

**Proponent Testimony – HB 219: Network Adequacy
Presented to the Ohio House Insurance Committee
Monica Hueckel, VP, Advocacy – Ohio State Medical Association**

October 7, 2025

Chair Lampton, Vice Chair Craig, Ranking Member Hall, and members of the House Insurance Committee, thank you for the opportunity to testify in support of HB 219 today. My name is Monica Hueckel and I am here on behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students.

HB 219 sets out to establish standards for both the creation and maintenance of insurance networks and assure the adequacy, accessibility, transparency, and quality of health care services being offered under a network plan. Ohio is one of only a handful of states in the country that does not have network adequacy requirements for commercial health insurance plans. While our state does have network adequacy standards for Medicaid plans, and ACA plans are subject to federal network adequacy requirements, other commercial insurance plans are not held to any specific standards.

We believe that creating network adequacy standards for commercial insurers is imperative in order to properly address access issues Ohio is currently facing. We hear more and more complaints from patients about wait times to see a health care provider, little to no specialists being included in insurance networks, providers that are in-network being a significant and inconvenient distance from the patient's home address, and insurers' provider directories being out of date (listing retired providers or providers who are not accepting new patients). HB 219 is offering a checks-and-balances system to help alleviate these problems and to ensure that the number of providers in a network is adequate to meet the needs of the patients being covered by the plan.

Insurers may say that they rely on tiered, narrow networks in order to provide plans with lower premiums and lower cost-sharing, but this is problematic when those narrow networks are inadequate and often unable to offer meaningful access to the timely, convenient, and high quality health care that Ohioans need. Unfortunately, patients encountering these hurdles may decide to forgo necessary care entirely if they cannot see the physicians they know, trust, or need to get their treatment. Additionally, if patients feel forced to go out-of-network to seek care, they are likely to experience significant and potentially unmanageable out-of-pocket costs.

Our members also feel the burden of Ohio's lack of network adequacy standards. Insufficient networks not only significantly decrease a medical practice's negotiating power, but contribute to longer wait time for appointments, physician burnout, and even increased potential liability associated with care delays.

It is time for Ohio to join the majority of states which have already established specific network adequacy standards for commercial insurers. We believe HB 219 will help improve the health care environment for both our state's physicians and their patient populations.

OSMA urges the Committee to support HB 219. Thank you for your attention to our comments on this legislation, we appreciate the opportunity to be a meaningful contributor to the legislative process. I would be happy to answer any questions members of the committee may have.