**OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES**

**Resolution No. 20 – 2020**

**Introduced by:** OSMA District Two

**Subject:** Network Adequacy

**Referred to:** Resolutions Committee No. 2

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**WHEREAS**, Many health insurers offering plans in the exchanges, Medicare Advantage, and to employers, are relying on tiered and narrow networks, which may provide patients access to lower cost plans but increasingly results in networks that are inadequate to provide meaningful access to timely, convenient and quality care; and

**WHEREAS**, Our AMA supports state regulators as the primary enforcer of network adequacy requirements; and

**WHEREAS**, The majority of the exchange plans in Ohio offer ZERO out-of-network benefits, which results in no coverage for services provided by out-of-network physicians when these patients are treated at an in-network facility; and

**WHEREAS**, OSMA policy supports insurers and third-party payors to reimburse patients and /or out-of-network physicians their usual charges in non-emergency care, if insurers and third-party payors are not able to arrange participating network physician care in a reasonable time; **therefore be it**

**RESOLVED**, That the OSMA advocate for legislation to require quarterly reporting to the Ohio Department of Insurance by health insurers on network adequacy measures; and, **be it further**

**RESOLVED**, That the OSMA advocate for legislation which offers financial protection to patients who seek care out-of-network when not available in-network within defined time and geographic limits; and, **be it further**

**RESOLVED**, That the OSMA advocate for reasonable coverage of out-of-network services when the patient does not have any choice/option for in-network services.

**Fiscal Note:** $ 50,000 (Sponsor)

$ 50,000 (Staff)