Senator Lee,

Thank you for the conversation this morning! I really appreciate the time. The questions that remain unclear for us (or are too vague, given the current proposed legislation) include:

- \*Does this require providers to be located in North Dakota? If so, it would actually restrict access in some situations, like critical access hospitals who use Avera (SD based) E-emergency, NightHawk (for radiology) or telehealth providers like (American Well), etc.
- \*What would the providers be paid? In network rates? Where is that indicated?
- \*If providers are considered in network, but don't have to contract with us, can they surprise bill? Typically, in our contracts we prohibit surprise billing of our members by providers who are in network with us.

We oppose the elimination of narrow/high performance networks. Our broad network (the majority of our members) includes 98% of the states providers, so the majority of our members already experience AWPs. However, the small number of narrow or high performance (high efficiency at a discounted cost) networks we provide are one of the only affordable options that employers can choose as an alternative option for their employees. In visiting with Dr. Ackerman, he felt that those networks were still allowed under the law. But I think to ensure that is the intent, we would like to hear on record something of the following:

\*Does the language in section 2 permit a carrier to deny the provider the right to participate in a quality based or high performance network? If so, what language in 2a or 2b permits that? (Doesn't section 2a say the carrier has to make those open to any willing provider on the same terms or conditions?) Shouldn't they have to meet qualifications to get access into a special quality or high performer network?

Happy to discuss any changes or amendments if you want to consider them. Kind regards,
Megan

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