



November 4, 2021

Commissioner Jessica Altman , Chair  
NAIC Special (EX) Committee on Race and Insurance  
National Association of Insurance Commissioners  
444 North Capitol Street NW, Suite 700  
Washington, D.C. 20001-1512

Submitted via email to Jolie Matthews at [jmatthews@naic.org](mailto:jmatthews@naic.org)

Commissioner Altman,

Thank you for the opportunity to provide comments on the White Paper on Provider Networks. The Health Benefits Institute is a group of agents, brokers, insurers, employers, benefit platforms and others seeking to protect the ability of consumers to make their own health care financing choices. We support policies that expand consumer choice and control, promote industry standards, educate consumers on their options and foster high quality health outcomes through transparency in health care prices, quality, and the financing mechanisms used to pay for care.

First, we believe the drafting of a white paper will be important for regulators to fully understand and study network adequacy issues, and especially as it relates to underserved populations. As you know, I have some experience with the current NAIC network adequacy model and would offer any assistance that would be helpful in the development of the white paper. I am certainly willing to share the perspective on the issues we reviewed at that time.

Related to specific issues in the outline, HBI would point to a few issues that will need to be further fleshed out.

1. One of the hopes of network adequacy is that insurers can design networks that better meet the needs of underserved communities. Commissioner Conway has highlighted his department's work in Colorado. Without more specific demographic information on providers, delivering on this promise becomes impossible for the insurers. The white paper outline includes language related to difficulties in collecting this information, noting provider reticence to share. We believe the section should be expanded and requires a robust discussion of this issue.
  2. On a practical matter, it is hard for an insurer to contract a cross section of providers that matches the demographics of the community if the provider base itself doesn't match the local community or doesn't match the diversity of the community. It would seem that covering the necessary scope of medical services with competent providers is first most important goal, and matching the community's demographic profile, while important, will be harder to balance. Many rural communities have traditionally had difficulty in recruiting doctors to practice (especially in certain specialties), and as a result are also underserved. To meet the needs of the community local provider systems often hire good doctors who do not reflect the demographic norm of the mostly homogenous community. The issues
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are not entirely dissimilar with other underserved metropolitan area communities who face related issues. Are the solutions expected to be the same? How should insurers balance the need for culturally competent care with the issue of access to care more generally.

Thank you again for continuing work on this important issue. Please do not hesitate to contact me if you have further questions at [jpwieske@thehealthbenefitsinstitute.org](mailto:jpwieske@thehealthbenefitsinstitute.org) or (920) 784-4486.

Sincerely

A handwritten signature in green ink, appearing to read "JP Wieske", with a long horizontal flourish extending to the right.

JP Wieske  
Executive Director