

Ohio's 54th House District

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State Representative Kellie Deeter

Sponsor Testimony - HB 219

Chair Lampton, Vice Chair Craig, Ranking Member Tims, and members of the House Insurance Committee, thank you for the opportunity to provide sponsor testimony on HB 219, which will establish network adequacy standards for health insurers in Ohio.

Network adequacy standards play a critical role in ensuring that health insurance plans provide meaningful access to care for enrollees, including consumer protection, more equitable access, transparency and accountability, better public health, and consistency across the market. This bill seeks to ensure that all Ohioans have timely and reasonable access to in-network healthcare providers. By setting clear standards, this bill aims to prevent situations where insured individuals face undue burdens in obtaining necessary medical services.

Per The National Conference of State Legislators (NCSL), Ohio is one of only 7 states that has NO network adequacy requirements for commercial health insurance. Texas, Indiana, Michigan and Pennsylvania are among many states with network adequacy standards. Ohio currently only has network adequacy requirements for Medicaid plans. There are also federal network adequacy requirements for ACA plans. Network adequacy standards are imperative to address the access issues we are currently facing.

Providers and health systems hear increasing complaints from patients about long wait times to see a health care provider, little to no specialists in insurance networks, providers being a significant distance from the patients' home address, provider directories listing retired providers or those who are not accepting new patients. This bill is an attempt to ensure there are checks and balances, and that the number of healthcare providers is adequate for the number of covered individuals.

Network adequacy standards help prevent "phantom networks" where insurance plans list providers who aren't available or accepting new patients. Standards ensure patients can realistically access in-network providers without unreasonable travel or delay. Standards can help ensure fair access in urban and rural areas, and for various specialties, so that underserved populations such as my district are not disproportionately burdened.

Having clear adequacy metrics – like time and distance standards, appointment wait times, and provider-to-enrollee ratios-makes it easier for regulators to hold insurers accountable and for consumers to understand what they're buying. Timely access to care reduces the burden on emergency services and helps manage chronic conditions better, which in turn supports a healthier Ohio. Further, establishing standards will lead to more fairness and competition in the marketplace.

This legislation would require the Ohio Department of Insurance to create rules establishing network adequacy standards, specifically:

1. Establish standards for creation and maintenance of networks by insurers and assure the adequacy, accessibility, transparency and quality of healthcare services offered under a network plan.
2. Require insurers to maintain and follow access plans that consist of policies and procedures for assuring the ongoing sufficiency of provider networks.
3. Establish requirements for written agreements between insurers and participating providers regarding the standards, terms and provisions under which the participating provider will provide covered services to covered patients.

Without standardized requirements, there will always be the risk that health plans offer inadequate networks, leading to delayed care, increased out-of-pocket costs, and overall dissatisfaction. Implementing standards promotes fairness, improves health outcomes, and aligns with best practices observed in other states.

By enacting HB 219, we take a significant step toward safeguarding the health and well-being of our constituents. I urge support and I am happy to answer any questions.