

**DEPARTMENT OF LABOR,  
DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
and DEPARTMENT OF THE TREASURY**

**+ + + + +**

**LISTENING SESSION REGARDING PROVIDER  
NONDISCRIMINATION UNDER SECTION 2706(A) OF THE  
PUBLIC HEALTH SERVICE ACT**

**+ + + + +**

**WEDNESDAY  
JANUARY 19, 2022**

**+ + + + +**

**The Listening Session convened via  
Videoconference, at 1:00 p.m. EST, Amber Rivers  
and Elizabeth Schumacher, Co-Facilitators,  
presiding.**

**PRESENT**

**AMBER RIVERS, Co-Facilitator**

**ELIZABETH SCHUMACHER, Co-Facilitator**

**ALI KHAWAR, Acting Assistant Secretary of Labor  
for Employee Benefits Security**

1 P-R-O-C-E-E-D-I-N-G-S

2 1:03 p.m.

3 MS. RIVERS: So I just wanted to thank  
4 everyone for joining us today for the tri-  
5 department listening session on the provider  
6 nondiscrimination provision. I think most folks  
7 are aware that this provision was initially added  
8 as part of the Affordable Care Act and then most  
9 recently the Departments of Labor, HHS, and  
10 Treasury were directed to undertake rulemaking on  
11 this provision as part of the Consolidated  
12 Appropriations Act. And I think it's great that  
13 technology permits us to continue to convene  
14 these sessions because they are just so helpful  
15 in informing the department's implementation  
16 efforts.

17 We do have quite a number of speakers  
18 today representing a wide variety of  
19 perspectives. And in the interest of reserving  
20 as much time as possible for those remarks, we're  
21 not going to do full introductions on the  
22 government side. But I did want to acknowledge

1 our colleagues from the other departments.

2 From HHS, I believe we will have Ellen  
3 Montz joining us and I think I see Jeff Wu as  
4 well as a number of folks from their teams to  
5 have joined. From Treasury and IRS, I see Carol  
6 Weiser and Rachel Levy as well as a number of  
7 members from their team. So thank you so much  
8 everyone for joining. And before we get into the  
9 stakeholder remarks, I did want to turn it over  
10 to our Acting Assistance Secretary Ali Khawar to  
11 give a few remarks.

12 MR. KHAWAR: Thanks, Amber, and  
13 welcome, everyone. It is good to see all of you,  
14 and thank you for participating and thanks to our  
15 tri-department colleagues for joining us. We're  
16 really looking forward to this conversation, and  
17 it is an important part of our process as we move  
18 towards the proposal that we're ultimately going  
19 to issue in this space.

20 I'm very excited that have a pretty  
21 diverse group of stakeholders because there are a  
22 variety of different ways to look at these

1 issues. And we're looking forward to hearing  
2 about the issues and concerns that all of you  
3 have related 2706, the provider nondiscrimination  
4 revision, and to begin the discussion about the  
5 different ways that we should be thinking about  
6 this as we move towards implementation. So there  
7 are about a dozen, I think, different speakers  
8 that we have, as well as a number of folks that  
9 are registered to listen in on the conversation.

10 We're gathering information today. In  
11 the interest of time and because of the number of  
12 speaks that we have, we're probably not going to  
13 be asking many questions. But you should rest  
14 assured and apologies in advance.

15 We're probably following up with a  
16 number of you with questions after the fact. And  
17 we're really looking forward to this as the  
18 beginning of a number of conversations that we're  
19 going to have. But with that, why don't we get  
20 started.

21 MS. RIVERS: Thanks so much, Ali. So  
22 I'm going to actually turn it over to Elizabeth

1 Schumacher. She's going to help facilitate  
2 today's session.

3 MS. SCHUMACHER: Thank you, Amber, and  
4 thank you, everyone, for joining us today. I  
5 just want to quickly remind our speakers that,  
6 because we are limited on time, I ask that  
7 everyone please try to keep your remarks to seven  
8 minutes. And with that, our first speaker is  
9 Jeanette Thornton from AHIP.

10 MS. THORNTON: All right. Can you  
11 hear me okay? All right. Hi, everyone. Let me  
12 get situated here. On behalf of AHIP, I'm  
13 Jeanette Thornton. And we really appreciate all  
14 the work the tri-departments have done on the  
15 implementation of the No Surprises Act. And we  
16 really look forward to the continued partnership  
17 with all of you to ensure patients are protected  
18 from surprise bills under the law.

19 We really appreciate the opportunity  
20 to share our perspective with you today and are  
21 really also pleased that you are seeking opinions  
22 from a diverse set of stakeholders prior to

1 releasing any proposed rule. We certainly know -  
2 - and I'll talk a little bit about it today --  
3 there is a long history about this provision.

4 I think it goes with saying we want to  
5 stress the importance of non-physician providers  
6 to our healthcare system. They are such an  
7 important part of plan design because they can  
8 provide both appropriate and cost effective care.  
9 And this is so important in a time when we have  
10 rising healthcare costs as well as when we're all  
11 facing both personally and professionally due to  
12 the global COVID-19 pandemic.

13 So we're left with the three sentences  
14 that were in the original Affordable Care Act  
15 provision. And I'm sure you're going to hear a  
16 lot of varying thoughts today about what these  
17 three sentences mean and what they mean for the  
18 departments' required regulations in this area.  
19 I want to draw you all to the first sentence,  
20 which is what I think foundationally this  
21 provision is all about.

22 We, as in health insurance providers,

1 shall not discriminate with respect to  
2 participation under the plan or coverage against  
3 any healthcare provider who is acting within the  
4 scope of that provider's license or certification  
5 under applicable state law. In our view, this  
6 provision is not about changing what benefits a  
7 plan chooses to cover. It does not mandate a  
8 certain provider reimbursement approach and does  
9 not require us to contract with all providers.

10 Making these broad changes at this  
11 time would really negatively impact both  
12 affordability and the quality of our member  
13 health insurance plan offerings. Now for our  
14 perspective, we do support the departments'  
15 original 2013 FAQ that really implemented the  
16 statute by forbidding the discriminatory behavior  
17 but left in place the ability for health  
18 insurance providers to make coverage decisions,  
19 administer benefits, and set competitive  
20 reimbursement rates for providers. So, in  
21 thinking about the departments' charge from  
22 Congress, we originally believe the statute to be

1 self-implementing.

2 But we recognize that Congress really  
3 threw us a curve ball and required the  
4 departments to issue regulations. And so, in  
5 drafting those, we really think it's important to  
6 focus on three goals. One, keeping with the  
7 statute, prohibiting discrimination and really  
8 affirming state authority to regulate provider  
9 licensure. Two, it's really critical that you  
10 maintain the ability for plans to design benefits  
11 and select providers based on both consumer and  
12 employer demand and existing law and regulations.  
13 And finally, it's also critical that you preserve  
14 private market contracting between plans and  
15 providers to set appropriate reimbursement rates  
16 that reward efficient, high quality, and  
17 performance outcomes.

18 So a couple of things that we think  
19 are important in order to meet these three goals.

20 One, I think the regulations should  
21 restate this goal of prohibiting certain types of  
22 discrimination and really defer to the states for

1 oversight as is practiced with many of the tri-  
2 department regulations. States continue to be  
3 the primary regulator of license and  
4 credentialing requirements for healthcare  
5 providers in their states. States and also the  
6 federal government also have network adequacy  
7 requirements that exist to make sure consumers  
8 have sufficient access to necessary care.

9           It's also important to note that  
10 Section 2706 clearly states that it does not  
11 mandate any willing provider contracting. Thus,  
12 we think it's really important that your  
13 regulations recognize the importance of plan  
14 networks. They're really important. They help  
15 improve affordability, promote quality, reflect  
16 consumer preferences, and also drive a  
17 competitive market across our industry.

18           In looking at benefit design, we  
19 really think it's important the regulations  
20 maintain the ability for plans to select covered  
21 benefits that meet the needs of consumers and  
22 employers, but also comply with any necessary

1 federal and state regulations. It is our view  
2 that this section does not require plans to cover  
3 additional benefits that would not otherwise be  
4 covered under a plan. For example, plans in the  
5 individual and small group market are required to  
6 follow the essential health benefits requirements  
7 by their respective states, and all plans are  
8 required to offer preventive services consistent  
9 with federal law.

10 It is so important that the  
11 regulations do not impede plans' ability to  
12 design benefits that respond to consumer demands  
13 and balance affordability and high quality of our  
14 offerings. Regarding provider reimbursement, as  
15 I mentioned earlier, it's so important that -- I  
16 emphasize the statute is not about changing the  
17 decisions health plans make regarding  
18 reimbursement. Plans and providers negotiate  
19 private market rates for covered services for  
20 reasons beyond just quality and performance  
21 measures.

22 We partner with our contracted

1 providers to implement important strategies  
2 related to efficiency, clinical effectiveness,  
3 decreasing costs, and also ensuring we do have a  
4 robust network of providers. Given the short  
5 notice of presenting today, and I think we've  
6 just begun the dialogue with our member plans on  
7 this provision. But I do want to reiterate our  
8 support for the role of non-physician healthcare  
9 providers.

10 We look forward to coming back to the  
11 tri-departments with more detailed  
12 recommendations very soon. And I really look  
13 forward to hearing the perspectives from all of  
14 the speakers gathered online here today. So with  
15 that, I'll turn it back to you, Elizabeth. Thank  
16 you.

17 MS. SCHUMACHER: Thank you, Jeanette.  
18 Next we have Ralph Kohl from the American  
19 Association of Nurse Anesthesiologists.

20 MR. KOHL: Thank you, and good  
21 morning. My name is Ralph Kohl. I'm the Senior  
22 Director of Federal Government Affairs for the

1 American Association of Nurse Anesthesiology.

2 First off, I wanted to say thank you  
3 to the hardworking staff at the Department of  
4 Health and Human Services, Labor, and the  
5 Treasury and to the Acting Assistant Secretary  
6 for hosting this important conversation and for  
7 all the work that you guys are doing in the face  
8 of this unprecedented global pandemic.

9 I'm here today representing the AANA  
10 and our over 60,000 certified registered nurse  
11 anesthetist members nationwide. CRNAs are  
12 advanced practice registered nurses who  
13 personally administer more than 50 million  
14 anesthetics to patients in all types of  
15 healthcare settings.

16 Nurse anesthesia predominates in  
17 veterans' hospitals and in the U.S. armed  
18 services. CRNAs also play an essential role in  
19 assuring that rural America, an underserved area,  
20 have access to critical anesthesia services,  
21 often serving as the sole anesthesia provider in  
22 rural hospitals, affording these facilities the

1 capability to provide many necessary procedures.  
2 CRNAs complete a rigorous clinical and didactic  
3 education which prepares them to provide the  
4 highest quality anesthesia care. All available  
5 legitimate peer reviewed studies in evidence show  
6 that CRNAs -- regardless of patient population,  
7 regardless of the case -- achieve the same  
8 quality outcomes as our physician  
9 anesthesiologist colleagues.

10 CRNAs acting within the scope of their  
11 state licensure have experienced denials for  
12 coverage of procedures that are clearly in their  
13 state scope of practice and have been outright  
14 denied participation in certain insurance plan  
15 networks solely based on their licensure. And  
16 this is since 2706 was passed into law. These  
17 practices in payer access to care and payer  
18 consumer choice in competition impairs the  
19 efforts to control healthcare costs' growth.

20 Further, this discrimination violates  
21 the intent of the original provider  
22 nondiscrimination provision, Section 2706 of the

1     Affordable Care Act. When Congress included  
2     Section 2706 in the ACA, their intent was to  
3     protect patient choice and access to a range of  
4     benefit providers and prevent discrimination  
5     against any entire class of healthcare  
6     professionals solely based on their state  
7     licensure.

8             It is to promote and expand patient  
9     choice of providers, level the playing field  
10    among providers, and regulate healthcare markets  
11    by promoting choice and competition. We believe  
12    this included preventing health insurers from  
13    discriminating against qualified licensed  
14    healthcare providers solely based on their  
15    licensure. Unfortunately, no regulation has been  
16    issued since this law took effect, and there's no  
17    real way to enforce this important provision.

18            That is why Congress turned back to  
19    it. That is why they're looking for the  
20    departments to take regulatory action at this  
21    time. Congress understands that addressing  
22    discrimination against healthcare providers is an

1 important part of ending surprise billing and  
2 ensuring network adequacy.

3 Each of the congressional committees  
4 of jurisdiction signed off on including this  
5 provision once again in the Appropriations Act.  
6 And the departments have heard from members of  
7 all the committees of jurisdiction clearly  
8 outlining what they expect to see from  
9 rulemaking. If implemented correctly, we believe  
10 Section 2706 will go a long way to increasing  
11 access to care for consumers, increasing network  
12 adequacy to avoid problematic out of network  
13 billing situations, and drive down healthcare  
14 costs through increased competition between the  
15 highest quality healthcare providers.

16 As the administration looks to build  
17 on the ACA, we believe a regulation fully  
18 implementing the congressional intent of this  
19 provision will benefit consumers and will  
20 strengthen the ACA's focus on rewarding outcomes  
21 regardless of which qualified provider is  
22 achieving those outcomes. CRNAs have been on the

1 front lines of this unprecedented pandemic in  
2 surgical suites and on COVID teams, providing the  
3 highest quality of care. The pandemic has seen  
4 our members answer the call as one of the most  
5 utilized specialties during the pandemic based on  
6 Medicare data while also seeing an increase in QZ  
7 billing which is the billing code for CRNAs  
8 independently providing care.

9           Despite what some of our opponents  
10 would have you believe, we have not seen a  
11 significant increase in adverse outcomes related  
12 to anesthesia care. In closing, AANA believes  
13 that CRNAs, APRNs, and all nurses have earned the  
14 right to be paid what they are worth with the  
15 high quality services provided and to be  
16 reimbursed for achieving those high quality  
17 outcomes in their respective fields. Ultimately,  
18 we know that CRNAs' education and training yields  
19 the highest quality anesthesia providers which is  
20 reinforced by peer reviewed studies, the  
21 precipitous decline in CRNA liability insurance  
22 premiums, and the continued use of CRNAs as full

1 practice authority providers in the Army, Navy,  
2 Air Force, combat support hospitals, and forward  
3 surgical teams.

4 As your departments move forward with  
5 implementation of this important rule, we ask  
6 that you move away from the position-centered  
7 ethos which has far too long guided health policy  
8 decisions and focused on the evidence and the  
9 economics.

10 Thank you for your time and  
11 consideration on this important matter. We will  
12 remain a stakeholder and resource as you move  
13 forward with the provider nondiscrimination rule,  
14 and thank you all for your time and  
15 consideration.

16 MS. SCHUMACHER: Thank you, Ralph.  
17 Next we have Matthew Thackston, who is also from  
18 the American Association of Nurse  
19 Anesthesiologists.

20 MR. THACKSTON: Hello, and good  
21 afternoon. I'm Matthew Thackston, the Associate  
22 Director of Federal Government Affairs at the

1 American Association of Nurse Anesthesiology and  
2 currently the Chair of the Patient Access to  
3 Responsible Care Alliance, a coalition of more  
4 than a dozen healthcare provider organizations  
5 who collectively represent more than four million  
6 healthcare providers. I wanted to first thank  
7 you for all of your diligent work during this  
8 pandemic as well as on this issue, and thank you  
9 for the invitation to join you for today's  
10 listening session.

11 Patient Access to Responsible Care  
12 Alliance, known as PARCA, represents non-M.D. DO  
13 Medicare-recognized healthcare providers, many of  
14 whom face discrimination due to the lack of  
15 enforcement of provider nondiscrimination rules.  
16 Discrimination against non-M.D. DO healthcare  
17 providers, including the refusal to negotiate in  
18 good faith and to bring non-M.D. DO providers in  
19 network, only serves to hurt patient access to  
20 care. We have seen some payers have unnecessary  
21 barriers to care provided by non-M.D. DO  
22 providers or flat out refuse to reimburse for

1 medically necessary care provided by those  
2 healthcare providers who are working within their  
3 state scope of practice.

4 We believe that insurers adding  
5 unnecessary barriers to non-M.D. DO care above  
6 and beyond what is required by state laws as well  
7 as state boards of nursing and medicine is a form  
8 of discrimination that unfairly decreases access  
9 to care, minimizes competition within the  
10 healthcare space, and increased costs. The  
11 members of PARCA represent not only many of the  
12 non-M.D. DO Medicare recognized health and mental  
13 health providers who often face discrimination.  
14 But we are also the providers of choice for many  
15 patients, particularly in rural and underserved  
16 communities who are most adversely affected by  
17 the lack of access to care when provider  
18 discrimination occurs.

19 We believe that any effort to address  
20 the underlying causes of surprise billing must  
21 include a provider nondiscrimination rule with an  
22 enforcement mechanism to help ensure compliance

1 and give healthcare providers a means to fight  
2 discrimination. Additionally, as we continue to  
3 see increasing difficulties with access to  
4 healthcare more broadly and specifically with  
5 underserved populations, it's imperative that  
6 patients be allowed to access care from all  
7 qualified and licensed healthcare professionals  
8 without the barriers that provider discrimination  
9 presents. The providers represented in our  
10 coalition are all Medicare-recognized providers  
11 and are among some of the most sought after  
12 healthcare professionals who provide the highest  
13 quality care to their patients.

14 While we urge your departments to  
15 promulgate an enforceable rule, we are not  
16 seeking to force a system of any willing provider  
17 on insurers. But it is imperative that patients  
18 have access to the providers of their choice when  
19 those providers are working within their scope.  
20 To that end, we support a strong provider  
21 nondiscrimination rule that includes an  
22 enforcement mechanism to address the issues of

1 discrimination that many of the healthcare  
2 providers in our coalition face. We hope to be a  
3 constructive partner with you as you continue  
4 this important work. And I'd like to thank you  
5 for your time and attention today.

6 MS. SCHUMACHER: Thank you, Matthew.  
7 Next we have Frank Harrington from the American  
8 Association of Nurse Practitioners.

9 MR. HARRINGTON: Good afternoon. And  
10 I would like to reiterate everything my  
11 colleagues have said so far. We really  
12 appreciate the departments holding this session  
13 and really look forward to working with the  
14 departments and all the stakeholders on the  
15 successful implementation of this rulemaking.

16 On behalf of the American Association  
17 of Nurse Practitioners and more than 118,000  
18 individual members, over 200 organization  
19 members, and more than 325,000 nurse  
20 practitioners across the nation, we appreciate  
21 the opportunity to provide feedback during this  
22 listening session and provider discrimination

1 under Section 2706(a) of the Public Health Act.  
2 This is an important piece of legislation  
3 necessary to address ongoing provider  
4 discrimination, which limits access to care, and  
5 deprives patients of their ability to select  
6 their healthcare provider of choice. As you  
7 know, nurse practitioners are advanced practice  
8 registered nurses who are prepared at the  
9 master's or doctoral level to provide care to  
10 patients of all ages and backgrounds.

11 NPs practice in nearly every setting,  
12 and daily practice includes assessment, ordering,  
13 performing, supervising, and interpreting  
14 diagnostic and laboratory tests, making  
15 diagnoses, initiating and imagining treatment,  
16 including prescribing medication and non-  
17 pharmacologic treatments, coordinating care,  
18 counseling, and educating patients and their  
19 families and communities. Nurse practitioners  
20 hold prescriptive authority in all 50 states and  
21 the District of Columbia and complete more than  
22 one billion patient visits annually. NPs have

1 long been recognized for providing high quality,  
2 cost effective care in their communities.

3 The importance of removing barriers to  
4 practice, including restrictive insurance  
5 coverage and payment requirements on nurse  
6 practitioners, has been recognized by independent  
7 entities and government agencies, including the  
8 National Academies of Science, Engineering, and  
9 Medicine, the Brookings Institution, American  
10 Enterprise Institute, and the Federal Trade  
11 Commission. As an example, the National  
12 Academies' Future of Nursing report, which was  
13 released last year, called for payment reform  
14 among public health agencies and private payers  
15 that addressed these restrictive policies and  
16 removed barriers that limit the ability of APRNs  
17 and other nurses to improve healthcare access,  
18 quality, and value and create more equitable  
19 communities.

20 These regulations are an opportunity  
21 to address these restrictive policies and help  
22 achieve these goals. Approximately 70 percent of

1 all NP graduates deliver primary care, and the  
2 percentage of patients receiving primary care  
3 from NPs increases in rural and underserved  
4 communities which are the most in need of stable  
5 growing practices. Data presented at the recent  
6 MedPAC meeting found that APRNs and PAs combined  
7 comprise about a third of the primary care  
8 workforce, with that percentage increasing to  
9 approximately half in rural areas.

10 Despite the importance of nurse  
11 practitioners and other clinicians in our  
12 healthcare system, many clinicians continue to  
13 experience discrimination by health plans. This  
14 has a negative effect on the financial stability  
15 of practices, limiting their ability to meet the  
16 needs of their communities, an impact which has  
17 only been exacerbated by the COVID-19 pandemic.  
18 Section 2706 of the Patient Protection and  
19 Affordable Care Act signed into law in 2010  
20 prohibits private health plans from  
21 discriminating against qualified licensed  
22 healthcare professionals based on their

1 licensure.

2           However, since this provision was not  
3 implemented through rulemaking -- only  
4 subregulatory guidance -- it has not had its  
5 intended effect. In December 2020, the  
6 Consolidated Appropriations Act of 2021, which  
7 included the No Surprises Act, was signed into  
8 law. Section 108 of the No Surprises Act  
9 requires the departments to implement Section  
10 2706 by promulgating rules on provider  
11 nondiscrimination by January 1st, 2022.

12           This reflects the strong congressional  
13 intent to implement Section 2706 in a manner that  
14 protects healthcare providers from ongoing  
15 discrimination and reflects the reality that the  
16 existing guidance has not been sufficient.  
17 Despite the passage of the ACA in Section 2706,  
18 NPs and other healthcare providers continue to  
19 experience discrimination based solely on  
20 licensure by insurers with respect to  
21 participation in health plans, low reimbursement  
22 rates, lack of coverage for procedures and

1 services within their state's scope of practice,  
2 lack of inclusion of value-based contracts, and  
3 denying patients the ability to choose an NP or  
4 other qualified clinician as their primary care  
5 provider. Such discrimination violates Section  
6 2706 of the ACA and impairs access to immediate  
7 healthcare services, increases patient cost  
8 sharing, limits patient choice and healthcare  
9 market competition, and inhibits efforts to  
10 control healthcare cost growth.

11 As the departments undertake the  
12 rulemaking process on provider nondiscrimination,  
13 we make the following recommendations on  
14 objectives to ensure that the final rule will  
15 prevent provider discrimination.

16 One, clearly and comprehensively  
17 define discrimination and the intent of the  
18 provider nondiscrimination provision.

19 Two, ensure that the regulations  
20 address reimbursement discrimination based on  
21 licensure.

22 Three, prohibit health plans, health

1 insurance, and payer practices such as those that  
2 deny clinicians access to insurance networks and  
3 advanced payment model based on licensure which  
4 impose requirements for supervision or additional  
5 certification for training beyond state licensing  
6 requirements, which deny coverage of services and  
7 procedures within the clinicians' scope of  
8 practice, which prevent patients from choosing  
9 NPs and other primary care practitioners as their  
10 PCPs, and which require geographic limitations on  
11 provider network participation.

12 Four, we think it's extremely  
13 important that the departments create a robust  
14 enforcement and penalties mechanism to ensure  
15 that all health plans, health insurers, and  
16 payers comply with Section 2706.

17 And five, we strongly encourage the  
18 departments to establish a streamlined notice and  
19 complaint process for providers so that they can  
20 obtain an independent resolution of their  
21 complaint in a timely fashion.

22 In order to properly honor the intent

1 of Congress, the Consolidated Appropriations Act  
2 of 2021 and Section 2706 of the ACA, these are  
3 key provisions the rulemaking must address. NPs  
4 and other clinicians provide a substantial share  
5 of the high quality cost effective healthcare  
6 that our nation requires, particularly in rural  
7 and underserved communities. Preventing insurer  
8 discrimination based on licensure is essential to  
9 ensuring robust patient access to healthcare  
10 services, promoting patient choice of healthcare  
11 providers, and reducing out-of-pocket costs on  
12 patients for select NPs and other qualified  
13 clinicians as their healthcare practitioners of  
14 choice.

15           Again, we strongly thank the  
16 departments for holding this listening session  
17 and providing AANP with the opportunity to  
18 provide comment. Our members are committed to  
19 providing the highest quality care to their  
20 patients and communities, and we look forward to  
21 working with all of you on this important issue.  
22 Thank you very much.

1 MS. SCHUMACHER: Thank you. Next we  
2 have Katy Johnson from the American Benefits  
3 Council.

4 MS. JOHNSON: Thanks, Elizabeth. I  
5 was so busy writing everything Frank was saying,  
6 I've got to get all my papers together. Okay.  
7 So hello, everybody. Thanks so much for the  
8 opportunity to speak today. I'm Katy Johnson.  
9 I'm the Senior Counsel for Health Policy at the  
10 American Benefits Council.

11 Just as background, the American  
12 Benefits Council is a national nonprofit  
13 organization that's dedicated to protecting  
14 employer sponsored benefit plans. So we  
15 represent over 220 of the country's largest  
16 employers on the full array of employee benefits  
17 issues. We also include in our membership  
18 organizations that support employers that sponsor  
19 coverage. So collectively, our members directly  
20 sponsor or support health and retirement coverage  
21 for almost all Americans participating in  
22 employer sponsored programs.

1 I wanted to note a few items for  
2 context before I get into the specifics of the  
3 provision today. First, I just wanted to note  
4 that employers provide coverage to over 177  
5 million Americans and make great efforts to  
6 ensure that the coverage provided is high quality  
7 and affordable. Also, I wanted to note that the  
8 vast majority of our members are large employers  
9 that sponsor self-insured coverage.

10 That's just something to note. I'll  
11 kind of put a pin in it for the tri-agencies,  
12 something I personally am thinking through as I'm  
13 hearing all the remarks today to the extent that  
14 we're talking about in my mind constructs that  
15 sometimes apply specifically to insured coverage  
16 subject to more extensive state regulations.

17 As we all know, self-insured plans  
18 have more flexibility, and some of the things  
19 we're talking about today do not apply to us in  
20 the normal course.

21 And so I guess one high level ask is  
22 that we all think through these issues and as you

1 all think through these issues that we keep in  
2 mind the legal background for self-insured plans  
3 to the extent that it's different than insured  
4 coverage. That's something I'll personally be  
5 doing. So I'm happy to talk about that with you  
6 guys more in the future. I just note it's  
7 something I'm kind of keeping in my brain to the  
8 side.

9 I did want to note that this  
10 flexibility that self-insured plans have they use  
11 to provide benefits that are really tailored to  
12 their workforce. And that includes working  
13 really hard to provide the benefits that the  
14 workforce wants and also to provide different  
15 health plan options and to carefully manage their  
16 provider networks.

17 I asked to speak today because the  
18 provider nondiscrimination provision has really  
19 significant implications for plan sponsors as I  
20 mentioned, the employers that I work with every  
21 day to help them provide employee benefits and  
22 healthcare coverage to their employees. This is

1 because the provision covers several key issues  
2 for employer-provided coverage that have already  
3 come up today, like health plan networks, payment  
4 rates that plans pay to providers, and the  
5 methods that plans use to provide affordable,  
6 high quality healthcare. Our members have worked  
7 to implement the provision in good faith, and the  
8 council has been engaged on these issues since  
9 the provision was enacted, including responding  
10 to the request for information back in 2014,  
11 which to me feels recent but I guess was actually  
12 kind of a long time ago at this point.

13 I also wanted to note and amplify what  
14 Jeannette said and a thread that's kind of been  
15 woven through everybody's discussion so far,  
16 which is the importance of non-physician  
17 providers and the importance of the full array of  
18 healthcare providers. Employers greatly value the  
19 ability to provide coverage through all different  
20 healthcare providers, including to expand access,  
21 to control costs, and to meet a lot of the goals  
22 that folks have been already mentioning this

1       afternoon. So I did just want to note that,  
2       while it's really important and we will be  
3       continuing to work to ensure that the provision  
4       is implemented in a way that's consistent with  
5       Congress' intent, it will continue to be the case  
6       that providing coverage through various  
7       healthcare providers is really important to  
8       employer plan sponsors and is really something  
9       that we value.

10               So, with my remaining time today, I  
11       wanted to emphasize three main issues that folks  
12       have touched on somewhat already that are key  
13       from the employer plan sponsor perspective. So  
14       the first item, which I think some folks have  
15       alluded to perhaps in different directions, is  
16       just that nothing in this provision mandates that  
17       a plan or issue cover specific benefits or  
18       services. I think Jeanette helpfully read us all  
19       the first sentence of the statute when she first  
20       started, and so we all know it's framed as a  
21       nondiscrimination provision.

22               As we know, Congress knows how to

1 impose a benefit mandate. It did so in the ACA a  
2 few different ways. It imposed a requirement to  
3 cover preventive services on non-grandfathered  
4 group health plans. As some folks have alluded  
5 to, it imposed a requirement to cover essential  
6 health benefits for individual and small group  
7 insured coverage. So we know what it looks like  
8 when we see a benefit mandate.

9 This provision instead is a  
10 nondiscrimination provision. And so nothing here  
11 indicates an intent to require either issuers or  
12 self-funded plan sponsors to cover specific  
13 benefits or services as a result of this  
14 provision. Moreover, I did want to note that  
15 plans and issuers do sometimes exclude a benefit  
16 or service that is performed by only one type of  
17 provider, such as acupuncture or massage therapy.

18 And excluding a benefit or service  
19 that is performed by only one type of provider is  
20 not discriminatory against the provider in that  
21 the decision by the plan or the issuer to exclude  
22 the benefit or service is made with respect to

1 the benefit or service. It's not made with  
2 respect to who will be delivering the benefit or  
3 service. So to read the provision to require  
4 that a plan or policy include a specific benefit  
5 would not only be directly inconsistent with the  
6 law, it would undermine employers' ability to  
7 tailor the benefits that they offer to the needs  
8 of their workforce and to ensure affordable  
9 access to coverage.

10 And so, as the tri-agencies work to  
11 develop regulations in response to the  
12 Consolidated Appropriations Act, we ask that they  
13 confirm that the provision applies only to the  
14 extent that an item or service is a covered  
15 benefit and does not require coverage of any  
16 particular item or service, including items and  
17 services that are provided by just one type of  
18 provider.

19 Second, and this is something that  
20 Matthew mentioned, I wanted to just confirm the  
21 key point that the provision does not require  
22 contracting with any willing provider. And we

1 can probably talk all afternoon about some of the  
2 network issues that folks have brought up.

3 But I wanted to key in on one key base  
4 point, which is that the provision states that  
5 this section shall not require that a group  
6 health plan or health insurance issuer contract  
7 with any healthcare provider willing to abide by  
8 the terms and conditions for participation  
9 established by the plan or issuer. So this  
10 language is unequivocal in clarifying that the  
11 provision should not be read to impose a  
12 requirement on plans or issuers to contract with  
13 any willing provider. And I'm really looking  
14 forward to listening throughout the discussion  
15 today, because it sounds like folks might touch  
16 on that in terms of whether everybody is in  
17 agreement on that or where we might have  
18 different views.

19 I did want to note that health plan  
20 networks and selected contracting are vital to  
21 plans to be able to offer affordable high quality  
22 coverage. Selective contracting helps control

1 healthcare costs by incentivizing providers to  
2 engage in competitive negotiations with plans.  
3 Networks also help consumers by making clear  
4 which providers meet the plan standards. And  
5 networks can also be helpful to distinguish  
6 between plans to the extent they might have  
7 different network arrangements and different  
8 costs.

9           There are also many reasons why a plan  
10 may not contract with a provider, including that  
11 the plan has sufficient numbers of providers in  
12 its network of a sufficient quality already or if  
13 the plan and a provider can't come to an  
14 agreement on the contracted rate. So we ask that  
15 the future regulations explicitly and clearly  
16 reaffirm the congressional directive that plans  
17 and issuers retain discretion and flexibility  
18 with respect to determining which providers may  
19 participate in a network and that the provision  
20 does not impose any willing provider requirement  
21 on plans or issuers.

22           The third issue I wanted to mention is

1       that it's important to note that this provision  
2       does allow the establishment of varying  
3       reimbursement rates.

4               I will spare you again me reading from  
5       the statute. But, as we all know, there is a  
6       sentence in there that notes that this provision  
7       shouldn't be construed to prevent plans and  
8       issuers from establishing varying reimbursement  
9       rates based on quality or performance measures.  
10      So the statute specifically addresses  
11      reimbursement rate variation based on quality and  
12      performance. And I note that quality and  
13      performance are really important factors.

14              But it's our view -- and we've  
15      asserted this in the past -- that the statute  
16      doesn't preclude plans and issuers from varying  
17      reimbursement rates on other legally permissible  
18      factors as well. As I'm sure many of us know who  
19      work in this space, reimbursement rates and the  
20      amounts that providers bill account for myriad  
21      factors. So that includes education, level of  
22      experience, patient acuity, quality, performance,

1 geography, market standards, market power of the  
2 provider, and the facility in which the item or  
3 service is provided.

4 The ability of plans and issuers to  
5 take into account this broad range of factors  
6 relevant to negotiating reimbursement rates is  
7 vital to the ability of plans to offer affordable  
8 healthcare coverage. Our view is that a  
9 suggestion that provider reimbursement be limited  
10 to two factors would be a sweeping change. A  
11 change that consequential does not seem to us  
12 would be included in one clarifying sentence in a  
13 nondiscrimination provision, especially in a  
14 sentence that seems to emphasize the fact that  
15 plans have the discretion with regard to setting  
16 the reimbursement rates.

17 So our view is that the statute  
18 doesn't explicitly or implicitly set provider  
19 reimbursement rates and also does not delegate  
20 authority or discretion to the tri-agencies to do  
21 so. Moreover, a payment parity statute in this  
22 context or an interpretation of this provision as

1 a payment parity statute would raise public  
2 policy concerns that we should all think about as  
3 well, including effectively setting a price floor  
4 which could result in less competition, less  
5 robust negotiation, and increased costs for plans  
6 and consumers. So, on this topic, we ask that  
7 the forthcoming regulations make clear that plans  
8 may determine reimbursement rates on any relevant  
9 measure, not just quality and performance  
10 measures.

11 In conclusion, I want to thank the  
12 tri-agencies for holding this listening session.  
13 I think it sounds like we all agree on that.  
14 Everybody is really glad you guys got us all  
15 together.

16 I know this is a provision that has  
17 been in effect for over eight years, but it's one  
18 that I think is still worthwhile to talk about  
19 and make sure we fully understand. As I noted,  
20 it is kind of a unique posture here, in which  
21 case we've had a statute which, like I said, our  
22 members have been in compliance with for several

1 years. And so it's useful to hear what everybody  
2 is raising today, and I think it's also really  
3 important for the tri-agencies to fully  
4 understand what all the stakeholders are thinking  
5 here and making sure we all fully understand the  
6 issues before new regulations are issued.

7 So, as Jeanette mentioned, we wanted  
8 to make sure to chime in today. But we also are  
9 kind of beginning our process of re-discussing  
10 these issues with our members and really digging  
11 in yet again. And I think, Ali, you mentioned  
12 perhaps having additional conversations as we go  
13 on, and we would love to do that with you. We  
14 view this as the beginning of the dialogue and  
15 would love to keep the dialogue going. And with  
16 that, I will turn it back to Elizabeth.

17 MS. SCHUMACHER: Thank you, Katy.  
18 Next we have Kara Webb from the American  
19 Optometric Association.

20 MS. WEBB: Thank you so much. I'm  
21 Kara Webb. I'm the Chief Strategy Officer at the  
22 American Optometric Association and want to echo

1 the previous sentiment. We're really grateful  
2 for the departments for holding this session, and  
3 the comments today have been illuminating. And  
4 really appreciate this opportunity.

5 The American Optometric Association --  
6 we represent more than 33,000 doctors of  
7 optometry across the nation. Our doctors are  
8 essential healthcare providers and are recognized  
9 as physicians under Medicare. Doctors of  
10 optometry examine, diagnose, treat, and manage  
11 diseases and disorders of the eye, and they also  
12 detect systemic diseases and diagnose, treat, and  
13 manage ocular manifestations associated with  
14 those diseases.

15 We really greatly appreciated the  
16 recognition of members of Congress for the need  
17 to better implement the provider  
18 nondiscrimination provision. We truly look  
19 forward to working with the departments on this  
20 rulemaking. And we believe that the need for  
21 additional rulemaking related to provider  
22 nondiscrimination is really very clear.

1 Over the past several years, our  
2 members have been affected by the lack of  
3 enforcement of provider nondiscrimination rules.  
4 At times, health plans have imposed additional  
5 requirements on our doctors before they are  
6 authorized to join insurance panels. And these  
7 requirements are often only placed on our doctors  
8 and not enforced uniformly across provider types.

9 And, ultimately, these actions reduce  
10 choice in the marketplace. So, as the agency  
11 moves forward with the development of regulations  
12 to implement the nondiscrimination provision, we  
13 would recommend that you consider a few of the  
14 following thoughts.

15 While we fully understand that  
16 reimbursement variances are allowable based on  
17 quality or performance programs, we believe that  
18 variances in reimbursement based solely on  
19 provider type should be prohibited.

20 Additionally, we believe rulemaking  
21 should prohibit health plans from requiring  
22 certain provider types to perform additional

1 certification of credentialing programs in order  
2 to be allowed on a panel. These additional  
3 requirements create inequities that hamper  
4 patient choice of provider.

5 And we also believe it's critical that  
6 an enforcement mechanism exists for these  
7 regulations. We encourage the departments to  
8 include an enforcement mechanism to hold those  
9 who are not compliant accountable. And when  
10 compliance issues are not adequately addressed,  
11 we believe that financial penalties should also  
12 be considered.

13 We definitely understand the  
14 challenging work involved in development of these  
15 regulations, and there are a lot of varying  
16 opinions on how these rules should be  
17 implemented. But we welcome the opportunity to  
18 serve as a resource for the departments moving  
19 forward. We welcome the opportunity to provide  
20 specific examples and details of the issues that  
21 our doctors have experienced. And, again, just  
22 thank you for the opportunity to share these

1 recommendations.

2 MS. SCHUMACHER: Thank you, Kara.

3 Next we have Laura Pickard from the American  
4 Podiatric Medical Association.

5 DR. PICKARD: Can everybody hear me  
6 now?

7 MS. SCHUMACHER: Yes, we can hear you  
8 now.

9 DR. PICKARD: Okay. I'm on my phone.  
10 Good afternoon. My name is Dr. Laura Pickard.  
11 I'm a practicing podiatrist from Chicago,  
12 Illinois, as well as the incoming president of  
13 the American Podiatric Medical Association.

14 APMA is the premier association  
15 representing the vast majority of our nation's  
16 doctors of podiatric medicine, also known as  
17 podiatrists or podiatric physicians and surgeons.  
18 On behalf of our member podiatrists, I thank the  
19 Department of Labor, the HHS, and the Treasury  
20 for holding this very important listening session  
21 on the implementation of the provider  
22 nondiscrimination provision under Section 2706(a)

1 of the Public Health Service Act. The  
2 nondiscrimination provision was intended to  
3 ensure patients are able to receive the services  
4 they need from the providers they choose.

5 In order to achieve this goal, we urge  
6 the departments to issue regulations in an  
7 expedient manner. Such regulations must comply  
8 with the congressional intent and prohibit health  
9 plans from discriminating against providers  
10 acting within their scope of licensure.

11 Specifically, the regulations should  
12 prohibit health plans from limiting coverage of  
13 services furnished by a specific provider type,  
14 excluding specific types of providers from their  
15 network, and prohibiting varying reimbursement  
16 for the same services based solely on provider  
17 type.

18 Regulations also should prohibit a  
19 health plan's downstream entities from engaging  
20 in such discriminatory action.

21 Finally, the departments must include  
22 robust reporting and enforcement provisions.

1 Doctors of podiatric medicine receive comparable  
2 education, training, and experience as M.D.s and  
3 DOs, including four years of undergraduate  
4 training, four years of podiatric medical school,  
5 and at least three years of hospital-based  
6 surgical residency.

7 With this training and experience, my  
8 colleagues and perform and bill for the same  
9 foot-and-ankle services as our M.D. and  
10 counterparts do. However, we are too often  
11 categorically discriminated against by health  
12 plans solely based on our degree and licensure.  
13 In many, if not most, instances, a podiatric  
14 physician has more experience in furnishing the  
15 very same foot-and-ankle services that some  
16 insurers, through their discriminatory policies,  
17 refuse to cover when furnished by a podiatrist.

18 Ultimately, such policies harm  
19 patients who either have to find a new provider  
20 less familiar with their foot-and-ankle care or  
21 pay out of pocket. For example, a podiatrist's  
22 longtime diabetic patient could develop a painful

1 hammer toe that despite conservative treatment  
2 fails to relieve the pain and limits the  
3 patient's mobility. If the patient's health plan  
4 refuses to cover the arthroplasty surgery  
5 required to restore the toe joint when furnished  
6 by a podiatrist. The patient must then seek out  
7 an M.D. or DO orthopedic surgeon with whom they  
8 do not have a relationship.

9 This is despite the fact that  
10 podiatrists perform over 70 percent of these  
11 procedures, increasing the likelihood of a  
12 successful surgical outcome. Such a  
13 discriminatory coverage policy denies the patient  
14 the choice of their trusted physician who has  
15 more experience performing the procedure.  
16 Unfortunately, this scenario reflects the actual  
17 experiences APMA members face in the podiatric  
18 practice.

19 In fact, APMA recently heard from a  
20 podiatric physician whose request for prior  
21 authorization of a hammer toe surgery were denied  
22 under a Fortune 500 company's group health plan

1       which has a policy to only cover the procedure  
2       when furnished by an M.D. and D.O. Another  
3       Fortune 500 company's group health plan imposes a  
4       dollar limit on coverage of services furnished by  
5       podiatrists that is not imposed on M.D.s and D.Os.  
6       As a practical matter, the limit or cap as it's  
7       known as is so low that it effectively excludes  
8       surgical procedure by podiatrists particularly if  
9       they have billed for conservative care prior to  
10      recommending surgery.

11               APMA believes this is precisely the  
12      type of discrimination that Section 2106(a) was  
13      intended to prohibit. But prohibiting  
14      discrimination and coverage alone will not ensure  
15      patient's choice of providers. Too often, claims  
16      simply provide for disparate payment rates  
17      between podiatrists and other types of  
18      physicians.

19               This makes it economically challenging  
20      or even infeasible for a podiatrist to furnish  
21      covered service, even though they're technically  
22      considered covered. Determining whether such

1 different differential payment rates are  
2 discriminatory may be difficult. However, there  
3 are situations in which it's simple to determine  
4 if payment is discriminatory.

5 For example, some health plans  
6 maintain a separate podiatry fee schedule under  
7 which podiatrists are paid significantly less  
8 than their M.D. and DO colleagues for identical  
9 foot-and-ankle services billed under the same  
10 procedural code. Or the fee schedule may be  
11 negotiable for M.D.s and DOs, but podiatrists  
12 must take or leave it. Congress restated its  
13 intent that Section 2606(a) would prohibit this  
14 type of discrimination in the 2014 Senate  
15 Appropriations Committee report.

16 APMA recognizes that this section  
17 explicitly permits health plans to vary  
18 reimbursement based on quality and performance  
19 and that there is a public interest in doing so.  
20 However, APMA is concerned that such varying  
21 reimbursement could be used to support  
22 discriminatory reimbursement practices. To

1 preclude such actions and ensure that quality and  
2 performance bonuses are applied as intended, the  
3 APM recommends that the departments work with  
4 stakeholders to implement guidelines on the use  
5 of such payment incentives.

6 Finally, as previously stated, to  
7 effectively ensure patient choice, APMA  
8 recommends that the departments put into place  
9 strong reporting and enforcement provisions. So  
10 in conclusion, discrimination by health plans  
11 limits consumer choice and increases consumer  
12 costs. We urge the departments to implement  
13 regulations that prohibit provider discrimination  
14 and ensure that the healthcare consumers receive  
15 is the care they need from their choice or  
16 providers. Thank you again for holding this  
17 listening session, and APMA welcomes the  
18 opportunity to engage with you further on this  
19 very important issues. Thank you.

20 MS. SCHUMACHER: Thank you, Laura.  
21 Next we have Maureen Maguire from the American  
22 Psychiatric Association.

1 MS. MAGUIRE: Hi, good afternoon. My  
2 name is Maureen Maguire, and I'm an Associate  
3 Director of payor relations and insurance  
4 coverage at the American Psychiatric Association.  
5 On behalf of our members, which are over 37,000  
6 psychiatrists, we thank you for the opportunity  
7 to make these comments.

8 Psychiatrists are medical doctors, and  
9 they treat people who suffer from mental health  
10 and substance use disorders. And these people  
11 have historically faced significant  
12 discrimination, stigma, and prejudice. This can  
13 be subtle or it can be overt. And it can come  
14 from members of the public, their employers,  
15 their own families, and institutions like the  
16 healthcare system.

17 APA is really grateful to have the  
18 opportunity to talk about what it looks like in  
19 terms of the medical healthcare system, and  
20 specifically what psychiatric medical doctors  
21 have to do to care for their patients while  
22 navigating prejudicial barriers to that care.

1 The reality is that -- unfortunately -- people  
2 who suffer from mental health and substance use  
3 disorders are still not treated the same as  
4 people who suffer from physical illnesses like  
5 cardiac events or diabetes. What I'd like to do  
6 now is mention several scenarios that we hear  
7 repeatedly from our providers.

8 These are health plan issuer and  
9 issuer practices that discourage our members from  
10 participating in health plan networks. And, for  
11 our members who do practice in-network, these  
12 health plan practices interfere in how they care  
13 for their patients and keep them fearful of  
14 retaliation should they appeal denials of care or  
15 complain about insurer or plan practices.  
16 Continuing authorization for inpatient care.  
17 Patients with mental health and substance use  
18 disorder conditions who need hospitalization are  
19 extremely acute and extremely fragile.

20 They're suicidal. They're having  
21 psychosis, for example. And yet, once they are  
22 hospitalized, every several days, our providers

1 have to go through a process with the insurers of  
2 continuing to justify their care and the need for  
3 them to stay hospitalized. This takes an  
4 enormous amount of time.

5 And the question is, is this happening  
6 for other admissions such as cardiac patients?

7 Secondly, continuing authorization for  
8 medications, or a new requirement that the  
9 patient try another medication. Some of our  
10 patients have been stable for many, many years on  
11 a particular medication, and then the doctor is  
12 notified that they have to go through  
13 authorization or try another medication. Not  
14 only does this take time, but it disrupts the  
15 treatment plan and the medical decisions that the  
16 doctor with the patients' input have made. It's  
17 enormously disruptive. Medications used to treat  
18 mental health conditions can't be stopped or  
19 started. It must be titrated over a period of  
20 time which means that every change of a  
21 medication requires weeks to see if the patient  
22 is responding properly. And if the patient

1 doesn't respond well, then the process has to  
2 start all over again. Sometimes these new  
3 authorizations are not processed fast enough and  
4 as a result the patient can go days without  
5 medication, often resulting in decompensation  
6 which results in a visit to the emergency room or  
7 hospitalization.

8 Third, audits and clawbacks, these  
9 happen on a fairly regular basis and they keep  
10 our providers frightened about what the outcomes  
11 will be. And the question is, how often is this  
12 happening on the medical side? Network admission  
13 standards, for psychiatric doctors who are  
14 willing to join a network, it takes six to nine  
15 months, sometimes longer to get admitted to a  
16 network. And the question is, how does this make  
17 sense when we have data showing Americans are  
18 experiencing increased levels of anxiety,  
19 depression. Suicides are rising as are  
20 overdoses. And people can't find an in network  
21 psychiatrist to care for them.

22 Lastly, I want to address

1 reimbursement rates. The nondiscrimination  
2 provision in question does mention that  
3 reimbursement rates may be varied based on  
4 quality or other performance measures. However,  
5 the Milliman study that was done in December of  
6 2019 looked at how primary care reimbursements  
7 compared to behavioral health reimbursements with  
8 the same unit of care. And it was found that  
9 primary care reimbursements were 24 percent --  
10 approximately 24 percent -- higher than  
11 behavioral health reimbursement with the same  
12 unit of care. And this was based on two large  
13 national databases. It just seems that cannot be  
14 specifically dependent on provider quality and  
15 performance measures.

16 In summary, these practices discourage  
17 our providers from joining networks. And our  
18 members who are in networks waste countless hours  
19 on administrative tasks -- hours that could be  
20 spent taking care of patients. And they're  
21 fearful to appeal plan denials. The end result  
22 is patients who need care for mental health and

1 substance use disorder conditions have a harder  
2 time finding care and often go without care.

3 Thank you.

4 MS. SCHUMACHER: Thank you. Next we  
5 have Kris Haltmeyer from the Blue Cross Blue  
6 Shield Association.

7 MR. HALTMEYER: Good afternoon,  
8 everyone. Thanks for the opportunity to speak  
9 today. It's very nice to talk to you about  
10 something other than over-the-counter COVID  
11 testing today.

12 I'm Kris Haltmeyer, Vice President for  
13 Policy Analysis with the Blue Cross Blue Shield  
14 Association. BCBSA represents the 35 independent  
15 Blue Cross Blue Shield Companies, which  
16 collectively provide coverage for one in three  
17 Americans. And, as the departments engage in  
18 rulemaking on Section 2706(a), we believe it's  
19 critical that departments recognize the  
20 importance of maintaining the ability for health  
21 plans to deliver high-quality affordable care at  
22 this time of ever increasing healthcare costs.

1 I want to echo something that Jeanette  
2 and Katy said earlier, that health plans want to  
3 ensure their enrollees receive the healthcare  
4 they need in the most appropriate cost effective  
5 manner. Health plans routinely contract with a  
6 wide array of healthcare professionals to provide  
7 the services covered by their benefit programs  
8 and recognize the contributions physician  
9 practitioners make towards ensuring that  
10 enrollees receive high quality care in the most  
11 cost effective setting. As you go forward with  
12 developing regulations here, we think it's  
13 critical that the proposed rules closely follow  
14 the statutory language of 2706(a).

15 This language is clear that health  
16 plans may not discriminate against providers who  
17 are acting within the scope of their license with  
18 respect to their participation under the plan or  
19 coverage. However, some providers have asked for  
20 an expansion of the scope of this provision in  
21 ways that we think would undermine the ability of  
22 health plans to manage the care for enrollees and

1       their costs.

2                   Jeanette and Katy talked a lot about  
3       what health plans don't believe this provision  
4       requires. I'm not going to repeat all that now.  
5       I think Katy in particular did a much better,  
6       more eloquent job that I could in kind of laying  
7       that out. But I did want to just mention that we  
8       think it really is important that this not be  
9       considered to be a requirement to cover all  
10      providers or even a percentage of providers in  
11      any given area. The ability to selectively  
12      contract with providers is one of the most  
13      important tools that health plans have to provide  
14      a high quality network and address the  
15      affordability of care.

16                   I also wanted to emphasize --  
17      reemphasize -- the importance that this not be  
18      viewed as a prohibition against varying  
19      reimbursement. While the statute permits rates  
20      to vary based on quality and performance  
21      measures, it does not prohibit rate variation  
22      based on other factors. If Congress wanted to

1 prohibit variation based on other factors, it  
2 could've easily done so, as it did in Section  
3 2701 of the very same title of the ACA, which  
4 limits permissible rating factors. One point  
5 that I don't think has been made earlier is that  
6 Medicare has a more prescriptive provider  
7 nondiscrimination provision, which has not been  
8 interpreted as an any willing provider provision  
9 or limited the ability of health plan to vary  
10 reimbursement based on quality, performance,  
11 specialty, or cost among other factors.

12 We believe the departments were  
13 correct in how they crafted their initial 2013  
14 FAQ on the Section 2706. And nothing in the  
15 governing statute or market has changed since  
16 that that would justify this approach.

17 Our recommendations for the  
18 forthcoming rules are as follows. The department  
19 should reiterate the statutory language of 2706  
20 and not attempt to prescriptively define  
21 discrimination or alter the difference in this  
22 position to state rules around scope of practice,

1 healthcare markets, or the regulation of health  
2 insurance issuers. The rule should also not  
3 establish a complicated new regulatory framework  
4 that would be costly and challenging for health  
5 plans to comply with and result in increased  
6 costs. Finally, the regulations should clearly  
7 state that health plans can continue to establish  
8 benefits, networks, medical management programs,  
9 and reimbursement approaches that ensures that  
10 members have access to high quality care at the  
11 most affordable prices.

12 Thank you again for the opportunity to  
13 present today. I will turn it back to you.

14 MS. SCHUMACHER: Thanks, Kris. Next  
15 we have Darren Patz from the Mednax national  
16 medical group.

17 MR. PATZ: Yes, thank you. Hello, I'm  
18 Darren Patz with Mednax national medical group,  
19 also known as Pediatrix Medical Group. And thank  
20 you very much for the opportunity to speak.

21 Mednax is a national physician group  
22 comprised of the nation's leading providers of

1 prenatal, neonatal, and pediatric services.  
2 Mednax, through our affiliated professional  
3 entities, provide services through a network of  
4 more than 2,300 physicians, more than 1,400  
5 advanced practice nurses in 39 states and Puerto  
6 Rico. Yes, as you heard, we employ physicians  
7 and advanced practice nurses, who work together  
8 on a care team model to treat 25 percent of the  
9 premature babies in the United States and our  
10 NICUs as well as other sick and mentally complex  
11 children.

12 In implementing the provider  
13 nondiscrimination provision of the Public Health  
14 Service Act, the department should direct that  
15 plans reimburse all healthcare providers  
16 regardless of license status for the valuable  
17 service they deliver to our citizens. As I will  
18 outline, our physicians and advanced practice  
19 providers provide lifesaving services every day  
20 to moms and babies, including resuscitating a  
21 baby. Plans ought to reimburse APPs, advanced  
22 practice providers, for the high value of

1 services they provide. They should not be  
2 artificially reimbursed 75 percent or 85 percent  
3 of what the plan would've paid a physician simply  
4 because of their license.

5 That said, I do recognize that there  
6 are complexities to payment policies. And  
7 certain clinicians have a superior level of  
8 training, expertise, and education that should  
9 lead to elevated payment levels.

10 But we don't want to create an  
11 artificial barrier to reimburse APPs for the  
12 services they are provided.

13 Plans cannot discriminate against  
14 advanced practice providers and need to design  
15 plans and reimbursement policies that pay  
16 practices for valuable services. For example, if  
17 a neonatal nurse practitioner resuscitates a  
18 baby, the payer ought to reimburse 100 percent of  
19 the amount it would have paid had a physician  
20 performed the lifesaving service. The APP is  
21 licensed, trained, and qualified to do this work  
22 and maybe has even performed the services more

1 often than a physician has. Furthermore, when a  
2 patient has a co-pay for an office visit where  
3 the APP provides service to the patient, it's the  
4 same case. The patient co-pay is the same in the  
5 case where the APP is the main clinician treating  
6 a patient in the place of a physician.

7 Therefore, it's illogical for a plan  
8 to reimburse the practice an artificially lower  
9 rate. Plans should compensate both physicians  
10 and advanced practice providers fairly and  
11 generously for such lifesaving care.

12 Mednax Pediatrix is the largest  
13 employer of neonatal, pediatric, family practice,  
14 and maternal nurse practitioners in the United  
15 States. Our APPs are men and women who dedicate  
16 their lives to the care of infants and family and  
17 contribute to the clinical excellence that our  
18 organizations strive to achieve. I have worked  
19 personally alongside our nurse practitioners on  
20 difficult issues such as the care of babies who  
21 are born addicted to opioids that mom has  
22 ingested during pregnancy. Indeed, some of the

1 leading compassionate national leaders of the  
2 national opioid epidemic are advanced practice  
3 providers.

4 We are proud of the outstanding work  
5 that our qualified APPs have delivered during  
6 this difficult pandemic. Each advanced practice  
7 provider holds a minimum of a master's degree in  
8 nursing with clinical training focused on their  
9 specialty. They must hold a national board  
10 certification in the specialty, and many nurse  
11 practitioner training programs have transitioned  
12 to a doctorate level program.

13 Our APPs perform high level valuable  
14 service to our fragile neonates and comply with  
15 state hospital credentialing and education  
16 requirements. Our neonatal nurse practitioners  
17 can evaluate, manage, prescribe, dictate the care  
18 of patients from birth to two years of age.  
19 These NNPs can be privileged to perform a variety  
20 of procedures as well as attend high risk  
21 deliveries and participate in neonatal transports  
22 from one hospital to another. They are

1       credentialed and privileged by hospitals to  
2       perform services via the medical staff office and  
3       they must obtain ongoing education for  
4       maintenance of certification and state licensure.

5               We support the departments'  
6       promulgated regulations in a timely manner to  
7       establish APPs to furnish services up to the full  
8       licensed scope of practice as permitted by state  
9       law. The department should direct the plans and  
10      state Medicaid programs to reimburse any  
11      healthcare provider regardless of license status  
12      for the value of the important services they  
13      deliver to our citizens.

14             As the largest employers of pediatric,  
15      maternal, and neonatal nurse practitioners, we  
16      would like to offer our support to the  
17      departments and their rulemaking endeavors by  
18      serving as a technical advisor. Dozens of  
19      dedicated and eager APPs working within our  
20      organization are at your service when called  
21      upon. Thank you so much for the opportunity to  
22      speak.

1 MS. SCHUMACHER: Thank you, Darren.

2 Next we have Elizabeth McCaman Taylor from the  
3 National Health Law Program.

4 MS. TAYLOR: Hello, everyone. Thank  
5 you for the opportunity to speak today. My name  
6 is Liz McCaman Taylor. And I am here with you on  
7 behalf of the National Health Law Program, also  
8 known as NHLP, which is a public interest law  
9 firm working to advance access to quality  
10 healthcare and protect the legal rights of low  
11 income and underserved people.

12 NHLP provides technical support to  
13 direct legal service programs, community-based  
14 organizations, the private bar providers, and  
15 individuals who work to preserve a healthcare  
16 safety net for the millions of uninsured or  
17 underinsured low income people. It is our  
18 understanding and belief that Section 2706(a) is  
19 intended to secure robust networks of providers  
20 by ensuring that enrollees have access to covered  
21 health services from the full range of providers  
22 licensed and certified in the state. We look

1 forward to the promulgation of rules on this  
2 provision and offer the following comments for  
3 consideration.

4 NHELP urges the departments to ensure  
5 effective monitoring and transparency in the  
6 implementation of section 2706. Monitoring  
7 health plans for nondiscrimination should be  
8 ongoing and not dependent on annual compliance  
9 reviews. To that end, regulations should require  
10 that health plans provide written notice  
11 explaining the reason a health plan denies  
12 participation to a provider or groups of  
13 providers. Such procedures are already  
14 established for Medicare advantage plans. We  
15 also strongly encourage the departments to  
16 include a transparency provision in regulations  
17 so that providers, enrollees, and potential  
18 enrollees can effectively monitor provider  
19 participation in health plans, network adequacy,  
20 and can identify patterns of discrimination based  
21 upon licensure and provider type.

22 Next, the regulation should include

1 both an investigative and adjudicative process to  
2 ensure the enforcement of this provision. NHLP  
3 recommends the departments authorize an  
4 independent entity within HHS to investigate  
5 complaints of provider discrimination. We  
6 believe providers, consumers, and other  
7 stakeholders should file complaints which would  
8 merit investigation and potential remediation.  
9 Final administrative decisions should be subject  
10 to judicial review. This would provide a process  
11 in which providers alleging discrimination can  
12 directly apply provider denials and terminations  
13 and bring claims for violations of Section 2706.

14 Next, the departments should ensure  
15 that reasonable medical management standards do  
16 not undermine Section 2706. Medical management  
17 techniques should not deny and refuse access to  
18 providers who are acting within the scope of  
19 their license or certification under state law.  
20 The departments should clearly explain that  
21 health plans and issuers cannot use medical  
22 management techniques to discriminate against

1 providers by excluding them from plan  
2 participation.

3 And finally, Section 2706 regulations  
4 must ensure robust networks. If networks do not  
5 have sufficiently available and licensed  
6 providers and release geographic access, ability  
7 to see appropriate providers, and waiting times  
8 are compromised. Indeed, federal rules recognize  
9 the seriousness of this issue by requiring health  
10 plans to ensure an adequate provider network.  
11 These regulations, however, only apply to plans  
12 in the marketplace. We recommended the  
13 establishment of network adequacy protections in  
14 the 2706 regulations to ensure consumers in all  
15 health plans can obtain covered services from  
16 available licensed providers in their states.

17 The departments' regulations should  
18 prohibit health plans and issuers from excluding  
19 otherwise qualified and licensed providers from  
20 participation in health plans. Otherwise,  
21 consumers will face barriers to obtaining  
22 critical services from certain providers; for

1 example, providers of comprehensive reproductive  
2 and sexual health services, particularly in areas  
3 of the country facing provider shortages and  
4 budgetary restrictions of services.

5 Thank you so much for the opportunity  
6 to provide these remarks. We look forward to  
7 being an ongoing stakeholder partner on this  
8 issue. And if you have any questions regarding  
9 these comments or the previous public comments  
10 that NHLP submitted regarding the 2014 RFI, we're  
11 happy to be in touch.

12 MS. SCHUMACHER: Thank you. Next we  
13 have James Gelfand from ERIC.

14 MR. GELFAND: Thank you, Elizabeth,  
15 and thank you to the departments for the  
16 opportunity to participate today. I'm James  
17 Gelfand, Executive Vice President of the ERISA  
18 Industry Committee, or ERIC for short. ERIC is a  
19 national nonprofit organization advocating  
20 exclusively for large plan sponsors that provide  
21 health, retirement, paid leave, and other  
22 benefits to their nationwide workforces.

1                   ERIC member companies do not believe  
2                   in discrimination. And they are laser focused on  
3                   ensuring that the self-insured health benefits  
4                   they design and offer to workers, families, and  
5                   retirees are high quality and affordable. Our  
6                   member companies engage with an array of vendors  
7                   to help them build a suite of benefits, construct  
8                   a network of providers, and design an insurance  
9                   program, including carriers and insurers, third  
10                  party administrators, administrative service  
11                  organizations, pharmacy benefit managers,  
12                  reinsurers, specialty vendors to manage specific  
13                  benefits such as mental health or telehealth,  
14                  patient advocates and navigators, care  
15                  coordination entities, health information  
16                  technology companies, consultants, data  
17                  management experts, and many more.

18                  Sometimes plan sponsors may also  
19                  directly contract with providers or with health  
20                  systems. But regardless of whether relationships  
21                  between a plan sponsor and provider are direct or  
22                  through an intermediary, they always have the

1 same goal, which is to ensure that a sufficient  
2 volume of high value care is available to the  
3 beneficiary of the plan, accessible in their  
4 geography, and obtainable in a timely manner.  
5 ERIC member companies include all manner of  
6 provider and clinician in their plans, and we  
7 greatly value non-physician providers.

8 But the plan is designed based upon  
9 the needs of plan beneficiaries, not based upon  
10 any provider's entitlement to a network agreement  
11 no matter what kind of license they may have.  
12 Employer plan sponsors exercise a great degree of  
13 autonomy in designing benefits, building or  
14 selecting networks, and negotiating reimbursement  
15 and incentives in a plan. This is by design.

16 Plan sponsors are fiduciaries under  
17 the Employee Retirement Income Security Act,  
18 ERISA, and are required by law to act in the best  
19 interest of the plan beneficiaries. They have a  
20 legal responsibility to be good stewards of the  
21 money invested in employer health benefits. That  
22 means selecting the right providers, paying fair

1 prices, and avoiding waste, unnecessary or  
2 ineffective treatments, and all manner of low  
3 value care. Congress has recognized this role  
4 played by employers for more than 40 years. And  
5 subsequent legislation such as the Affordable  
6 Care Act and the No Surprises Act and the  
7 Consolidated Appropriations Act has sought to  
8 maintain this critical role. This includes  
9 maintaining the discretion and flexibility for  
10 employer plan sponsors to make decisions -- even  
11 sometimes unpopular decisions -- in order to  
12 preserve value for plan beneficiaries.

13 ERIC's member companies are aware of  
14 and abide by the requirements of the ACA's  
15 provider nondiscrimination provision. As others  
16 have stated, that provision consists of three  
17 sentences. First, a group health plan shall not  
18 discriminate with respect to participation under  
19 the plan or coverage against any healthcare  
20 provider who was acting within the scope of that  
21 provider's license. Second, the statute  
22 specifically states that this is not any willing

1 provider requirement. And third, the statute  
2 specifically states that this is not a  
3 requirement for parity in reimbursement between  
4 providers.

5 ERIC believes that these statutory  
6 provisions are clear and they affirm our member  
7 companies' current compliance. We further note  
8 that the departments have already issued guidance  
9 on these provisions. Even so, ERIC is happy to  
10 engage with the departments to ensure that  
11 further clarifications or the promulgation of  
12 additional rules or guidance are in line with the  
13 intention of the statutory provision.

14 As the departments consider further  
15 guidance, it'll be important to maintain the  
16 current balance, in which plan sponsors are  
17 barred from improper discrimination in regards to  
18 network participation but are still empowered to  
19 make network and reimbursement decisions. It  
20 cannot be overlooked that this new rulemaking  
21 requirement was included in the same legislative  
22 vehicle that included the No Surprises Act, which

1 extensively discusses both network and  
2 reimbursement decisions. For example, the No  
3 Surprises Act spends considerable real estate  
4 detailing factors that might be taken into  
5 account in an arbitration, factors that might  
6 affect how much different providers might be  
7 reimbursed for performing similar services, such  
8 as the provider's level of training or  
9 experience.

10 Clearly, Congress had no intention of  
11 mandating that there be only one price for a  
12 treatment or service paid by a given plan. And  
13 certainly the quality is not the only factor that  
14 might be used to determine different  
15 reimbursement levels. The No Surprises Act also  
16 considers the network status of providers and  
17 facilities and acknowledges that they may change  
18 at the impetus of either the plan or the  
19 provider.

20 Despite significant lobbying by  
21 clinicians, Congress declines to include network  
22 adequacy requirements in the No Surprises Act,

1 just as they did in the Affordable Care Act for  
2 self-insured plans, allowing them to decide  
3 which, how many, and what kind of providers to  
4 include in networks. So clearly Congress had no  
5 intention of requiring a plan to accept any and  
6 all providers in a given specialty or geography  
7 or any provider who can perform some specific  
8 service or treatment.

9 ERIC understands the departments have  
10 and will continue to hear from many provider  
11 groups that wish to require a plan sponsor to  
12 contract with various providers or wish to  
13 require a plan sponsor to pay identical  
14 reimbursement to different clinicians with  
15 different levels of education and different  
16 amounts of training. However, a straightforward  
17 reading of the statute makes clear neither of  
18 these policies are permissible under the ACA.

19 Thank you for the opportunity to  
20 participate today. I look forward to continuing  
21 to work with the departments to ensure that the  
22 nondiscrimination provision is properly

1 implemented throughout the regulatory process.

2 MS. SCHUMACHER: Thank you. Next we  
3 have Katie Mahoney from the U.S. Chamber of  
4 Commerce.

5 MS. MAHONEY: Thank you so much. I am  
6 pleased to round out the discussion and  
7 appreciate the opportunity to speak with you all  
8 today. I'm the Vice President of Health Policy  
9 at the U.S. Chamber of Commerce, which is the  
10 world's largest business organization  
11 representing companies of all sizes across every  
12 sector of the economy. Our members range from  
13 small businesses and local chambers of commerce  
14 that line Main Streets of America to leading  
15 industry associations and large corporations.

16 One thing that I wanted to start off  
17 my comments by saying is that mandating benefits  
18 and requiring providers does not equate to  
19 access. Limiting medical management, inflating  
20 payments in the name of nondiscrimination will  
21 increase costs. These things do not happen in a  
22 vacuum, and I think we need to keep in mind, as

1 we all focus on the importance of access, that  
2 simply requiring providers to be paid in parity  
3 and mandating that benefits be covered is not  
4 going to equate to access due to large increases  
5 in premiums that are likely to result.

6 Contrary to some of the previous  
7 speakers, I'd like to suggest that there should  
8 be no opponents on this issue. We're all looking  
9 to improve health, drive to greater value,  
10 improve outcomes, and reduce unnecessary costs.  
11 The litmus tests, so to speak, and our focus is  
12 the same, although we may refer to them slightly  
13 differently: they are employees, patients,  
14 customers, and beneficiaries.

15 We should all also agree on the goal  
16 of getting individuals the right care at the  
17 right time in the right setting. I want to  
18 reiterate several critical elements of the  
19 statutory text that I know folks have mentioned  
20 but as the last speaker I want to drive home. A  
21 nondiscrimination and healthcare section  
22 prohibits group health plans and health insurance

1 issuers from discriminating against any  
2 healthcare provider acting within the scope of  
3 the practice or the provider's licensing when  
4 contracting.

5 This prohibition is not -- I repeat  
6 not -- as others have said, an any willing  
7 provider mandate, since the subsection states  
8 that plans and issuers are not required to  
9 contract with any healthcare provider willing to  
10 abide by the terms and conditions for  
11 participation established by the plan or issuer.

12 Finally, plans, issuers, and the  
13 Secretary of HHS may continue to establish  
14 varying reimbursement rates based on quality and  
15 performance measures.

16 The reason these three components are  
17 important, and that I'm reiterating them again at  
18 the end of this discussion, is quite simple:  
19 flexibility and choice. As some of my colleagues  
20 articulated earlier, we have seen many  
21 congressional mandates with regard to benefits  
22 under the Affordable Care Act in the vein of the

1 essential health benefits and small group  
2 individual markets, coverage with no cost sharing  
3 for preventative services, and minimum value  
4 coverage for large group and self-insured plans.  
5 Employers, whether offering self-insured or  
6 fully-insured coverage to their employees, must  
7 have the flexibility to determine the benefits  
8 beyond those required by the ACA that they want  
9 to provide and the providers with which they want  
10 to contract. In response to employees'  
11 preferences, many employers provide more  
12 sensitive plans that include more cost effective  
13 networks. And this is really critical and  
14 important if we're going to preserve access.  
15 Particularly now during COVID with workforce  
16 shortages, we're seeing member businesses  
17 offering ever expanding benefits, whether it's  
18 more robust health benefits, greater flexibility  
19 in hours or work week designations, remote work,  
20 or others. And this flexibility is really  
21 important as employers seek to retain, recruit,  
22 and preserve their workforces. We need to make

1       sure that this flexibility remains and that, in  
2       an effort to improve access, we don't increase  
3       premiums and unnecessarily drive people away from  
4       the robust coverage that they enjoy, however they  
5       may define it.

6                       With that, I'll turn it back to you,  
7       Elizabeth.

8                       MS. SCHUMACHER: Thank you, Katie. I  
9       believe Katie was our last speaker for the day,  
10      so I will turn it over to Ali at this time.

11                      MR. KHAWAR: Thanks, Elizabeth. I  
12      want to thank everyone who spoke for sharing your  
13      perspectives on this issue.

14                      I think one thing I heard a couple of  
15      people acknowledge is that, as I said in the  
16      beginning, this is the beginning of these  
17      discussions, not the end of it. So we're looking  
18      forward to continuing the engagement with all of  
19      you and with other stakeholders that didn't speak  
20      today.

21                      And the other thing I'll say --  
22      picking up on Katie's point in her remarks -- I

1 think we can also all agree that there's a shared  
2 goal here, which is about making sure that we are  
3 focused on think the bottom line of improving  
4 healthcare outcomes. And there are different  
5 perspectives on how to do that as we heard today.  
6 And we're looking forward to continuing to  
7 explore these issues with you.

8 So thanks again everyone for joining,  
9 or for whether you spoke or listened in. And  
10 we're looking forward to further conversations.  
11 Take care.

12 (Whereupon, the above-entitled matter  
13 went off the record at 2:22 p.m.)  
14  
15  
16  
17  
18  
19  
20  
21  
22

| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AANA</b> 12:9 16:12<br><b>AANP</b> 28:17<br><b>abide</b> 36:7 74:14 80:10<br><b>ability</b> 7:17 8:10 9:20<br>10:11 22:5 23:16<br>24:15 26:3 32:19 35:6<br>39:4,7 57:20 58:21<br>59:11 60:9 70:6<br><b>able</b> 36:21 46:3<br><b>above-entitled</b> 83:12<br><b>ACA</b> 14:2 15:17 25:17<br>26:6 28:2 34:1 60:3<br>77:18 81:8<br><b>ACA's</b> 15:20 74:14<br><b>Academies</b> 23:8<br><b>Academies'</b> 23:12<br><b>accept</b> 77:5<br><b>access</b> 9:8 12:20 13:17<br>14:3 15:11 18:2,11,19<br>19:8,17 20:3,6,18<br>22:4 23:17 26:6 27:2<br>28:9 32:20 35:9 61:10<br>67:9,20 69:17 70:6<br>78:19 79:1,4 81:14<br>82:2<br><b>accessible</b> 73:3<br><b>account</b> 38:20 39:5<br>76:5<br><b>accountable</b> 44:9<br><b>achieve</b> 13:7 23:22 46:5<br>64:18<br><b>achieving</b> 15:22 16:16<br><b>acknowledge</b> 2:22<br>82:15<br><b>acknowledges</b> 76:17<br><b>act</b> 1:5 2:8,12 5:15 6:14<br>14:1 15:5 22:1 24:19<br>25:6,7,8 28:1 35:12<br>46:1 62:14 73:17,18<br>74:6,6,7 75:22 76:3<br>76:15,22 77:1 80:22<br><b>acting</b> 1:19 3:10 7:3<br>12:5 13:10 46:10<br>58:17 69:18 74:20<br>80:2<br><b>action</b> 14:20 46:20<br><b>actions</b> 43:9 51:1<br><b>actual</b> 48:16<br><b>acuity</b> 38:22<br><b>acupuncture</b> 34:17<br><b>acute</b> 53:19<br><b>added</b> 2:7<br><b>addicted</b> 64:21<br><b>adding</b> 19:4<br><b>additional</b> 10:3 27:4<br>41:12 42:21 43:4,22<br>44:2 75:12 | <b>Additionally</b> 20:2 43:20<br><b>address</b> 19:19 20:22<br>22:3 23:21 26:20 28:3<br>55:22 59:14<br><b>addressed</b> 23:15 44:10<br><b>addresses</b> 38:10<br><b>addressing</b> 14:21<br><b>adequacy</b> 9:6 15:2,12<br>68:19 70:13 76:22<br><b>adequate</b> 70:10<br><b>adequately</b> 44:10<br><b>adjudicative</b> 69:1<br><b>administer</b> 7:19 12:13<br><b>administration</b> 15:16<br><b>administrative</b> 56:19<br>69:9 72:10<br><b>administrators</b> 72:10<br><b>admission</b> 55:12<br><b>admissions</b> 54:6<br><b>admitted</b> 55:15<br><b>advance</b> 4:14 67:9<br><b>advanced</b> 12:12 22:7<br>27:3 62:5,7,18,21<br>63:14 64:10 65:2,6<br><b>advantage</b> 68:14<br><b>adverse</b> 16:11<br><b>adversely</b> 19:16<br><b>advisor</b> 66:18<br><b>advocates</b> 72:14<br><b>advocating</b> 71:19<br><b>Affairs</b> 11:22 17:22<br><b>affect</b> 76:6<br><b>affiliated</b> 62:2<br><b>affirm</b> 75:6<br><b>affirming</b> 8:8<br><b>affordability</b> 7:12 9:15<br>10:13 59:15<br><b>affordable</b> 2:8 6:14<br>14:1 24:19 30:7 32:5<br>35:8 36:21 39:7 57:21<br>61:11 72:5 74:5 77:1<br>80:22<br><b>affording</b> 12:22<br><b>afternoon</b> 17:21 21:9<br>33:1 36:1 45:10 52:1<br>57:7<br><b>age</b> 65:18<br><b>agencies</b> 23:7,14<br><b>agency</b> 43:10<br><b>ages</b> 22:10<br><b>ago</b> 32:12<br><b>agree</b> 40:13 79:15 83:1<br><b>agreement</b> 36:17 37:14<br>73:10<br><b>AHIP</b> 5:9,12<br><b>Air</b> 17:2<br><b>Ali</b> 1:19 3:10 4:21 41:11<br>82:10 | <b>alleging</b> 69:11<br><b>Alliance</b> 18:3,12<br><b>allow</b> 38:2<br><b>allowable</b> 43:16<br><b>allowed</b> 20:6 44:2<br><b>allowing</b> 77:2<br><b>alluded</b> 33:15 34:4<br><b>alongside</b> 64:19<br><b>alter</b> 60:21<br><b>Amber</b> 1:11,17 3:12 5:3<br><b>America</b> 12:19 78:14<br><b>American</b> 11:18 12:1<br>17:18 18:1 21:7,16<br>23:9 29:2,10,11 41:18<br>41:22 42:5 45:3,13<br>51:21 52:4<br><b>Americans</b> 29:21 30:5<br>55:17 57:17<br><b>amount</b> 54:4 63:19<br><b>amounts</b> 38:20 77:16<br><b>amplify</b> 32:13<br><b>Analysis</b> 57:13<br><b>anesthesia</b> 12:16,20,21<br>13:4 16:12,19<br><b>anesthesiologist</b> 13:9<br><b>Anesthesiologists</b><br>11:19 17:19<br><b>Anesthesiology</b> 12:1<br>18:1<br><b>anesthetics</b> 12:14<br><b>anesthetist</b> 12:11<br><b>annual</b> 68:8<br><b>annually</b> 22:22<br><b>answer</b> 16:4<br><b>anxiety</b> 55:18<br><b>APA</b> 52:17<br><b>APM</b> 51:3<br><b>APMA</b> 45:14 48:17,19<br>49:11 50:16,20 51:7<br>51:17<br><b>apologies</b> 4:14<br><b>APP</b> 63:20 64:3,5<br><b>appeal</b> 53:14 56:21<br><b>applicable</b> 7:5<br><b>applied</b> 51:2<br><b>applies</b> 35:13<br><b>apply</b> 30:15,19 69:12<br>70:11<br><b>appreciate</b> 5:13,19<br>21:12,20 42:4 78:7<br><b>appreciated</b> 42:15<br><b>approach</b> 7:8 60:16<br><b>approaches</b> 61:9<br><b>appropriate</b> 6:8 8:15<br>58:4 70:7<br><b>Appropriations</b> 2:12<br>15:5 25:6 28:1 35:12<br>50:15 74:7 | <b>approximately</b> 23:22<br>24:9 56:10<br><b>APPs</b> 62:21 63:11<br>64:15 65:5,13 66:7,19<br><b>APRNs</b> 16:13 23:16<br>24:6<br><b>arbitration</b> 76:5<br><b>area</b> 6:18 12:19 59:11<br><b>areas</b> 24:9 71:2<br><b>armed</b> 12:17<br><b>Army</b> 17:1<br><b>arrangements</b> 37:7<br><b>array</b> 29:16 32:17 58:6<br>72:6<br><b>arthroplasty</b> 48:4<br><b>articulated</b> 80:20<br><b>artificial</b> 63:11<br><b>artificially</b> 63:2 64:8<br><b>asked</b> 31:17 58:19<br><b>asking</b> 4:13<br><b>asserted</b> 38:15<br><b>assessment</b> 22:12<br><b>Assistance</b> 3:10<br><b>Assistant</b> 1:19 12:5<br><b>Associate</b> 17:21 52:2<br><b>associated</b> 42:13<br><b>association</b> 11:19 12:1<br>17:18 18:1 21:8,16<br>41:19,22 42:5 45:4,13<br>45:14 51:22 52:4 57:6<br>57:14<br><b>associations</b> 78:15<br><b>assured</b> 4:14<br><b>assuring</b> 12:19<br><b>attempt</b> 60:20<br><b>attend</b> 65:20<br><b>attention</b> 21:5<br><b>audits</b> 55:8<br><b>authority</b> 8:8 17:1<br>22:20 39:20<br><b>authorization</b> 48:21<br>53:16 54:7,13<br><b>authorizations</b> 55:3<br><b>authorize</b> 69:3<br><b>authorized</b> 43:6<br><b>autonomy</b> 73:13<br><b>available</b> 13:4 70:5,16<br>73:2<br><b>avoid</b> 15:12<br><b>avoiding</b> 74:1<br><b>aware</b> 2:7 74:13 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>babies</b> 62:9,20 64:20<br><b>baby</b> 62:21 63:18<br><b>back</b> 11:10,15 14:18<br>32:10 41:16 61:13<br>82:6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

background 29:11 31:2  
backgrounds 22:10  
balance 10:13 75:16  
ball 8:3  
bar 67:14  
barred 75:17  
barrier 63:11  
barriers 18:21 19:5  
20:8 23:3,16 52:22  
70:21  
base 36:3  
based 8:11 13:15 14:6  
14:14 16:5 24:22  
25:19 26:20 27:3 28:8  
38:9,11 43:16,18  
46:16 47:12 50:18  
56:3,12 59:20,22 60:1  
60:10 68:20 73:8,9  
80:14  
basis 55:9  
BCBSA 57:14  
beginning 4:18 41:9,14  
82:16,16  
begun 11:6  
behalf 5:12 21:16 45:18  
52:5 67:7  
behavior 7:16  
behavioral 56:7,11  
belief 67:18  
believe 3:2 7:22 14:11  
15:9,17 16:10 19:4,19  
42:20 43:17,20 44:5  
44:11 57:18 59:3  
60:12 69:6 72:1 82:9  
believes 16:12 49:11  
75:5  
beneficiaries 73:9,19  
74:12 79:14  
beneficiary 73:3  
benefit 9:18 14:4 15:19  
29:14 34:1,8,15,18,22  
35:1,2,4,15 58:7  
72:11  
benefits 1:20 7:6,19  
8:10 9:21 10:3,6,12  
29:2,10,12,16 31:11  
31:13,21 33:17 34:6  
34:13 35:7 61:8 71:22  
72:3,7,13 73:13,21  
78:17 79:3 80:21 81:1  
81:7,17,18  
best 73:18  
better 42:17 59:5  
beyond 10:20 19:6 27:5  
81:8  
bill 38:20 47:8  
billed 49:9 50:9  
billing 15:1,13 16:7,7

19:20  
billion 22:22  
bills 5:18  
birth 65:18  
bit 6:2  
Blue 57:5,5,13,13,15,15  
board 65:9  
boards 19:7  
bonuses 51:2  
born 64:21  
bottom 83:3  
brain 31:7  
bring 18:18 69:13  
broad 7:10 39:5  
broadly 20:4  
Brookings 23:9  
brought 36:2  
budgetary 71:4  
build 15:16 72:7  
building 73:13  
business 78:10  
businesses 78:13  
81:16  
busy 29:5

# C

call 16:4  
called 23:13 66:20  
cap 49:6  
capability 13:1  
cardiac 53:5 54:6  
care 2:8 6:8,14 9:8 13:4  
13:17 14:1 15:11 16:3  
16:8,12 18:3,11,20,21  
19:1,5,9,17 20:6,13  
22:4,9,17 23:2 24:1,2  
24:7,19 26:4 27:9  
28:19 47:20 49:9  
51:15 52:21,22 53:12  
53:14,16 54:2 55:21  
56:6,8,9,12,20,22  
57:2,2,21 58:10,22  
59:15 61:10 62:8  
64:11,16,20 65:17  
72:14 73:2 74:3,6  
77:1 79:16 80:22  
83:11  
carefully 31:15  
Carol 3:5  
carriers 72:9  
case 13:7 33:5 40:21  
64:4,5  
categorically 47:11  
causes 19:20  
certain 7:8 8:21 13:14  
43:22 63:7 70:22  
certainly 6:1 76:13  
certification 7:4 27:5

44:1 65:10 66:4 69:19  
certified 12:10 67:22  
Chair 18:2  
challenging 44:14  
49:19 61:4  
Chamber 78:3,9  
chambers 78:13  
change 39:10,11 54:20  
76:17  
changed 60:15  
changes 7:10  
changing 7:6 10:16  
charge 7:21  
Chicago 45:11  
Chief 41:21  
children 62:11  
chime 41:8  
choice 13:18 14:3,9,11  
19:14 20:18 22:6 26:8  
28:10,14 43:10 44:4  
48:14 49:15 51:7,11  
51:15 80:19  
choose 26:3 46:4  
chooses 7:7  
choosing 27:8  
citizens 62:17 66:13  
claims 49:15 69:13  
clarifications 75:11  
clarifying 36:10 39:12  
class 14:5  
clawbacks 55:8  
clear 37:3 40:7 42:22  
58:15 75:6 77:17  
clearly 9:10 13:12 15:7  
26:16 37:15 61:6  
69:20 76:10 77:4  
clinical 11:2 13:2 64:17  
65:8  
clinician 26:4 64:5 73:6  
clinicians 24:11,12  
27:2 28:4,13 63:7  
76:21 77:14  
clinicians' 27:7  
closely 58:13  
closing 16:12  
Co-Facilitator 1:17,18  
Co-Facilitators 1:12  
co-pay 64:2,4  
coalition 18:3 20:10  
21:2  
code 16:7 50:10  
colleagues 3:1,15 13:9  
21:11 47:8 50:8 80:19  
collectively 18:5 29:19  
57:16  
Columbia 22:21  
combat 17:2  
combined 24:6

come 32:3 37:13 52:13  
coming 11:10  
comment 28:18  
comments 42:3 52:7  
68:2 71:9,9 78:17  
commerce 78:4,9,13  
Commission 23:11  
committed 28:18  
Committee 50:15 71:18  
committees 15:3,7  
communities 19:16  
22:19 23:2,19 24:4,16  
28:7,20  
community-based  
67:13  
companies 57:15 72:1  
72:6,16 73:5 74:13  
78:11  
companies' 75:7  
company's 48:22 49:3  
comparable 47:1  
compared 56:7  
compassionate 65:1  
compensate 64:9  
competition 13:18  
14:11 15:14 19:9 26:9  
40:4  
competitive 7:19 9:17  
37:2  
complain 53:15  
complaint 27:19,21  
complaints 69:5,7  
complete 13:2 22:21  
complex 62:10  
complexities 63:6  
compliance 19:22  
40:22 44:10 68:8 75:7  
compliant 44:9  
complicated 61:3  
comply 9:22 27:16 46:7  
61:5 65:14  
components 80:16  
comprehensive 71:1  
comprehensively  
26:16  
comprise 24:7  
comprised 61:22  
compromised 70:8  
concerned 50:20  
concerns 4:2 40:2  
conclusion 40:11 51:10  
conditions 36:8 53:18  
54:18 57:1 80:10  
confirm 35:13,20  
Congress 7:22 8:2 14:1  
14:18,21 28:1 33:22  
42:16 50:12 59:22  
74:3 76:10,21 77:4

**Congress'** 33:5  
**congressional** 15:3,18  
 25:12 37:16 46:8  
 80:21  
**consequential** 39:11  
**conservative** 48:1 49:9  
**consider** 43:13 75:14  
**considerable** 76:3  
**consideration** 17:11,15  
 68:3  
**considered** 44:12 49:22  
 59:9  
**considers** 76:16  
**consistent** 10:8 33:4  
**consists** 74:16  
**Consolidated** 2:11 25:6  
 28:1 35:12 74:7  
**construct** 72:7  
**constructive** 21:3  
**constructs** 30:14  
**construed** 38:7  
**consultants** 72:16  
**consumer** 8:11 9:16  
 10:12 13:18 51:11,11  
**consumers** 9:7,21  
 15:11,19 37:3 40:6  
 51:14 69:6 70:14,21  
**context** 30:2 39:22  
**continue** 2:13 9:2 20:2  
 21:3 24:12 25:18 33:5  
 61:7 77:10 80:13  
**continued** 5:16 16:22  
**continuing** 33:3 53:16  
 54:2,7 77:20 82:18  
 83:6  
**contract** 7:9 36:6,12  
 37:10 58:5 59:12  
 72:19 77:12 80:9  
 81:10  
**contracted** 10:22 37:14  
**contracting** 8:14 9:11  
 35:22 36:20,22 80:4  
**contracts** 26:2  
**Contrary** 79:6  
**contribute** 64:17  
**contributions** 58:8  
**control** 13:19 26:10  
 32:21 36:22  
**convene** 2:13  
**convened** 1:10  
**conversation** 3:16 4:9  
 12:6  
**conversations** 4:18  
 41:12 83:10  
**coordinating** 22:17  
**coordination** 72:15  
**corporations** 78:15  
**correct** 60:13

**correctly** 15:9  
**cost** 6:8 23:2 26:7,10  
 28:5 58:4,11 60:11  
 81:2,12  
**costly** 61:4  
**costs** 6:10 11:3 15:14  
 19:10 28:11 32:21  
 37:1,8 40:5 51:12  
 57:22 59:1 61:6 78:21  
 79:10  
**costs'** 13:19  
**could've** 60:2  
**council** 29:3,10,12 32:8  
**Counsel** 29:9  
**counseling** 22:18  
**counterparts** 47:10  
**countless** 56:18  
**country** 71:3  
**country's** 29:15  
**couple** 8:18 82:14  
**course** 30:20  
**cover** 7:7 10:2 33:17  
 34:3,5,12 47:17 48:4  
 49:1 59:9  
**coverage** 7:2,18 13:12  
 23:5 25:22 27:6 29:19  
 29:20 30:4,6,9,15  
 31:4,22 32:2,19 33:6  
 34:7 35:9,15 36:22  
 39:8 46:12 48:13 49:4  
 49:14 52:4 57:16  
 58:19 74:19 81:2,4,6  
 82:4  
**covered** 9:20 10:4,19  
 35:14 49:21,22 58:7  
 67:20 70:15 79:3  
**covers** 32:1  
**COVID** 16:2 57:10  
 81:15  
**COVID-19** 6:12 24:17  
**crafted** 60:13  
**create** 23:18 27:13 44:3  
 63:10  
**credentialed** 66:1  
**credentialing** 9:4 44:1  
 65:15  
**critical** 8:9,13 12:20  
 44:5 57:19 58:13  
 70:22 74:8 79:18  
 81:13  
**CRNA** 16:21  
**CRNAs** 12:11,18 13:2,6  
 13:10 15:22 16:7,13  
 16:22  
**CRNAs'** 16:18  
**Cross** 57:5,13,15  
**current** 75:7,16  
**currently** 18:2

**curve** 8:3  
**customers** 79:14  


---

**D**  


---

**daily** 22:12  
**Darren** 61:15,18 67:1  
**data** 16:6 24:5 55:17  
 72:16  
**databases** 56:13  
**day** 31:21 62:19 82:9  
**days** 53:22 55:4  
**December** 25:5 56:5  
**decide** 77:2  
**decision** 34:21  
**decisions** 7:18 10:17  
 17:8 54:15 69:9 74:10  
 74:11 75:19 76:2  
**decline** 16:21  
**declines** 76:21  
**decompensation** 55:5  
**decreases** 19:8  
**decreasing** 11:3  
**dedicate** 64:15  
**dedicated** 29:13 66:19  
**defer** 8:22  
**define** 26:17 60:20 82:5  
**definitely** 44:13  
**degree** 47:12 65:7  
 73:12  
**delegate** 39:19  
**deliver** 24:1 57:21  
 62:17 66:13  
**delivered** 65:5  
**deliveries** 65:21  
**delivering** 35:2  
**demand** 8:12  
**demands** 10:12  
**denials** 13:11 53:14  
 56:21 69:12  
**denied** 13:14 48:21  
**denies** 48:13 68:11  
**deny** 27:2,6 69:17  
**denying** 26:3  
**department** 1:1,1,2 2:5  
 9:2 12:3 45:19 60:18  
 62:14 66:9  
**department's** 2:15  
**departments** 2:9 3:1  
 8:4 14:20 15:6 17:4  
 20:14 21:12,14 25:9  
 26:11 27:13,18 28:16  
 42:2,19 44:7,18 46:6  
 46:21 51:3,8,12 57:17  
 57:19 60:12 66:17  
 68:4,15 69:3,14,20  
 71:15 75:8,10,14 77:9  
 77:21  
**departments'** 6:18 7:14

7:21 66:5 70:17  
**dependent** 56:14 68:8  
**depression** 55:19  
**deprives** 22:5  
**design** 6:7 8:10 9:18  
 10:12 63:14 72:4,8  
 73:15  
**designations** 81:19  
**designed** 73:8  
**designing** 73:13  
**despite** 16:9 24:10  
 25:17 48:1,9 76:20  
**detailed** 11:11  
**detailing** 76:4  
**details** 44:20  
**detect** 42:12  
**determine** 40:8 50:3  
 76:14 81:7  
**determining** 37:18  
 49:22  
**develop** 35:11 47:22  
**developing** 58:12  
**development** 43:11  
 44:14  
**diabetes** 53:5  
**diabetic** 47:22  
**diagnose** 42:10,12  
**diagnoses** 22:15  
**diagnostic** 22:14  
**dialogue** 11:6 41:14,15  
**dictate** 65:17  
**didactic** 13:2  
**difference** 60:21  
**different** 3:22 4:5,7  
 31:3,14 32:19 33:15  
 34:2 36:18 37:7,7  
 50:1 76:6,14 77:14,15  
 77:15 83:4  
**differential** 50:1  
**differently** 79:13  
**difficult** 50:2 64:20 65:6  
**difficulties** 20:3  
**digging** 41:10  
**diligent** 18:7  
**direct** 62:14 66:9 67:13  
 72:21  
**directed** 2:10  
**directions** 33:15  
**directive** 37:16  
**directly** 29:19 35:5  
 69:12 72:19  
**Director** 11:22 17:22  
 52:3  
**discourage** 53:9 56:16  
**discretion** 37:17 39:15  
 39:20 74:9  
**discriminate** 7:1 58:16  
 63:13 69:22 74:18

discriminated 47:11  
discriminating 14:13  
24:21 46:9 80:1  
discrimination 8:7,22  
13:20 14:4,22 18:14  
18:16 19:8,13,18 20:2  
20:8 21:1,22 22:4  
24:13 25:15,19 26:5  
26:15,17,20 28:8  
49:12,14 50:14 51:10  
51:13 52:12 60:21  
68:20 69:5,11 72:2  
75:17  
discriminatory 7:16  
34:20 46:20 47:16  
48:13 50:2,4,22  
discusses 76:1  
discussion 4:4 32:15  
36:14 78:6 80:18  
discussions 82:17  
diseases 42:11,12,14  
disorder 53:18 57:1  
disorders 42:11 52:10  
53:3  
disparate 49:16  
disruptive 54:17  
disrupts 54:14  
distinguish 37:5  
District 22:21  
diverse 3:21 5:22  
doctor 54:11,16  
doctoral 22:9  
doctorate 65:12  
doctors 42:6,7,9 43:5,7  
44:21 45:16 47:1 52:8  
52:20 55:13  
doing 12:7 31:5 50:19  
dollar 49:4  
DOs 47:3 49:5 50:11  
downstream 46:19  
dozen 4:7 18:4  
Dozens 66:18  
Dr 45:5,9,10  
drafting 8:5  
draw 6:19  
drive 9:16 15:13 79:9  
79:20 82:3  
due 6:11 18:14 79:4

---

## E

---

eager 66:19  
earlier 10:15 58:2 60:5  
80:20  
earned 16:13  
easily 60:2  
echo 41:22 58:1  
economically 49:19  
economics 17:9

economy 78:12  
educating 22:18  
education 13:3 16:18  
38:21 47:2 63:8 65:15  
66:3 77:15  
effect 14:16 24:14 25:5  
40:17  
effective 6:8 23:2 28:5  
58:4,11 68:5 81:12  
effectively 40:3 49:7  
51:7 68:18  
effectiveness 11:2  
efficiency 11:2  
efficient 8:16  
effort 19:19 82:2  
efforts 2:16 13:19 26:9  
30:5  
eight 40:17  
either 34:11 47:19  
76:18  
elements 79:18  
elevated 63:9  
Elizabeth 1:12,18 4:22  
11:15 29:4 41:16 67:2  
71:14 82:7,11  
Ellen 3:2  
eloquent 59:6  
emergency 55:6  
emphasize 10:16 33:11  
39:14 59:16  
employ 62:6  
employee 1:20 29:16  
31:21 73:17  
employees 31:22 79:13  
81:6  
employees' 81:10  
employer 8:12 29:14,22  
33:8,13 64:13 73:12  
73:21 74:10  
employer-provided  
32:2  
employers 9:22 29:16  
29:18 30:4,8 31:20  
32:18 52:14 66:14  
74:4 81:5,11,21  
employers' 35:6  
empowered 75:18  
enacted 32:9  
encourage 27:17 44:7  
68:15  
endeavors 66:17  
enforce 14:17  
enforceable 20:15  
enforced 43:8  
enforcement 18:15  
19:22 20:22 27:14  
43:3 44:6,8 46:22  
51:9 69:2

engage 37:2 51:18  
57:17 72:6 75:10  
engaged 32:8  
engagement 82:18  
engaging 46:19  
Engineering 23:8  
enjoy 82:4  
enormous 54:4  
enormously 54:17  
enrollees 58:3,10,22  
67:20 68:17,18  
ensure 5:17 19:22  
26:14,19 27:14 30:6  
33:3 35:8 46:3 49:14  
51:1,7,14 58:3 68:4  
69:2,14 70:4,10,14  
73:1 75:10 77:21  
ensures 61:9  
ensuring 11:3 15:2 28:9  
58:9 67:20 72:3  
Enterprise 23:10  
entire 14:5  
entities 23:7 46:19 62:3  
72:15  
entitlement 73:10  
entity 69:4  
epidemic 65:2  
equate 78:18 79:4  
equitable 23:18  
ERIC 71:13,18,18 72:1  
73:5 75:5,9 77:9  
ERIC's 74:13  
ERISA 71:17 73:18  
especially 39:13  
essential 10:6 12:18  
28:8 34:5 42:8 81:1  
EST 1:11  
establish 27:18 61:3,7  
66:7 80:13  
established 36:9 68:14  
80:11  
establishing 38:8  
establishment 38:2  
70:13  
estate 76:3  
ethos 17:7  
evaluate 65:17  
events 53:5  
everybody 29:7 36:16  
40:14 41:1 45:5  
everybody's 32:15  
evidence 13:5 17:8  
exacerbated 24:17  
examine 42:10  
example 10:4 23:11  
47:21 50:5 53:21  
63:16 71:1 76:2  
examples 44:20

excellence 64:17  
excited 3:20  
exclude 34:15,21  
excludes 49:7  
excluding 34:18 46:14  
70:1,18  
exclusively 71:20  
Executive 71:17  
exercise 73:12  
exist 9:7  
existing 8:12 25:16  
exists 44:6  
expand 14:8 32:20  
expanding 81:17  
expansion 58:20  
expect 15:8  
expedient 46:7  
experience 24:13 25:19  
38:22 47:2,7,14 48:15  
76:9  
experienced 13:11  
44:21  
experiences 48:17  
experiencing 55:18  
expertise 63:8  
experts 72:17  
explain 69:20  
explaining 68:11  
explicitly 37:15 39:18  
50:17  
explore 83:7  
extensive 30:16  
extensively 76:1  
extent 30:13 31:3 35:14  
37:6  
extremely 27:12 53:19  
53:19  
eye 42:11

---

## F

---

face 12:7 18:14 19:13  
21:2 48:17 70:21  
faced 52:11  
facilitate 5:1  
facilities 12:22 76:17  
facility 39:2  
facing 6:11 71:3  
fact 4:16 39:14 48:9,19  
factor 76:13  
factors 38:13,18,21  
39:5,10 59:22 60:1,4  
60:11 76:4,5  
fails 48:2  
fair 73:22  
fairly 55:9 64:10  
faith 18:18 32:7  
familiar 47:20  
families 22:19 52:15

72:4  
**family** 64:13,16  
**FAQ** 7:15 60:14  
**far** 17:7 21:11 32:15  
**fashion** 27:21  
**fast** 55:3  
**fearful** 53:13 56:21  
**federal** 9:6 10:1,9 11:22  
 17:22 23:10 70:8  
**fee** 50:6,10  
**feedback** 21:21  
**feels** 32:11  
**fiduciaries** 73:16  
**field** 14:9  
**fields** 16:17  
**fight** 20:1  
**file** 69:7  
**final** 26:14 69:9  
**finally** 8:13 46:21 51:6  
 61:6 70:3 80:12  
**financial** 24:14 44:11  
**find** 47:19 55:20  
**finding** 57:2  
**firm** 67:9  
**first** 5:8 6:19 12:2 18:6  
 30:3 33:14,19,19  
 74:17  
**five** 27:17  
**flat** 18:22  
**flexibility** 30:18 31:10  
 37:17 74:9 80:19 81:7  
 81:18,20 82:1  
**floor** 40:3  
**focus** 8:6 15:20 79:1,11  
**focused** 17:8 65:8 72:2  
 83:3  
**folks** 2:6 3:4 4:8 32:22  
 33:11,14 34:4 36:2,15  
 79:19  
**follow** 10:6 58:13  
**following** 4:15 26:13  
 43:14 68:2  
**follows** 60:18  
**foot-and-ankle** 47:9,15  
 47:20 50:9  
**forbidding** 7:16  
**force** 17:2 20:16  
**form** 19:7  
**forthcoming** 40:7 60:18  
**Fortune** 48:22 49:3  
**forward** 3:16 4:1,17  
 5:16 11:10,13 17:2,4  
 17:13 21:13 28:20  
 36:14 42:19 43:11  
 44:19 58:11 68:1 71:6  
 77:20 82:18 83:6,10  
**found** 24:6 56:8  
**foundationally** 6:20

**four** 18:5 27:12 47:3,4  
**fragile** 53:19 65:14  
**framed** 33:20  
**framework** 61:3  
**Frank** 21:7 29:5  
**frightened** 55:10  
**front** 16:1  
**full** 2:21 16:22 29:16  
 32:17 66:7 67:21  
**fully** 15:17 40:19 41:3,5  
 43:15  
**fully-insured** 81:6  
**furnish** 49:20 66:7  
**furnished** 46:13 47:17  
 48:5 49:2,4  
**furnishing** 47:14  
**further** 13:20 51:18  
 75:7,11,14 83:10  
**Furthermore** 64:1  
**future** 23:12 31:6 37:15

## G

**gathered** 11:14  
**gathering** 4:10  
**Gelfand** 71:13,14,17  
**generously** 64:11  
**geographic** 27:10 70:6  
**geography** 39:1 73:4  
 77:6  
**getting** 79:16  
**give** 3:11 20:1  
**given** 11:4 59:11 76:12  
 77:6  
**glad** 40:14  
**global** 6:12 12:8  
**goal** 8:21 46:5 73:1  
 79:15 83:2  
**goals** 8:6,19 23:22  
 32:21  
**governing** 60:15  
**government** 2:22 9:6  
 11:22 17:22 23:7  
**graduates** 24:1  
**grateful** 42:1 52:17  
**greater** 79:9 81:18  
**greatly** 32:18 42:15  
 73:7  
**group** 3:21 10:5 34:4,6  
 36:5 48:22 49:3 61:16  
 61:18,19,21 74:17  
 79:22 81:1,4  
**groups** 68:12 77:11  
**growing** 24:5  
**growth** 13:19 26:10  
**guess** 30:21 32:11  
**guidance** 25:4,16 75:8  
 75:12,15  
**guided** 17:7

**guidelines** 51:4

## H

**half** 24:9  
**Haltmeyer** 57:5,7,12  
**hammer** 48:1,21  
**hamper** 44:3  
**happen** 55:9 78:21  
**happening** 54:5 55:12  
**happy** 31:5 71:11 75:9  
**hard** 31:13  
**harder** 57:1  
**hardworking** 12:3  
**harm** 47:18  
**Harrington** 21:7,9  
**health** 1:1,5 6:22 7:13  
 7:17 10:6,17 12:4  
 14:12 17:7 19:12,13  
 22:1 23:14 24:13,20  
 25:21 26:22,22 27:15  
 27:15 29:9,20 31:15  
 32:3 34:4,6 36:6,6,19  
 43:4,21 46:1,8,12,19  
 47:11 48:3,22 49:3  
 50:5,17 51:10 52:9  
 53:2,8,10,12,17 54:18  
 56:7,11,22 57:20 58:2  
 58:5,15,22 59:3,13  
 60:9 61:1,4,7 62:13  
 67:3,7,21 68:7,10,11  
 68:19 69:21 70:9,15  
 70:18,20 71:2,21 72:3  
 72:13,15,19 73:21  
 74:17 78:8 79:9,22,22  
 81:1,18  
**healthcare** 6:6,10 7:3  
 9:4 11:8 12:15 13:19  
 14:5,10,14,22 15:13  
 15:15 18:4,6,13,16  
 19:2,10 20:1,4,7,12  
 21:1 22:6 23:17 24:12  
 24:22 25:14,18 26:7,8  
 26:10 28:5,9,10,13  
 31:22 32:6,18,20 33:7  
 36:7 37:1 39:8 42:8  
 51:14 52:16,19 57:22  
 58:3,6 61:1 62:15  
 66:11 67:10,15 74:19  
 79:21 80:2,9 83:4  
**hear** 5:11 6:15 41:1  
 45:5,7 53:6 77:10  
**heard** 15:6 48:19 62:6  
 82:14 83:5  
**hearing** 4:1 11:13 30:13  
**hello** 17:20 29:7 61:17  
 67:4  
**help** 5:1 9:14 19:22  
 23:21 31:21 37:3 72:7

**helpful** 2:14 37:5  
**helpfully** 33:18  
**helps** 36:22  
**HHS** 2:9 3:2 45:19 69:4  
 80:13  
**Hi** 5:11 52:1  
**high** 8:16 10:13 16:15  
 16:16 23:1 28:5 30:6  
 30:21 32:6 36:21  
 58:10 59:14 61:10  
 62:22 65:13,20 72:5  
 73:2  
**high-quality** 57:21  
**higher** 56:10  
**highest** 13:4 15:15 16:3  
 16:19 20:12 28:19  
**historically** 52:11  
**history** 6:3  
**hold** 22:20 44:8 65:9  
**holding** 21:12 28:16  
 40:12 42:2 45:20  
 51:16  
**holds** 65:7  
**home** 79:20  
**honor** 27:22  
**hope** 21:2  
**hospital** 65:15,22  
**hospital-based** 47:5  
**hospitalization** 53:18  
 55:7  
**hospitalized** 53:22 54:3  
**hospitals** 12:17,22 17:2  
 66:1  
**hosting** 12:6  
**hours** 56:18,19 81:19  
**Human** 1:1 12:4  
**hurt** 18:19

## I

**identical** 50:8 77:13  
**identify** 68:20  
**Illinois** 45:12  
**illnesses** 53:4  
**illogical** 64:7  
**illuminating** 42:3  
**imagining** 22:15  
**immediate** 26:6  
**impact** 7:11 24:16  
**impairs** 13:18 26:6  
**impede** 10:11  
**imperative** 20:5,17  
**impetus** 76:18  
**implement** 11:1 25:9,13  
 32:7 42:17 43:12 51:4  
 51:12  
**implementation** 2:15  
 4:6 5:15 17:5 21:15  
 45:21 68:6

**implemented** 7:15 15:9  
 25:3 33:4 44:17 78:1  
**implementing** 15:18  
 62:12  
**implications** 31:19  
**implicitly** 39:18  
**importance** 6:5 9:13  
 23:3 24:10 32:16,17  
 57:20 59:17 79:1  
**important** 3:17 6:7,9  
 8:5,19 9:9,12,14,19  
 10:10,15 11:1 12:6  
 14:17 15:1 17:5,11  
 21:4 22:2 27:13 28:21  
 33:2,7 38:1,13 41:3  
 45:20 51:19 59:8,13  
 66:12 75:15 80:17  
 81:14,21  
**impose** 27:4 34:1 36:11  
 37:20  
**imposed** 34:2,5 43:4  
 49:5  
**imposes** 49:3  
**improper** 75:17  
**improve** 9:15 23:17  
 79:9,10 82:2  
**improving** 83:3  
**in-network** 53:11  
**incentives** 51:5 73:15  
**incentivizing** 37:1  
**include** 19:21 29:17  
 35:4 44:8 46:21 68:16  
 68:22 73:5 76:21 77:4  
 81:12  
**included** 14:1,12 25:7  
 39:12 75:21,22  
**includes** 20:21 22:12  
 31:12 38:21 74:8  
**including** 15:4 18:17  
 22:16 23:4,7 32:9,20  
 35:16 37:10 40:3 47:3  
 62:20 72:9  
**inclusion** 26:2  
**income** 67:11,17 73:17  
**incoming** 45:12  
**inconsistent** 35:5  
**increase** 16:6,11 78:21  
 82:2  
**increased** 15:14 19:10  
 40:5 55:18 61:5  
**increases** 24:3 26:7  
 51:11 79:4  
**increasing** 15:10,11  
 20:3 24:8 48:11 57:22  
**independent** 23:6  
 27:20 57:14 69:4  
**independently** 16:8  
**indicates** 34:11

**individual** 10:5 21:18  
 34:6 81:2  
**individuals** 67:15 79:16  
**industry** 9:17 71:18  
 78:15  
**ineffective** 74:2  
**inequities** 44:3  
**infants** 64:16  
**infeasible** 49:20  
**inflating** 78:19  
**information** 4:10 32:10  
 72:15  
**informing** 2:15  
**ingested** 64:22  
**inhibits** 26:9  
**initial** 60:13  
**initially** 2:7  
**initiating** 22:15  
**inpatient** 53:16  
**input** 54:16  
**instances** 47:13  
**Institute** 23:10  
**Institution** 23:9  
**institutions** 52:15  
**insurance** 6:22 7:13,18  
 13:14 16:21 23:4 27:1  
 27:2 36:6 43:6 52:3  
 61:2 72:8 79:22  
**insured** 30:15 31:3 34:7  
**insurer** 28:7 53:15  
**insurers** 14:12 19:4  
 20:17 25:20 27:15  
 47:16 54:1 72:9  
**intended** 25:5 46:2  
 49:13 51:2 67:19  
**intent** 13:21 14:2 15:18  
 25:13 26:17 27:22  
 33:5 34:11 46:8 50:13  
**intention** 75:13 76:10  
 77:5  
**interest** 2:19 4:11 50:19  
 67:8 73:19  
**interfere** 53:12  
**intermediary** 72:22  
**interpretation** 39:22  
**interpreted** 60:8  
**interpreting** 22:13  
**introductions** 2:21  
**invested** 73:21  
**investigate** 69:4  
**investigation** 69:8  
**investigative** 69:1  
**invitation** 18:9  
**involved** 44:14  
**IRS** 3:5  
**issue** 3:19 8:4 18:8  
 28:21 33:17 37:22  
 46:6 70:9 71:8 79:8

82:13  
**issued** 14:16 41:6 75:8  
**issuer** 34:21 36:6,9  
 53:8,9 80:11  
**issuers** 34:11,15 36:12  
 37:17,21 38:8,16 39:4  
 61:2 69:21 70:18 80:1  
 80:8,12  
**issues** 4:1,2 20:22  
 29:17 30:22 31:1 32:1  
 32:8 33:11 36:2 41:6  
 41:10 44:10,20 51:19  
 64:20 83:7  
**it'll** 75:15  
**item** 33:14 35:14,16  
 39:2  
**items** 30:1 35:16

---

**J**


---

**James** 71:13,16  
**January** 1:7 25:11  
**Jeanette** 5:9,13 11:17  
 33:18 41:7 58:1 59:2  
**Jeannette** 32:14  
**Jeff** 3:3  
**job** 59:6  
**Johnson** 29:2,4,8  
**join** 18:9 43:6 55:14  
**joined** 3:5  
**joining** 2:4 3:3,8,15 5:4  
 56:17 83:8  
**joint** 48:5  
**judicial** 69:10  
**jurisdiction** 15:4,7  
**justify** 54:2 60:16

---

**K**


---

**Kara** 41:18,21 45:2  
**Katie** 78:3 82:8,9  
**Katie's** 82:22  
**Katy** 29:2,8 41:17 58:2  
 59:2,5  
**keep** 5:7 31:1 41:15  
 53:13 55:9 78:22  
**keeping** 8:6 31:7  
**key** 28:3 32:1 33:12  
 35:21 36:3,3  
**Khawar** 1:19 3:10,12  
 82:11  
**known** 18:12 45:16  
 49:7 61:19 67:8  
**knows** 33:22  
**Kohl** 11:18,20,21  
**Kris** 57:5,12 61:14

---

**L**


---

**Labor** 1:1,19 2:9 12:4  
 45:19

**laboratory** 22:14  
**lack** 18:14 19:17 25:22  
 26:2 43:2  
**language** 36:10 58:14  
 58:15 60:19  
**large** 30:8 56:12 71:20  
 78:15 79:4 81:4  
**largest** 29:15 64:12  
 66:14 78:10  
**laser** 72:2  
**Lastly** 55:22  
**Laura** 45:3,10 51:20  
**law** 5:18 7:5 8:12 10:9  
 13:16 14:16 24:19  
 25:8 35:6 66:9 67:3,7  
 67:8 69:19 73:18  
**laws** 19:6  
**laying** 59:6  
**lead** 63:9  
**leaders** 65:1  
**leading** 61:22 65:1  
 78:14  
**leave** 50:12 71:21  
**left** 6:13 7:17  
**legal** 31:2 67:10,13  
 73:20  
**legally** 38:17  
**legislation** 22:2 74:5  
**legislative** 75:21  
**legitimate** 13:5  
**level** 14:9 22:9 30:21  
 38:21 63:7 65:12,13  
 76:8  
**levels** 55:18 63:9 76:15  
 77:15  
**Levy** 3:6  
**liability** 16:21  
**license** 7:4 9:3 58:17  
 62:16 63:4 66:11  
 69:19 73:11 74:21  
**licensed** 14:13 20:7  
 24:21 63:21 66:8  
 67:22 70:5,16,19  
**licensing** 27:5 80:3  
**licensure** 8:9 13:11,15  
 14:7,15 25:1,20 26:21  
 27:3 28:8 46:10 47:12  
 66:4 68:21  
**lifesaving** 62:19 63:20  
 64:11  
**likelihood** 48:11  
**limit** 23:16 49:4,6  
**limitations** 27:10  
**limited** 5:6 39:9 60:9  
**limiting** 24:15 46:12  
 78:19  
**limits** 22:4 26:8 48:2  
 51:11 60:4

**line** 75:12 78:14 83:3  
**lines** 16:1  
**listen** 4:9  
**listened** 83:9  
**listening** 1:4,10 2:5  
 18:10 21:22 28:16  
 36:14 40:12 45:20  
 51:17  
**litmus** 79:11  
**little** 6:2  
**lives** 64:16  
**Liz** 67:6  
**lobbying** 76:20  
**local** 78:13  
**long** 6:3 15:10 17:7  
 23:1 32:12  
**longer** 55:15  
**longtime** 47:22  
**look** 3:22 5:16 11:10,12  
 21:13 28:20 42:18  
 67:22 71:6 77:20  
**looked** 56:6  
**looking** 3:16 4:1,17  
 9:18 14:19 36:13 79:8  
 82:17 83:6,10  
**looks** 15:16 34:7 52:18  
**lot** 6:16 32:21 44:15  
 59:2  
**love** 41:13,15  
**low** 25:21 49:7 67:10,17  
 74:2  
**lower** 64:8

---

**M**


---

**M.D** 47:9 48:7 49:2 50:8  
**M.D.s** 47:2 49:5 50:11  
**Maguire** 51:21 52:1,2  
**Mahoney** 78:3,5  
**main** 33:11 64:5 78:14  
**maintain** 8:10 9:20 50:6  
 74:8 75:15  
**maintaining** 57:20 74:9  
**maintenance** 66:4  
**majority** 30:8 45:15  
**making** 7:10 22:14 37:3  
 41:5 83:2  
**manage** 31:15 42:10,13  
 58:22 65:17 72:12  
**management** 61:8  
 69:15,16,22 72:17  
 78:19  
**managers** 72:11  
**mandate** 7:7 9:11 34:1  
 34:8 80:7  
**mandates** 33:16 80:21  
**mandating** 76:11 78:17  
 79:3  
**manifestations** 42:13

**manner** 25:13 46:7 49:6  
 58:5 66:6 73:4,5 74:2  
**market** 8:14 9:17 10:5  
 10:19 26:9 39:1,1  
 60:15  
**marketplace** 43:10  
 70:12  
**markets** 14:10 61:1  
 81:2  
**massage** 34:17  
**master's** 22:9 65:7  
**maternal** 64:14 66:15  
**matter** 17:11 73:11  
 83:12  
**Matthew** 17:17,21 21:6  
 35:20  
**Maureen** 51:21 52:2  
**McCaman** 67:2,6  
**mean** 6:17,17  
**means** 20:1 54:20  
 73:22  
**measure** 40:9  
**measures** 10:21 38:9  
 40:10 56:4,15 59:21  
 80:15  
**mechanism** 19:22  
 20:22 27:14 44:6,8  
**Medicaid** 66:10  
**medical** 45:4,13 47:4  
 52:8,19,20 54:15  
 55:12 61:8,16,18,19  
 66:2 69:15,16,21  
 78:19

**medically** 19:1  
**Medicare** 16:6 19:12  
 42:9 60:6 68:14  
**Medicare-recognized**  
 18:13 20:10  
**medication** 22:16 54:9  
 54:11,13,21 55:5  
**medications** 54:8,17  
**medicine** 19:7 23:9  
 45:16 47:1  
**Mednax** 61:15,18,21  
 62:2 64:12  
**MedPAC** 24:6  
**meet** 8:19 9:21 24:15  
 32:21 37:4  
**meeting** 24:6  
**member** 7:12 11:6  
 45:18 72:1,6 73:5  
 74:13 75:6 81:16  
**members** 3:7 12:11  
 15:6 16:4 19:11 21:18  
 21:19 28:18 29:19  
 30:8 32:6 40:22 41:10  
 42:16 43:2 48:17 52:5  
 52:14 53:9,11 56:18

61:10 78:12  
**membership** 29:17  
**men** 64:15  
**mental** 19:12 52:9 53:2  
 53:17 54:18 56:22  
 72:13  
**mentally** 62:10  
**mention** 37:22 53:6  
 56:2 59:7  
**mentioned** 10:15 31:20  
 35:20 41:7,11 79:19  
**mentioning** 32:22  
**merit** 69:8  
**methods** 32:5  
**Milliman** 56:5  
**million** 12:13 18:5 30:5  
**millions** 67:16  
**mind** 30:14 31:2 78:22  
**minimizes** 19:9  
**minimum** 65:7 81:3  
**minutes** 5:8  
**mobility** 48:3  
**model** 27:3 62:8  
**mom** 64:21  
**moms** 62:20  
**money** 73:21  
**monitor** 68:18  
**monitoring** 68:5,6  
**months** 55:15  
**Montz** 3:3  
**morning** 11:21  
**move** 3:17 4:6 17:4,6  
 17:12  
**moves** 43:11  
**moving** 44:18  
**myriad** 38:20

---

**N**


---

**name** 11:21 45:10 52:2  
 67:5 78:20  
**nation** 21:20 28:6 42:7  
**nation's** 45:15 61:22  
**national** 23:8,11 29:12  
 56:13 61:15,18,21  
 65:1,2,9 67:3,7 71:19  
**nationwide** 12:11 71:22  
**navigating** 52:22  
**navigators** 72:14  
**Navy** 17:1  
**nearly** 22:11  
**necessary** 9:8,22 13:1  
 19:1 22:3  
**need** 24:4 42:16,20  
 46:4 51:15 53:18 54:2  
 56:22 58:4 63:14  
 78:22 81:22  
**needs** 9:21 24:16 35:7  
 73:9

**negative** 24:14  
**negatively** 7:11  
**negotiable** 50:11  
**negotiate** 10:18 18:17  
**negotiating** 39:6 73:14  
**negotiation** 40:5  
**negotiations** 37:2  
**neither** 77:17  
**neonatal** 62:1 63:17  
 64:13 65:16,21 66:15  
**neonates** 65:14  
**net** 67:16  
**network** 9:6 11:4 15:2  
 15:11,12 18:19 27:11  
 36:2 37:7,12,19 46:15  
 55:12,14,16,20 59:14  
 62:3 68:19 70:10,13  
 72:8 73:10 75:18,19  
 76:1,16,21  
**networks** 9:14 13:15  
 27:2 31:16 32:3 36:20  
 37:3,5 53:10 56:17,18  
 61:8 67:19 70:4,4  
 73:14 77:4 81:13  
**new** 41:6 47:19 54:8  
 55:2 61:3 75:20  
**NHLP** 67:8,12 68:4 69:2  
 71:10  
**nice** 57:9  
**NICUs** 62:10  
**nine** 55:14  
**NNPs** 65:19  
**non-** 22:16  
**non-grandfathered**  
 34:3  
**non-M.D** 18:12,16,18  
 18:21 19:5,12  
**non-physician** 6:5 11:8  
 32:16 73:7  
**nondiscrimination** 1:4  
 2:6 4:3 13:22 17:13  
 18:15 19:21 20:21  
 25:11 26:12,18 31:18  
 33:21 34:10 39:13  
 42:18,22 43:3,12  
 45:22 46:2 56:1 60:7  
 62:13 68:7 74:15  
 77:22 78:20 79:21  
**nonprofit** 29:12 71:19  
**normal** 30:20  
**note** 9:9 30:1,3,7,10  
 31:6,9 32:13 33:1  
 34:14 36:19 38:1,12  
 75:7  
**noted** 40:19  
**notes** 38:6  
**notice** 11:5 27:18 68:10  
**notified** 54:12

NP 24:1 26:3  
 NPs 22:11,22 24:3  
 25:18 27:9 28:3,12  
 number 2:17 3:4,6 4:8  
 4:11,16,18  
 numbers 37:11  
 nurse 11:19 12:1,10,16  
 17:18 18:1 21:8,17,19  
 22:7,19 23:5 24:10  
 63:17 64:14,19 65:10  
 65:16 66:15  
 nurses 12:12 16:13  
 22:8 23:17 62:5,7  
 nursing 19:7 23:12 65:8

## O

objectives 26:14  
 obtain 27:20 66:3 70:15  
 obtainable 73:4  
 obtaining 70:21  
 occurs 19:18  
 ocular 42:13  
 offer 10:8 35:7 36:21  
 39:7 66:16 68:2 72:4  
 offering 81:5,17  
 offerings 7:13 10:14  
 office 64:2 66:2  
 Officer 41:21  
 once 15:5 53:21  
 ongoing 22:3 25:14  
 66:3 68:8 71:7  
 online 11:14  
 opinions 5:21 44:16  
 opioid 65:2  
 opioids 64:21  
 opponents 16:9 79:8  
 opportunity 5:19 21:21  
 23:20 28:17 29:8 42:4  
 44:17,19,22 51:18  
 52:6,18 57:8 61:12,20  
 66:21 67:5 71:5,16  
 77:19 78:7  
 options 31:15  
 Optometric 41:19,22  
 42:5  
 optometry 42:7,10  
 order 8:19 27:22 44:1  
 46:5 74:11  
 ordering 22:12  
 organization 21:18  
 29:13 66:20 71:19  
 78:10  
 organizations 18:4  
 29:18 64:18 67:14  
 72:11  
 original 6:14 7:15 13:21  
 originally 7:22  
 orthopedic 48:7

ought 62:21 63:18  
 out-of-pocket 28:11  
 outcome 48:12  
 outcomes 8:17 13:8  
 15:20,22 16:11,17  
 55:10 79:10 83:4  
 outline 62:18  
 outlining 15:8  
 outright 13:13  
 outstanding 65:4  
 over-the-counter 57:10  
 overdoses 55:20  
 overlooked 75:20  
 oversight 9:1  
 overt 52:13

## P

### P-R-O-C-E-E-D-I-N-G-S

2:1  
 p.m 1:11 2:2 83:13  
 paid 16:14 50:7 63:3,19  
 71:21 76:12 79:2  
 pain 48:2  
 painful 47:22  
 pandemic 6:12 12:8  
 16:1,3,5 18:8 24:17  
 65:6  
 panel 44:2  
 panels 43:6  
 papers 29:6  
 PARCA 18:12 19:11  
 parity 39:21 40:1 75:3  
 79:2  
 part 2:8,11 3:17 6:7  
 15:1  
 participate 37:19 65:21  
 71:16 77:20  
 participating 3:14  
 29:21 53:10  
 participation 7:2 13:14  
 25:21 27:11 36:8  
 58:18 68:12,19 70:2  
 70:20 74:18 75:18  
 80:11  
 particular 35:16 54:11  
 59:5  
 particularly 19:15 28:6  
 49:8 71:2 81:15  
 partner 10:22 21:3 71:7  
 partnership 5:16  
 party 72:10  
 PAs 24:6  
 passage 25:17  
 passed 13:16  
 patient 13:6 14:3,8 18:2  
 18:11,19 22:22 24:18  
 26:7,8 28:9,10 38:22  
 44:4 47:22 48:6,13

51:7 54:9,21,22 55:4  
 64:2,3,4,6 72:14  
 patient's 48:3,3 49:15  
 patients 5:17 12:14  
 19:15 20:6,13,17 22:5  
 22:10,18 24:2 26:3  
 27:8 28:12,20 46:3  
 47:19 52:21 53:13,17  
 54:6,10 56:20,22  
 65:18 79:13  
 patients' 54:16  
 patterns 68:20  
 Patz 61:15,17,18  
 pay 32:4 47:21 63:15  
 77:13  
 payer 13:17,17 27:1  
 63:18  
 payers 18:20 23:14  
 27:16  
 paying 73:22  
 payment 23:5,13 27:3  
 32:3 39:21 40:1 49:16  
 50:1,4 51:5 63:6,9  
 payments 78:20  
 payor 52:3  
 PCPs 27:10  
 pediatric 62:1 64:13  
 66:14  
 Pediatrix 61:19 64:12  
 peer 13:5 16:20  
 penalties 27:14 44:11  
 people 52:9,10 53:1,4  
 55:20 67:11,17 82:3  
 82:15  
 percent 23:22 48:10  
 56:9,10 62:8 63:2,2  
 63:18  
 percentage 24:2,8  
 59:10  
 perform 43:22 47:8  
 48:10 65:13,19 66:2  
 77:7  
 performance 8:17  
 10:20 38:9,12,13,22  
 40:9 43:17 50:18 51:2  
 56:4,15 59:20 60:10  
 80:15  
 performed 34:16,19  
 63:20,22  
 performing 22:13 48:15  
 76:7  
 period 54:19  
 permissible 38:17 60:4  
 77:18  
 permits 2:13 50:17  
 59:19  
 permitted 66:8  
 personally 6:11 12:13

30:12 31:4 64:19  
 perspective 5:20 7:14  
 33:13  
 perspectives 2:19  
 11:13 82:13 83:5  
 pharmacologic 22:17  
 pharmacy 72:11  
 phone 45:9  
 physical 53:4  
 physician 13:8 47:14  
 48:14,20 58:8 61:21  
 63:3,19 64:1,6  
 physicians 42:9 45:17  
 49:18 62:4,6,18 64:9  
 Pickard 45:3,5,9,10  
 picking 82:22  
 piece 22:2  
 pin 30:11  
 place 7:17 51:8 64:6  
 placed 43:7  
 plan 6:7 7:2,7,13 9:13  
 10:4 13:14 31:15,19  
 32:3 33:8,13,17 34:12  
 34:21 35:4 36:6,9,19  
 37:4,9,11,13 48:3,22  
 49:3 53:8,10,12,15  
 54:15 56:21 58:18  
 60:9 63:3 64:7 68:11  
 70:1 71:20 72:18,21  
 73:3,8,9,12,15,16,19  
 74:10,12,17,19 75:16  
 76:12,18 77:5,11,13  
 80:11  
 plan's 46:19  
 plans 8:10,14 9:20 10:2  
 10:4,7,17,18 11:6  
 24:13,20 25:21 26:22  
 27:15 29:14 30:17  
 31:2,10 32:4,5 34:4  
 34:15 36:12,21 37:2,6  
 37:16,21 38:7,16 39:4  
 39:7,15 40:5,7 43:4  
 43:21 46:9,12 47:12  
 50:5,17 51:10 57:21  
 58:2,5,16,22 59:3,13  
 61:5,7 62:15,21 63:13  
 63:15 64:9 66:9 68:7  
 68:10,14,19 69:21  
 70:10,11,15,18,20  
 73:6 77:2 79:22 80:8  
 80:12 81:4,12  
 plans' 10:11  
 play 12:18  
 played 74:4  
 playing 14:9  
 please 5:7  
 pleased 5:21 78:6  
 pocket 47:21

**podiatric** 45:4,13,16,17  
 47:1,4,13 48:17,20  
**podiatrist** 45:11 47:17  
 48:6 49:20  
**podiatrist's** 47:21  
**podiatrists** 45:17,18  
 48:10 49:5,8,17 50:7  
 50:11  
**podiatry** 50:6  
**point** 32:12 35:21 36:4  
 60:4 82:22  
**policies** 23:15,21 47:16  
 47:18 63:6,15 77:18  
**policy** 17:7 29:9 35:4  
 40:2 48:13 49:1 57:13  
 78:8  
**population** 13:6  
**populations** 20:5  
**position** 60:22  
**position-centered** 17:6  
**possible** 2:20  
**posture** 40:20  
**potential** 68:17 69:8  
**power** 39:1  
**practical** 49:6  
**practice** 12:12 13:13  
 17:1 19:3 22:7,11,12  
 23:4 26:1 27:8 48:18  
 53:11 60:22 62:5,7,18  
 62:22 63:14 64:8,10  
 64:13 65:2,6 66:8  
 80:3  
**practiced** 9:1  
**practices** 13:17 24:5,15  
 27:1 50:22 53:9,12,15  
 56:16 63:16  
**practicing** 45:11  
**practitioner** 63:17  
 65:11  
**practitioners** 21:8,17  
 21:20 22:7,19 23:6  
 24:11 27:9 28:13 58:9  
 64:14,19 65:16 66:15  
**precipitous** 16:21  
**precisely** 49:11  
**preclude** 38:16 51:1  
**predominates** 12:16  
**preferences** 9:16 81:11  
**pregnancy** 64:22  
**prejudice** 52:12  
**prejudicial** 52:22  
**premature** 62:9  
**premier** 45:14  
**premiums** 16:22 79:5  
 82:3  
**prenatal** 62:1  
**prepared** 22:8  
**prepares** 13:3

**prescribe** 65:17  
**prescribing** 22:16  
**prescriptive** 22:20 60:6  
**prescriptively** 60:20  
**present** 1:16 61:13  
**presented** 24:5  
**presenting** 11:5  
**presents** 20:9  
**preserve** 8:13 67:15  
 74:12 81:14,22  
**president** 45:12 57:12  
 71:17 78:8  
**presiding** 1:13  
**pretty** 3:20  
**prevent** 14:4 26:15 27:8  
 38:7  
**preventative** 81:3  
**preventing** 14:12 28:7  
**preventive** 10:8 34:3  
**previous** 42:1 71:9 79:6  
**previously** 51:6  
**price** 40:3 76:11  
**prices** 61:11 74:1  
**primary** 9:3 24:1,2,7  
 26:4 27:9 56:6,9  
**prior** 5:22 48:20 49:9  
**private** 8:14 10:19  
 23:14 24:20 67:14  
**privileged** 65:19 66:1  
**probably** 4:12,15 36:1  
**problematic** 15:12  
**procedural** 50:10  
**procedure** 48:15 49:1,8  
**procedures** 13:1,12  
 25:22 27:7 48:11  
 65:20 68:13  
**process** 3:17 26:12  
 27:19 41:9 54:1 55:1  
 69:1,10 78:1  
**processed** 55:3  
**professional** 62:2  
**professionally** 6:11  
**professionals** 14:6  
 20:7,12 24:22 58:6  
**program** 65:12 67:3,7  
 72:9  
**programs** 29:22 43:17  
 44:1 58:7 61:8 65:11  
 66:10 67:13  
**prohibit** 26:22 43:21  
 46:8,12,18 49:13  
 50:13 51:13 59:21  
 60:1 70:18  
**prohibited** 43:19  
**prohibiting** 8:7,21  
 46:15 49:13  
**prohibition** 59:18 80:5  
**prohibits** 24:20 79:22

**promote** 9:15 14:8  
**promoting** 14:11 28:10  
**promulgate** 20:15  
**promulgated** 66:6  
**promulgating** 25:10  
**promulgation** 68:1  
 75:11  
**properly** 27:22 54:22  
 77:22  
**proposal** 3:18  
**proposed** 6:1 58:13  
**protect** 14:3 67:10  
**protected** 5:17  
**protecting** 29:13  
**Protection** 24:18  
**protections** 70:13  
**protects** 25:14  
**proud** 65:4  
**provide** 6:8 13:1,3  
 20:12 21:21 22:9 28:4  
 28:18 30:4 31:11,13  
 31:14,21 32:5,19  
 44:19 49:16 57:16  
 58:6 59:13 62:3,19  
 63:1 68:10 69:10 71:6  
 71:20 81:9,11  
**provided** 16:15 18:21  
 19:1 30:6 35:17 39:3  
 63:12  
**provider** 1:4 2:5 4:3 7:3  
 7:8 8:8 9:11 10:14  
 12:21 13:21 15:21  
 17:13 18:4,15 19:17  
 19:21 20:8,16,20  
 21:22 22:3,6 25:10  
 26:5,12,15,18 27:11  
 31:16,18 34:17,19,20  
 35:18,22 36:7,13  
 37:10,13,20 39:2,9,18  
 42:17,21 43:3,8,19,22  
 44:4 45:21 46:13,16  
 47:19 51:13 56:14  
 60:6,8 62:12 65:7  
 66:11 68:12,18,21  
 69:5,12 70:10 71:3  
 72:21 73:6 74:15,20  
 75:1 76:19 77:7,10  
 80:2,7,9  
**provider's** 7:4 73:10  
 74:21 76:8 80:3  
**providers** 6:5,22 7:9,18  
 7:20 8:11,15 9:5  
 10:18 11:1,4,9 14:4,9  
 14:10,14,22 15:15  
 16:19 17:1 18:6,13,17  
 18:18,22 19:2,13,14  
 20:1,9,10,18,19 21:2  
 25:14,18 27:19 28:11

32:4,17,18,20 33:7  
 37:1,4,11,18 38:20  
 42:8 46:4,9,14 49:15  
 51:16 53:7,22 55:10  
 56:17 58:16,19 59:10  
 59:10,12 61:22 62:15  
 62:19,22 63:14 64:10  
 65:3 67:14,19,21  
 68:13,17 69:6,11,18  
 70:1,6,7,16,19,22  
 71:1 72:8,19 73:7,22  
 75:4 76:6,16 77:3,6  
 77:12 78:18 79:2 81:9  
**provides** 64:3 67:12  
**providing** 16:2,8 23:1  
 28:17,19 33:6  
**provision** 2:6,7,11 6:3  
 6:15,21 7:6 11:7  
 13:22 14:17 15:5,19  
 25:2 26:18 30:3 31:18  
 32:1,7,9 33:3,16,21  
 34:9,10,14 35:3,13,21  
 36:4,11 37:19 38:1,6  
 39:13,22 40:16 42:18  
 43:12 45:22 46:2 56:2  
 58:20 59:3 60:7,8  
 62:13 68:2,16 69:2  
 74:15,16 75:13 77:22  
**provisions** 28:3 46:22  
 51:9 75:6,9  
**psychiatric** 51:22 52:4  
 52:20 55:13  
**psychiatrist** 55:21  
**psychiatrists** 52:6,8  
**psychosis** 53:21  
**public** 1:5 22:1 23:14  
 40:1 46:1 50:19 52:14  
 62:13 67:8 71:9  
**Puerto** 62:5  
**put** 30:11 51:8

## Q

**qualified** 14:13 15:21  
 20:7 24:21 26:4 28:12  
 63:21 65:5 70:19  
**quality** 7:12 8:16 9:15  
 10:13,20 13:4,8 15:15  
 16:3,15,16,19 20:13  
 23:1,18 28:5,19 30:6  
 32:6 36:21 37:12 38:9  
 38:11,12,22 40:9  
 43:17 50:18 51:1 56:4  
 56:14 58:10 59:14,20  
 60:10 61:10 67:9 72:5  
 76:13 80:14  
**question** 54:5 55:11,16  
 56:2  
**questions** 4:13,16 71:8

quickly 5:5  
quite 2:17 80:18  
QZ 16:6

---

**R**

---

Rachel 3:6  
raise 40:1  
raising 41:2  
Ralph 11:18,21 17:16  
range 14:3 39:5 67:21  
78:12  
rate 37:14 38:11 59:21  
64:9  
rates 7:20 8:15 10:19  
25:22 32:4 38:3,9,17  
38:19 39:6,16,19 40:8  
49:16 50:1 56:1,3  
59:19 80:14  
rating 60:4  
re-discussing 41:9  
read 33:18 35:3 36:11  
reading 38:4 77:17  
reaffirm 37:16  
real 14:17 76:3  
reality 25:15 53:1  
reason 68:11 80:16  
reasonable 69:15  
reasons 10:20 37:9  
receive 46:3 47:1 51:14  
58:3,10  
receiving 24:2  
recognition 42:16  
recognize 8:2 9:13  
57:19 58:8 63:5 70:8  
recognized 19:12 23:1  
23:6 42:8 74:3  
recognizes 50:16  
recommend 43:13  
recommendations  
11:12 26:13 45:1  
60:17  
recommended 70:12  
recommending 49:10  
recommends 51:3,8  
69:3  
record 83:13  
recruit 81:21  
reduce 43:9 79:10  
reducing 28:11  
reemphasize 59:17  
refer 79:12  
reflect 9:15  
reflects 25:12,15 48:16  
reform 23:13  
refusal 18:17  
refuse 18:22 47:17  
69:17  
refuses 48:4

regard 39:15 80:21  
regarding 1:4 10:14,17  
71:8,10  
regardless 13:6,7 15:21  
62:16 66:11 72:20  
regards 75:17  
registered 4:9 12:10,12  
22:8  
regular 55:9  
regulate 8:8 14:10  
regulation 14:15 15:17  
61:1 68:22  
regulations 6:18 8:4,12  
8:20 9:2,13,19 10:1  
10:11 23:20 26:19  
30:16 35:11 37:15  
40:7 41:6 43:11 44:7  
44:15 46:6,7,11,18  
51:13 58:12 61:6 66:6  
68:9,16 70:3,11,14,17  
regulator 9:3  
regulatory 14:20 61:3  
78:1  
reimburse 18:22 62:15  
62:21 63:11,18 64:8  
66:10  
reimbursed 16:16 63:2  
76:7  
reimbursement 7:8,20  
8:15 10:14,18 25:21  
26:20 38:3,8,11,17,19  
39:6,9,16,19 40:8  
43:16,18 46:15 50:18  
50:21,22 56:1,3,11  
59:19 60:10 61:9  
63:15 73:14 75:3,19  
76:2,15 77:14 80:14  
reimbursements 56:6,7  
56:9  
reinforced 16:20  
reinsurers 72:12  
reiterate 11:7 21:10  
60:19 79:18  
reiterating 80:17  
related 4:3 11:2 16:11  
42:21  
relations 52:3  
relationship 48:8  
relationships 72:20  
release 70:6  
released 23:13  
releasing 6:1  
relevant 39:6 40:8  
relieve 48:2  
remain 17:12  
remaining 33:10  
remains 82:1  
remarks 2:20 3:9,11 5:7

30:13 71:6 82:22  
remediation 69:8  
remind 5:5  
remote 81:19  
removed 23:16  
removing 23:3  
repeat 59:4 80:5  
repeatedly 53:7  
report 23:12 50:15  
reporting 46:22 51:9  
represent 18:5 19:11  
29:15 42:6  
represented 20:9  
representing 2:18 12:9  
45:15 78:11  
represents 18:12 57:14  
reproductive 71:1  
request 32:10 48:20  
require 7:9 10:2 27:10  
34:11 35:3,15,21 36:5  
68:9 77:11,13  
required 6:18 8:3 10:5  
10:8 19:6 48:5 73:18  
80:8 81:8  
requirement 34:2,5  
36:12 37:20 54:8 59:9  
75:1,3,21  
requirements 9:4,7  
10:6 23:5 27:4,6 43:5  
43:7 44:3 65:16 74:14  
76:22  
requires 25:9 28:6  
54:21 59:4  
requiring 43:21 70:9  
77:5 78:18 79:2  
reserving 2:19  
residency 47:6  
resolution 27:20  
resource 17:12 44:18  
respect 7:1 25:20 34:22  
35:2 37:18 58:18  
74:18  
respective 10:7 16:17  
respond 10:12 55:1  
responding 32:9 54:22  
response 35:11 81:10  
responsibility 73:20  
Responsible 18:3,11  
rest 4:13  
restate 8:21  
restated 50:12  
restore 48:5  
restrictions 71:4  
restrictive 23:4,15,21  
result 34:13 40:4 55:4  
56:21 61:5 79:5  
resulting 55:5  
results 55:6

resuscitates 63:17  
resuscitating 62:20  
retain 37:17 81:21  
retaliation 53:14  
retirees 72:5  
retirement 29:20 71:21  
73:17  
review 69:10  
reviewed 13:5 16:20  
reviews 68:9  
revision 4:4  
reward 8:16  
rewarding 15:20  
RFI 71:10  
Rico 62:6  
rights 67:10  
rigorous 13:2  
rising 6:10 55:19  
risk 65:20  
Rivers 1:11,17 2:3 4:21  
robust 11:4 27:13 28:9  
40:5 46:22 67:19 70:4  
81:18 82:4  
role 11:8 12:18 74:3,8  
room 55:6  
round 78:6  
routinely 58:5  
rule 6:1 17:5,13 19:21  
20:15,21 26:14 61:2  
rulemaking 2:10 15:9  
21:15 25:3 26:12 28:3  
42:20,21 43:20 57:18  
66:17 75:20  
rules 18:15 25:10 43:3  
44:16 58:13 60:18,22  
68:1 70:8 75:12  
rural 12:19,22 19:15  
24:3,9 28:6

---

**S**

---

safety 67:16  
saying 6:4 29:5 78:17  
scenario 48:16  
scenarios 53:6  
schedule 50:6,10  
school 47:4  
Schumacher 1:12,18  
5:1,3 11:17 17:16  
21:6 29:1 41:17 45:2  
45:7 51:20 57:4 61:14  
67:1 71:12 78:2 82:8  
Science 23:8  
scope 7:4 13:10,13  
19:3 20:19 26:1 27:7  
46:10 58:17,20 60:22  
66:8 69:18 74:20 80:2  
Second 35:19 74:21  
Secondly 54:7

**Secretary** 1:19 3:10  
12:5 80:13  
**section** 1:4 9:10 10:2  
13:22 14:2 15:10 22:1  
24:18 25:8,9,13,17  
26:5 27:16 28:2 36:5  
45:22 49:12 50:13,16  
57:18 60:2,14 67:18  
68:6 69:13,16 70:3  
79:21  
**sector** 78:12  
**secure** 67:19  
**Security** 1:20 73:17  
**seeing** 16:6 81:16  
**seek** 48:6 81:21  
**seeking** 5:21 20:16  
**seen** 16:3,10 18:20  
80:20  
**select** 8:11 9:20 22:5  
28:12  
**selected** 36:20  
**selecting** 73:14,22  
**Selective** 36:22  
**selectively** 59:11  
**self-funded** 34:12  
**self-implementing** 8:1  
**self-insured** 30:9,17  
31:2,10 72:3 77:2  
81:4,5  
**Senate** 50:14  
**Senior** 11:21 29:9  
**sense** 55:17  
**sensitive** 81:12  
**sentence** 6:19 33:19  
38:6 39:12,14  
**sentences** 6:13,17  
74:17  
**sentiment** 42:1  
**separate** 50:6  
**seriousness** 70:9  
**serve** 44:18  
**serves** 18:19  
**service** 1:5 34:16,18,22  
35:1,3,14,16 39:3  
46:1 49:21 62:14,17  
63:20 64:3 65:14  
66:20 67:13 72:10  
76:12 77:8  
**services** 1:1 10:8,19  
12:4,18,20 16:15 26:1  
26:7 27:6 28:10 33:18  
34:3,13 35:17 46:3,13  
46:16 47:9,15 49:4  
50:9 58:7 62:1,3,19  
63:1,12,16,22 66:2,7  
66:12 67:21 70:15,22  
71:2,4 76:7 81:3  
**serving** 12:21 66:18

**session** 1:4,10 2:5 5:2  
18:10 21:12,22 28:16  
40:12 42:2 45:20  
51:17  
**sessions** 2:14  
**set** 5:22 7:19 8:15 39:18  
**setting** 22:11 39:15  
40:3 58:11 79:17  
**settings** 12:15  
**seven** 5:7  
**sexual** 71:2  
**share** 5:20 28:4 44:22  
**shared** 83:1  
**sharing** 26:8 81:2 82:12  
**Shield** 57:6,13,15  
**short** 11:4 71:18  
**shortages** 71:3 81:16  
**show** 13:5  
**showing** 55:17  
**sick** 62:10  
**side** 2:22 31:8 55:12  
**signed** 15:4 24:19 25:7  
**significant** 16:11 31:19  
52:11 76:20  
**significantly** 50:7  
**similar** 76:7  
**simple** 50:3 80:18  
**simply** 49:16 63:3 79:2  
**situated** 5:12  
**situations** 15:13 50:3  
**six** 55:14  
**sizes** 78:11  
**slightly** 79:12  
**small** 10:5 34:6 78:13  
81:1  
**sole** 12:21  
**solely** 13:15 14:6,14  
25:19 43:18 46:16  
47:12  
**somewhat** 33:12  
**soon** 11:12  
**sought** 20:11 74:7  
**sounds** 36:15 40:13  
**space** 3:19 19:10 38:19  
**spare** 38:4  
**speak** 29:8 31:17 57:8  
61:20 66:22 67:5 78:7  
79:11 82:19  
**speaker** 5:8 79:20 82:9  
**speakers** 2:17 4:7 5:5  
11:14 79:7  
**speaks** 4:12  
**specialties** 16:5  
**specialty** 60:11 65:9,10  
72:12 77:6  
**specific** 33:17 34:12  
35:4 44:20 46:13,14  
72:12 77:7

**specifically** 20:4 30:15  
38:10 46:11 52:20  
56:14 74:22 75:2  
**specifics** 30:2  
**spends** 76:3  
**spent** 56:20  
**spoke** 82:12 83:9  
**sponsor** 29:18,20 30:9  
33:13 72:21 77:11,13  
**sponsored** 29:14,22  
**sponsors** 31:19 33:8  
34:12 71:20 72:18  
73:12,16 74:10 75:16  
**stability** 24:14  
**stable** 24:4 54:10  
**staff** 12:3 66:2  
**stakeholder** 3:9 17:12  
71:7  
**stakeholders** 3:21 5:22  
21:14 41:4 51:4 69:7  
82:19  
**standards** 37:4 39:1  
55:13 69:15  
**start** 55:2 78:16  
**started** 4:20 33:20  
54:19  
**state** 7:5 8:8 10:1 13:11  
13:13 14:6 19:3,6,7  
27:5 30:16 60:22 61:7  
65:15 66:4,8,10 67:22  
69:19  
**state's** 26:1  
**stated** 51:6 74:16  
**states** 8:22 9:2,5,5,10  
10:7 22:20 36:4 62:5  
62:9 64:15 70:16  
74:22 75:2 80:7  
**status** 62:16 66:11  
76:16  
**statute** 7:16,22 8:7  
10:16 33:19 38:5,10  
38:15 39:17,21 40:1  
40:21 59:19 60:15  
74:21 75:1 77:17  
**statutory** 58:14 60:19  
75:5,13 79:19  
**stay** 54:3  
**stewards** 73:20  
**stigma** 52:12  
**stopped** 54:18  
**straightforward** 77:16  
**strategies** 11:1  
**Strategy** 41:21  
**streamlined** 27:18  
**Streets** 78:14  
**strengthen** 15:20  
**stress** 6:5  
**strive** 64:18

**strong** 20:20 25:12 51:9  
**strongly** 27:17 28:15  
68:15  
**studies** 13:5 16:20  
**study** 56:5  
**subject** 30:16 69:9  
**submitted** 71:10  
**subregulatory** 25:4  
**subsection** 80:7  
**subsequent** 74:5  
**substance** 52:10 53:2  
53:17 57:1  
**substantial** 28:4  
**subtle** 52:13  
**successful** 21:15 48:12  
**suffer** 52:9 53:2,4  
**sufficient** 9:8 25:16  
37:11,12 73:1  
**sufficiently** 70:5  
**suggest** 79:7  
**suggestion** 39:9  
**suicidal** 53:20  
**Suicides** 55:19  
**suite** 72:7  
**suites** 16:2  
**summary** 56:16  
**superior** 63:7  
**supervising** 22:13  
**supervision** 27:4  
**support** 7:14 11:8 17:2  
20:20 29:18,20 50:21  
66:5,16 67:12  
**surgeon** 48:7  
**surgeons** 45:17  
**surgery** 48:4,21 49:10  
**surgical** 16:2 17:3 47:6  
48:12 49:8  
**surprise** 5:18 15:1  
19:20  
**Surprises** 5:15 25:7,8  
74:6 75:22 76:3,15,22  
**sweeping** 39:10  
**system** 6:6 20:16 24:12  
52:16,19  
**systemic** 42:12  
**systems** 72:20

---

**T**

---

**tailor** 35:7  
**tailored** 31:11  
**taken** 76:4  
**takes** 54:3 55:14  
**talk** 6:2 31:5 36:1 40:18  
52:18 57:9  
**talked** 59:2  
**talking** 30:14,19  
**tasks** 56:19  
**Taylor** 67:2,4,6

**team** 3:7 62:8  
**teams** 3:4 16:2 17:3  
**technical** 66:18 67:12  
**technically** 49:21  
**techniques** 69:17,22  
**technology** 2:13 72:16  
**telehealth** 72:13  
**terminations** 69:12  
**terms** 36:8,16 52:19  
     80:10  
**testing** 57:11  
**tests** 22:14 79:11  
**text** 79:19  
**Thackston** 17:17,20,21  
**thank** 2:3 3:7,14 5:3,4  
     11:15,17,20 12:2  
     17:10,14,16 18:6,8  
     21:4,6 28:15,22 29:1  
     40:11 41:17,20 44:22  
     45:2,18 51:16,19,20  
     52:6 57:3,4 61:12,17  
     61:19 66:21 67:1,4  
     71:5,12,14,15 77:19  
     78:2,5 82:8,12  
**thanks** 3:12,14 4:21  
     29:4,7 57:8 61:14  
     82:11 83:8  
**therapy** 34:17  
**things** 8:18 30:18 78:21  
**third** 24:7 37:22 55:8  
     72:9 75:1  
**Thornton** 5:9,10,13  
**thoughts** 6:16 43:14  
**thread** 32:14  
**three** 6:13,17 8:6,19  
     26:22 33:11 47:5  
     57:16 74:16 80:16  
**threw** 8:3  
**timely** 27:21 66:6 73:4  
**times** 43:4 70:7  
**title** 60:3  
**titrated** 54:19  
**today** 2:4,18 4:10 5:4  
     5:20 6:2,16 11:5,14  
     12:9 21:5 29:8 30:3  
     30:13,19 31:17 32:3  
     33:10 36:15 41:2,8  
     42:3 57:9,11 61:13  
     67:5 71:16 77:20 78:8  
     82:20 83:5  
**today's** 5:2 18:9  
**toe** 48:1,5,21  
**tools** 59:13  
**topic** 40:6  
**touch** 36:15 71:11  
**touched** 33:12  
**Trade** 23:10  
**trained** 63:21

**training** 16:18 27:5 47:2  
     47:4,7 63:8 65:8,11  
     76:8 77:16  
**transitioned** 65:11  
**transparency** 68:5,16  
**transports** 65:21  
**Treasury** 1:2 2:10 3:5  
     12:5 45:19  
**treat** 42:10,12 52:9  
     54:17 62:8  
**treated** 53:3  
**treating** 64:5  
**treatment** 22:15 48:1  
     54:15 76:12 77:8  
**treatments** 22:17 74:2  
**tri-** 2:4 9:1  
**tri-agencies** 30:11  
     35:10 39:20 40:12  
     41:3  
**tri-department** 3:15  
**tri-departments** 5:14  
     11:11  
**truly** 42:18  
**trusted** 48:14  
**try** 5:7 54:9,13  
**turn** 3:9 4:22 11:15  
     41:16 61:13 82:6,10  
**turned** 14:18  
**two** 8:9 26:19 39:10  
     56:12 65:18  
**type** 34:16,19 35:17  
     43:19 46:13,17 49:12  
     50:14 68:21  
**types** 8:21 12:14 43:8  
     43:22 46:14 49:17

## U

**U.S** 12:17 78:3,9  
**ultimately** 3:18 16:17  
     43:9 47:18  
**undergraduate** 47:3  
**underinsured** 67:17  
**underlying** 19:20  
**undermine** 35:6 58:21  
     69:16  
**underserved** 12:19  
     19:15 20:5 24:3 28:7  
     67:11  
**understand** 40:19 41:4  
     41:5 43:15 44:13  
**understanding** 67:18  
**understands** 14:21  
     77:9  
**undertake** 2:10 26:11  
**unequivocal** 36:10  
**unfairly** 19:8  
**unfortunately** 14:15  
     48:16 53:1

**uniformly** 43:8  
**uninsured** 67:16  
**unique** 40:20  
**unit** 56:8,12  
**United** 62:9 64:14  
**unnecessarily** 82:3  
**unnecessary** 18:20  
     19:5 74:1 79:10  
**unpopular** 74:11  
**unprecedented** 12:8  
     16:1  
**urge** 20:14 46:5 51:12  
**urges** 68:4  
**use** 16:22 31:10 32:5  
     51:4 52:10 53:2,17  
     57:1 69:21  
**useful** 41:1  
**utilized** 16:5

## V

**vacuum** 78:22  
**valuable** 62:16 63:16  
     65:13  
**value** 23:18 32:18 33:9  
     62:22 66:12 73:2,7  
     74:3,12 79:9 81:3  
**value-based** 26:2  
**variances** 43:16,18  
**variation** 38:11 59:21  
     60:1  
**varied** 56:3  
**variety** 2:18 3:22 65:19  
**various** 33:6 77:12  
**vary** 50:17 59:20 60:9  
**varying** 6:16 38:2,8,16  
     44:15 46:15 50:20  
     59:18 80:14  
**vast** 30:8 45:15  
**vehicle** 75:22  
**vein** 80:22  
**vendors** 72:6,12  
**veterans'** 12:17  
**Vice** 57:12 71:17 78:8  
**Videoconference** 1:11  
**view** 7:5 10:1 38:14  
     39:8,17 41:14  
**viewed** 59:18  
**views** 36:18  
**violates** 13:20 26:5  
**violations** 69:13  
**visit** 55:6 64:2  
**visits** 22:22  
**vital** 36:20 39:7  
**volume** 73:2

## W

**waiting** 70:7  
**wanted** 2:3 12:2 18:6

    30:1,3,7 32:13 33:11  
     35:20 36:3 37:22 41:7  
     59:16,22 78:16  
**wants** 31:14  
**waste** 56:18 74:1  
**way** 14:17 15:10 33:4  
**ways** 3:22 4:5 34:2  
     58:21  
**Webb** 41:18,20,21  
**WEDNESDAY** 1:7  
**week** 81:19  
**weeks** 54:21  
**Weiser** 3:6  
**welcome** 3:13 44:17,19  
**welcomes** 51:17  
**went** 83:13  
**wide** 2:18 58:6  
**willing** 9:11 20:16 35:22  
     36:7,13 37:20 55:14  
     60:8 74:22 80:6,9  
**wish** 77:11,12  
**women** 64:15  
**work** 5:14 12:7 18:7  
     21:4 31:20 33:3 35:10  
     38:19 44:14 51:3 62:7  
     63:21 65:4 67:15  
     77:21 81:19,19  
**worked** 32:6 64:18  
**workers** 72:4  
**workforce** 24:8 31:12  
     31:14 35:8 81:15  
**workforces** 71:22 81:22  
**working** 19:2 20:19  
     21:13 28:21 31:12  
     42:19 66:19 67:9  
**world's** 78:10  
**worth** 16:14  
**worthwhile** 40:18  
**would've** 63:3  
**woven** 32:15  
**writing** 29:5  
**written** 68:10  
**Wu** 3:3

## X

## Y

**year** 23:13  
**years** 40:17 41:1 43:1  
     47:3,4,5 54:10 65:18  
     74:4  
**yields** 16:18

## Z

## 0

## 1

**1,400** 62:4  
**1:00** 1:11  
**1:03** 2:2  
**100** 63:18  
**108** 25:8  
**118,000** 21:17  
**177** 30:4  
**19** 1:7  
**1st** 25:11

---

**2**


---

**2,300** 62:4  
**2:22** 83:13  
**200** 21:18  
**2010** 24:19  
**2013** 7:15 60:13  
**2014** 32:10 50:14 71:10  
**2019** 56:6  
**2020** 25:5  
**2021** 25:6 28:2  
**2022** 1:7 25:11  
**2106(a)** 49:12  
**220** 29:15  
**24** 56:9,10  
**25** 62:8  
**2606(a)** 50:13  
**2701** 60:3  
**2706** 4:3 9:10 13:16,22  
     14:2 15:10 24:18  
     25:10,13,17 26:6  
     27:16 28:2 60:14,19  
     68:6 69:13,16 70:3,14  
**2706(a)** 1:4 22:1 45:22  
     57:18 58:14 67:18

---

**3**


---

**325,000** 21:19  
**33,000** 42:6  
**35** 57:14  
**37,000** 52:5  
**39** 62:5

---

**4**


---

**40** 74:4

---

**5**


---

**50** 12:13 22:20  
**500** 48:22 49:3

---

**6**


---

**60,000** 12:10

---

**7**


---

**70** 23:22 48:10  
**75** 63:2

---

**8**


---

**85** 63:2

C E R T I F I C A T E

This is to certify that the foregoing transcript

In the matter of: Listening Session

Before: US DOL

Date: 01-19-22

Place: teleconference

was duly recorded and accurately transcribed under  
my direction; further, that said transcript is a  
true and accurate record of the proceedings.

  
-----  
Court Reporter

**NEAL R. GROSS**

COURT REPORTERS AND TRANSCRIBERS

1323 RHODE ISLAND AVE., N.W.

WASHINGTON, D.C. 20005-3701

(202) 234-4433

[www.nealrgross.com](http://www.nealrgross.com)