



December 12, 2018

The Honorable Barbara Richardson Commissioner of Insurance Nevada Division of Insurance 3300 W. Sahara Ave., Suite 275 Las Vegas, NV 89102

RE: <u>Proposed changes to NAC Chapter 687B</u>

Dear Commissioner Richardson,

On behalf of the American Society of Plastic Surgeons (ASPS) and the Mountain West Society of Plastic Surgeons (MWSPS), we are writing regarding the proposed changes to NAC Chapter 687B. ASPS is the largest association of plastic surgeons in the world, and in conjunction with our regional affiliate, MWSPS, collectively represent 46 board-certified plastic surgeons in the state. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

Following passage of the Affordable Care Act, insurers have created health plans with narrow, inadequate, and non-transparent physician networks. Following the growing prevalence of these "narrow networks," patients have shown a limited understanding of the nuances of their plan, unknowingly receive "out-of-network" care, and are charged high out of pocket fees for their health care. We appreciate the Nevada Division of Insurance's (DOI) efforts to address these issues through this regulation and applauds the DOI for taking corrective steps to rectify these issues on behalf of patients in the state.

ASPS and MWSPS are encouraged to see the detailed explanation of travel distance standards for certain specialty areas. We strongly recommend that the DOI expand on these standards by requiring network plans to have reasonable access to a provider in more than twelve specialty areas as designated in the proposed rule. In order to ensure network adequacy, patients much have access to a diverse and sufficient representation of the specialists responsible for treating the most vulnerable patient populations. For instance, plastic surgeons provide highly skilled surgical services that improve both the functional capacity and quality of life of patients, including the treatment of congenital deformities, burn injuries, traumatic injuries, hand conditions, and cancer. Specifying the appropriate travel distances and wait times for patients helps ensure timely access to these necessary services. That's why we urge the DOI to require network plans to provide reasonable access standards to additional specialty areas including plastic surgery.

Provider to enrollee ratios are specified in the regulation for primary care and *certain* specialty providers. Yet ratios for all specialty care providers are equally necessary. For example, there is only one plastic surgeon per 45,700 individuals in the United States, according to a 2015 study. ¹ Wait times and travel distance standards can only be effective if carriers participate with enough providers. Therefore, we urge

¹ "Number of People per Active Physician by Specialty, 2015." AAMC. https://www.aamc.org/data/workforce/reports/458490/1-2-chart.html.

the DOI to extend these set ratios in NAC Chapter 687B to all specialty providers, including plastic surgeons. Nevada's patient population should have access to at least 1 full-time board-certified plastic surgeon for at least 90 percent of enrollees based on a specific maximum time and distance standard set by the DOI. We believe that this threshold would comply with the enrollee requirements outlined in Section 1(a) of the proposed rule.

For these reasons, we request that you amend the proposal to ensure patient access to all specialty care and to hold insurance carriers accountable to the proposed regulation. Thank you for your consideration of our positions on these important issues. Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at <u>phermes@plasticsurgery.org</u> or (847) 228-3331 with any questions or concerns.

Sincerely,

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Alan Matarasso, MD, FACS President, American Society of Plastic Surgeons

Richard Baynosa, MD President, Mountain West Society of Plastic Surgeons