide the health care and financial protection promised under its described covered benefits, which the consumer expects and deserves.
 - o The American Heart Association has heard from parents of children born with a congenital heart defect from around the country that there are no pediatric cardiologists included in their plan's network or the only pediatric cardiologist is hundreds of miles away.
- **Wait Times:** Lengthy waiting times for an appointment can also be a concern for consumers and evidence that a plan's network does not include an adequate number of providers. We do understand that issuers cannot contract with providers in areas where there are none, but consumers should be protected from having to wait very long times to see a specialist included in their network.
 - o In a national American Heart Association 2010 survey of heart disease and stroke patients, 10% of patients said they had difficulty obtaining care from a cardiologist and 5% said they had difficulty obtaining medical care from a neurologist. Of these patients having difficulty getting care, 25% cited long waiting times, 22% said the doctor wasn't in their health plan's network, 22% said the doctor wasn't accepting new patients, and 21% said the doctor didn't accept their insurance.

In summary, consumers and regulators should have confidence that there are an adequate number of hospitals and primary and specialty care physicians included in the network to provide covered services in a reasonable amount of time and within a reasonable travel distance.

HB 2468 represent a balanced and well-vetted proposal from stakeholders, and we urge your support.

Thank you,

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