



**Proponent Testimony HB 219**

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Chair Lampton, Vice Chair Craig, Ranking Member Hall, and members of the House Insurance Committee, thank you for this opportunity to provide testimony in support of House Bill 219.

The Academy of Medicine of Cleveland & Northern Ohio represents 7,400 physicians and medical students in Northeast Ohio. For more than 200 years, we have championed policies that promote the highest quality practice of medicine for physicians and their patients. In today's health care environment, when so much of medical practice is governed by insurance companies, we are proud to support legislation that will hold these plans accountable to the patients that our members serve.

HB 219 is a commonsense measure to ensure that health plans maintain an adequate network of providers so that all Ohioans they cover have access to emergency services and other providers in appropriate quantities and specialties without unreasonable delay. Frankly, legislation to protect consumers in this way is long past overdue. According to information from National Conference of State Legislatures, Ohio is one of just a handful of states that do not have regulatory language relating to network adequacy for private health plans. There are already federal standards in place that require network adequacy for Medicaid plans, which Ohio follows. This bill will hold commercial insurers to that same standard and make sure that Ohioans are getting the coverage that they pay for.

Moreover, we appreciate that this bill acknowledges in its setting of sufficiency criteria the variety of ways in which networks may be narrow. By requiring the Superintendent of Insurance set evaluation standards for sufficiency based on the ratio of providers to people, geographic distribution, wait times, number of providers accepting new patients, and the ability to meet the needs of specific groups like children, low-income Ohioans and people with disabilities, this legislation will help facilitate healthcare access for groups that typically face barriers to care. In a

state like ours, where we have some of the greatest healthcare systems and practitioners in the nation, no one should be denied access simply because their insurance plan fails to supply adequate numbers of providers.

As an organization of physicians, we know that inadequate insurance coverage leads to longer wait times and higher out of pocket costs for patients, which can discourage them from seeking health care in the future. It is imperative that patients know there will be care available for them when they get sick or injured, and that the health plans they maintain will not stand in the way of receiving that care.

On behalf of our physician members and their patients, we urge you to vote yes on House Bill 219. Thank you for the opportunity to testify.