Follow-up Discussion from March 2 Conference Call

Proposed Language for Section 1:

**Drafting Note:** In addition to applying the standards provided in this Act to health carriers that offer network plans, if the state does not have network adequacy standards already in place for Medicaid managed care plans, state insurance regulators (or other state regulator with jurisdiction over Medicaid managed care plans) may want to examine the appropriateness of applying the network adequacy standards provided in this Act to such in the state.

Please note that instead of referring to “fully-insured benefit plans,” as the CHA comment, I decided to refer to “health carriers that offer network plans,” which tracks with the language in Section 4—Applicability and Scope.

Proposed Language for Section 2:

B. ***
(2) Requiring **network plans** health carriers to have and maintain and follow publicly available access plans that consist of policies and procedures for assuring the ongoing sufficiency of provider networks, consistent with Section 5B5 of this Act, including any requirements in Section 5E related to its availability to the public that consist of policies and procedures for assuring the ongoing sufficiency of provider networks.

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Please note that for the first cross-reference, instead of referring to Section 5E (as suggested in the AHIP, BCBSA comments), I decided to refer to Section 5 generally because there is more than one subsection in Section 5 that concerns access plans. I did refer to Section 5E in the second cross-reference because Section 5E is the subsection that relates to the public availability to access plans.