

January 12, 2015

Mr. J.P. Wieske
Wisconsin Office of the Commissioner of Insurance
Chair, NAIC Network Adequacy Model Review (B) Subgroup
c/o National Association of Insurance Commissioners (NAIC)
444 North Capitol Street, N.W., Suite 701
Washington, D.C. 20001
ATTN: Jolie Matthews, NAIC Senior Health and Life Policy Counsel

Re: Recommendations for Changes to NAIC's Network Adequacy Model Act

Dear Mr. Wieske, Ms. Matthews, and Network Adequacy Model Review (B) Subgroup Members:

Last week we received NAIC's draft Health Benefit Plan Network Access and Adequacy Model Act through our association with the Consortium for Citizens with Disabilities (CCD) as a member of CCD's Health Task Force. Disability Rights Education and Defense Fund (DREDF) is a leading national law and policy center that advances the civil and human rights of people with disabilities through legal advocacy, training, education, and public policy and legislative development. DREDF has had a long-standing goal of improving health care accessibility for people with disabilities, millions of whom are enrolled in managed care entities. Thank you for your work on this important piece of model legislation.

We appreciate the care and thought that has clearly gone into the drafting of the model act. Our comments reflect our deep knowledge of barriers encountered by people with various disabilities who cannot receive effective healthcare unless provider networks are structurally, physically and programmatically (i.e., policies and procedures are appropriately modified) accessible. We are concerned that the model act says very little about physical and programmatic accessibility for people with disabilities. Numerous studies across various states and programs establish the dearth among providers of accessibility features as fundamental as examination equipment and training that would enable the complete examination and weighing of wheelchair users.¹

Another concern is the narrowness of the act, which I think is intended to be broad enough to encompass health insurance entities and managed care organizations that administer both public and private health insurance. Managed care is an increasingly large player in Medicare, Medicaid and duals' programs, and the trend toward integrated services means that the administration of managed long-term services and supports (MLTSS), including home and community--based services (HCBS), are increasingly being entrusted to managed care entities along with clinical care. The draft act should

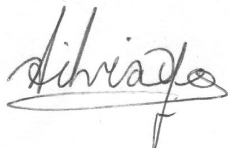
¹ Mudrick, N.R.; Breslin, M.L.; Liang, M.; and Yee, S. (2012) "Physical Accessibility in Primary Health Care Settings: Results from California On-site Reviews," Disability and Health Journal, October, Vol. 3, Issue 4, Pages 253-261. Tara Lagu et al. Access to Subspecialty Care for Patients With Mobility Impairment, Annals of Internal Medicine. 2013; 158:441 – 446.

acknowledge this reality and have greater explicit applicability and reference to LTSS and HCBS as these services are delivered through managed care provider networks.

We understand that that the model act's evolution is not necessarily towards the creation of a pointed advocacy tool for any particular group of managed care members. However, if the act is truly to serve as a model of the kinds of provider networks needed by the gamut of managed care consumers, then DREDF can assert very confidently that members with disabilities need accessibility to be explicitly addressed as a component of network adequacy. My understanding is that, as a model act, states can pick and choose what components they will actually adopt through state statute or regulation. If language about physical and programmatic accessibility and other elements addressed in our comments is entirely absent, then those issues will likely not even be recognized as problems that can be resolved or at least improved through state laws.

Thank you again for your work on this, and for the opportunity to comment. We have included in our comments and questions four edits that have been suggested by the CCD Health Task Force. Please feel free to contact me at any point with any questions or concerns on the above or on our comments.

Yours Truly,

A handwritten signature in black ink, appearing to read "Silvia Yee", with a horizontal line underneath the name.

Silvia Yee