

## **OUT-OF-NETWORK CARE**

**RESOLVED**, That our AMA reaffirm Policies H-165.839, H-373.998, H-285.911 and H-285.908 (Reaffirm HOD Policy); and be it further

**RESOLVED**, That our AMA adopt the following principles related to unanticipated out-of-network care:

1. Patients must not be financially penalized for receiving unanticipated care from an out-of-network provider.
2. Insurers must meet appropriate network adequacy standards that include adequate patient access to care, including access to hospital-based physician specialties. State regulators should enforce such standards through active regulation of health insurance company plans.
3. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur.
4. Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians.
5. Patients who are seeking emergency care should be protected under the "prudent layperson" legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered.
6. Out-of-network payments must not be based on a contrived percentage of the Medicare rate or rates determined by the insurance company.
7. A minimum coverage standard for unanticipated out-of-network services should be identified. The minimum coverage standard should pay out-of-network providers at the usual and customary out-of-network charges for services, with the definition of usual and customary being based upon a percentile of all out-of-network charges for the particular health care service performed by a provider in the same or similar specialty and provided in the same geographical area as reported by a benchmarking database. Such a benchmarking database must be independently recognized and verifiable, completely transparent, independent of the control of either payers or providers and maintained by a non-profit organization. The non-profit organization shall not be affiliated with an insurer, a municipal cooperative health benefit plan or health management organization.
8. Mediation should be permitted in those instances where the physician's unique background or skills (i.e. the Gould Criteria) are not accounted for within a minimum coverage standard. (New HOD Policy); and be it further

**RESOLVED**, That our AMA develop model state legislation addressing the coverage of and payment for unanticipated out-of-network care. (Directive to Take Action)