

Support HB 5395 as amended by HA1

1. Strengthens patient protection provisions in the Network Adequacy and Transparency (NAT) Act
 - Specifies that “material changes” to a plan network must be evaluated at the **county** level, rather than just at the overall plan level. If a change in the network creates a disruption within a specific county, that change must be reported to the Department (p.5)
 - Strengthens continuity of care provisions by expanding the definition of “ongoing course of treatment.” Patients undergoing an ongoing course of treatment are able to stay with their providers during a transition period if the providers cease to be part of the network plan. Expands definition to include patients currently receiving inpatient care; patients scheduled for non-elective surgery (pre- and post-care considered “ongoing;” patients with a terminal illness who are being treated by a provider; and any other situation where disruption in care from an established provider would be bad for the patient. (p.6). Expanded definition also applies to Managed Care Reform and Patient Rights Act.
 - Adds appointment wait times as a network adequacy metric. Specifies that federal standards serve as the minimum floor for network adequacy standards specified, including provider ratios (p.14) and time, distance and appointment wait times (p. 15).
 - Requires plans that have an inadequate network within a given county to process claims for out-of-network services at the in-network benefit level for patients. (p.21)

2. Strengthens enforcement provisions of NAT Act
 - Establishes specific timelines and fines for failure of issuers to submit revised network adequacy filings as a result of a material change in the plan network (p.21)
 - Allows the Director to prohibit a plan from being issued or renewed within a county until the Director determines the plan meets network adequacy requirements or receives an approved exception. Establishes a \$5,000 penalty per policy for failure to comply. (p. 22)
 - Establishes a \$5,000 per month penalty for failure to update network plan directory. (p. 28)

3. Helps ensure patients who purchase health insurance receive all benefits guaranteed under federal Affordable Care Act standards by prohibiting the sale of short-term, limited duration health insurance plans. (p.63)

4. Makes amendments to Managed Care Reform and Patient Rights Act to increase transparency and promote patient access to necessary and appropriate care
 - Requires insurance companies to post drug formularies on public websites, and include information about cost sharing, prior authorization requirements, and preferred therapeutic alternatives (p.87)

- Ensures that issuers follow utilization review processes that are clinically appropriate and consistent with generally accepted standards of care. Includes specifying valid source criteria and establishing processes to ensure uniform application during utilization review processes (p. 136)

- Ensures patient can get access to medications as prescribed by their physicians by prohibiting step therapy. (p. 140)