PRESS RELEASE

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CALIFORNIA DEPARTMENT OF INSURANCE ENACTS NEW STANDARDS ON ACCESS TO TIMELY CARE

- ***Patient Advocates Cheer New Requirements to Address Inaccurate Provider Directories, Inadequate Provider Networks and More;***
- ***New Provider Network Adequacy Regulations Provides Momentum For Additional Needed Legislative Action on AB533 (Bonta), to Protect Consumers from Surprise Bills***

SACRAMENTO, CA- Today, consumer advocates cheered new standards at the California Department of Insurance for health insurers to create and maintain accurate provider directories, and have adequate numbers and types of providers in their networks so consumers can get the care they need when they need it.

"These new standards make sure all California consumers can find a provider in their network and access the care they need in a timely manner. All insured Californians should have that basic access to timely care, and not have to deal with an inaccurate provider directory when looking for an in-network doctor,"said Anthony Wright, executive director of Health Access California, the statewide health care consumer advocacy coalition. While many of these consumer protections have been in place for health plans regulated at the Department of Managed Health Care, which covers care for the vast majority of the market, CDI's new regulations extend these assurances to the couple million Californians with coverage regulated by CDI. Part of these regulations implement SB 137 (Hernandez), sponsored by Health Access, which requires insurers to have accurate and updated provider directories. "We thank Insurance Commissioner Jones for putting in place these important patient protections. People pay their health insurance premiums on the premise that regardless of how broad or narrow the network, they will be able to get the care they need when they need it. These standards help make sure that insurerse keep their promise to patients."

CDI's attention to these issues also provides momentum for addressing the problem of surprise medical bills from out-of-network providers when patients use an in-network facility. "While the new regulations may help reduce the incidence of consumers inadvertently going out-of-network, they do not solve the full problem and a change in law is needed." said Wright. "We urge the legislature to take action quickly to prevent

surprise medical bills, when patients who follow their insurers' rules and go to in-network facilities but still end up with bills from out-of-network doctors that cost hundreds if not thousands of dollars." Health Access is sponsoring AB 533 (Bonta), which ensures that if consumers do the right thing by visiting in-network hospitals or facilities, they only be responsible for paying in-network charges and co-pays for all the providers they encounter in their visit. The total amount of cost-sharing will also count toward their out-of-pocket-maximum. "While these regulations are a good step forward, more needs to be done to protect consumers from surprise out-of-network bills. Consumers across California are still getting large bills from providers they have never met, who they assumed would be covered by their insurance because they used an in-network facility." said Wright.

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