Surprise Billing: What's Happening?

A National Specialty Society Perspective

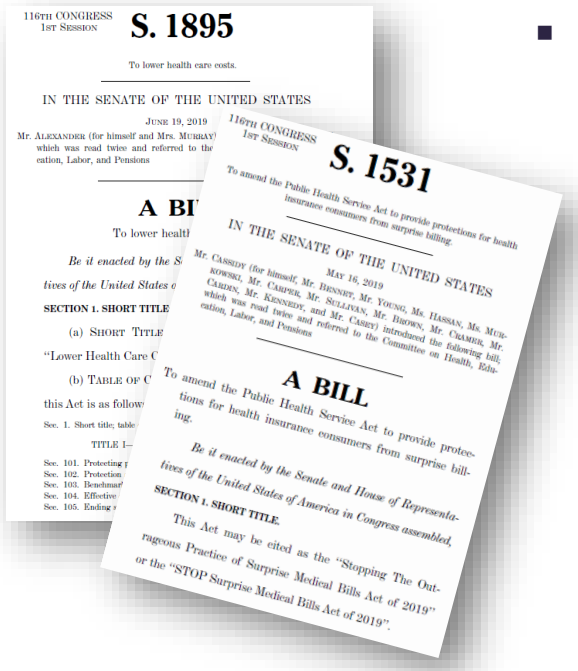
Katie Orrico, JD, Director, AANS/CNS Washington Office

OSMAP General Membership Meeting

November 15, 2019

In the Beginning…

- Surprise medical bills horror stories dominated the headlines
- Pressure was mounting for Congress to act.


116TH CONGRESS 1ST SESSION **S. 1895**

To lower health care costs.

IN THE SENATE OF THE UNITED STATES

JUNE 19, 2019

Mr. ALEXANDER (for himself and Mrs. MURRAY) which was read twice and referred to the eation, Labor, and Pensions

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To lower health

Be it enacted by the S

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SECTION 1. SHORT TITLE

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(b) TABLE OF C

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Sec. 1. Short title, table

TITLE I—

Sec. 101. Protecting

Sec. 102. Protection

Sec. 103. Benchmar

Sec. 104. Effective

Sec. 105. Ending

116TH CONGRESS 1ST SESSION **S. 1531**

To amend the Public Health Service Act to provide protections for health insurance consumers from surprise billing.

IN THE SENATE OF THE UNITED STATES

MAY 16, 2019

Mr. CASSIDY (for himself, Mr. BENNET, Mr. YOUNG, Ms. HASSAN, Ms. MURKOWSKI, Mr. CARPER, Mr. SULLIVAN, Mr. BROWN, Mr. CRAMER, Mr. CARDIN, Mr. KENNEDY, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide protections for health insurance consumers from surprise billing.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stopping The Outrageous Practice of Surprise Medical Bills Act of 2019" or the "STOP Surprise Medical Bills Act of 2019".

- Initial legislative proposals were very problematic:
  - Median in-network benchmark payment rates
  - No independent dispute resolution
  - No payments based on charges
  - Single global payment OON care
  - Network matching

Medicine Needed to Come Together or Lose the Battle

Joining Forces to Influence Federal Surprise Medical Bills Legislation

- American Academy of Ophthalmology
- American Association of Neurological Surgeons
- American Association of Orthopaedic Surgeons
- American College of Emergency Physicians
- American College of Radiologists
- American College of Surgeons
- American Medical Association
- American Society of Anesthesiologists
- American Society of Plastic Surgeons
- College of American Pathologists

- California
- Connecticut
- Florida
- Massachusetts
- New York
- Texas
- And more…

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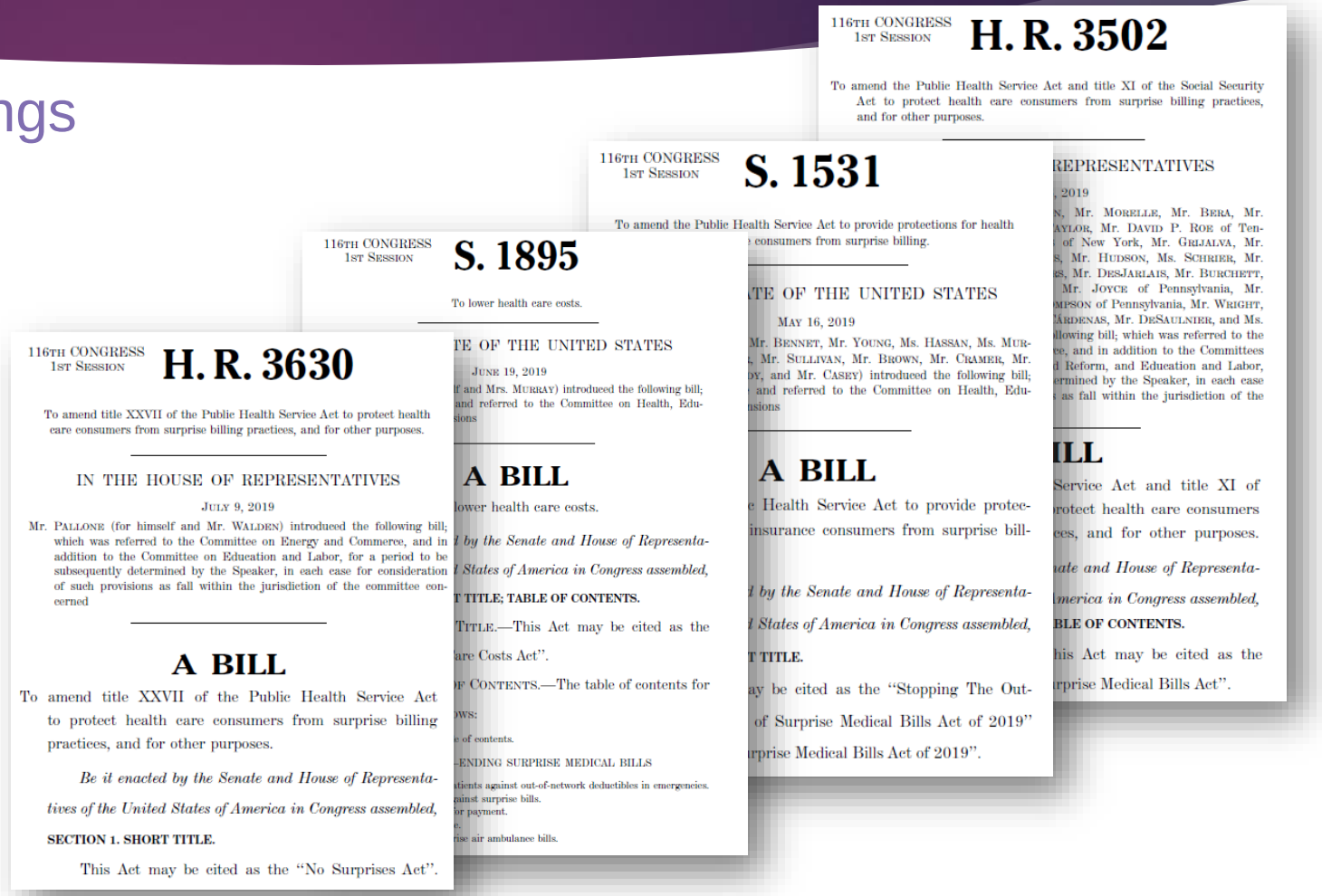


116TH CONGRESS
1ST SESSION

H. R. 3502

To amend the Public Health Service Act and title XI of the Social Security Act to protect health care consumers from surprise billing practices, and for other purposes.

REPRESENTATIVES

2019

N, Mr. MORELLE, Mr. BERA, Mr. AYLOR, Mr. DAVID P. ROE of Ten- of New York, Mr. GRIJALVA, Mr. S, Mr. HUDSON, Ms. SCHRIER, Mr. S, Mr. DESJARLAIS, Mr. BURCHETT, Mr. JOYCE of Pennsylvania, Mr. MPSON of Pennsylvania, Mr. WRIGHT, ARDENAS, Mr. DESAULNIER, and Ms. llowing bill; which was referred to the e, and in addition to the Committees Reform, and Education and Labor, ermined by the Speaker, in each case as fall within the jurisdiction of the

ILL

Service Act and title XI of rotect health care consumers es, and for other purposes.

ate and House of Representa- merica in Congress assembled,

BLE OF CONTENTS.

his Act may be cited as the rprise Medical Bills Act".

116TH CONGRESS
1ST SESSION

S. 1531

To amend the Public Health Service Act to provide protections for health consumers from surprise billing.

TE OF THE UNITED STATES

MAY 16, 2019

Mr. BENNET, Mr. YOUNG, Ms. HASSAN, Ms. MUR- Mr. SULLIVAN, Mr. BROWN, Mr. CRAMER, Mr. DY, and Mr. CASEY) introduced the following bill; and referred to the Committee on Health, Edu- sions

A BILL

Health Service Act to provide protec- insurance consumers from surprise bill-

by the Senate and House of Representa- States of America in Congress assembled,

T TITLE.

ay be cited as the "Stopping The Out- of Surprise Medical Bills Act of 2019"

rprise Medical Bills Act of 2019".

116TH CONGRESS
1ST SESSION

S. 1895

To lower health care costs.

TE OF THE UNITED STATES

JUNE 19, 2019

f and Mrs. MURRAY) introduced the following bill; and referred to the Committee on Health, Edu- sions

A BILL

lower health care costs.

by the Senate and House of Representa- States of America in Congress assembled,

T TITLE; TABLE OF CONTENTS.

TITLE.—This Act may be cited as the are Costs Act".

F CONTENTS.—The table of contents for

OWS:

of contents.

-ENDING SURPRISE MEDICAL BILLS

tients against out-of-network deductibles in emergencies. inst surprise bills. or payment.

rise air ambulance bills.

116TH CONGRESS
1ST SESSION

H. R. 3630

To amend title XXVII of the Public Health Service Act to protect health care consumers from surprise billing practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2019

Mr. PALLONE (for himself and Mr. WALDEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

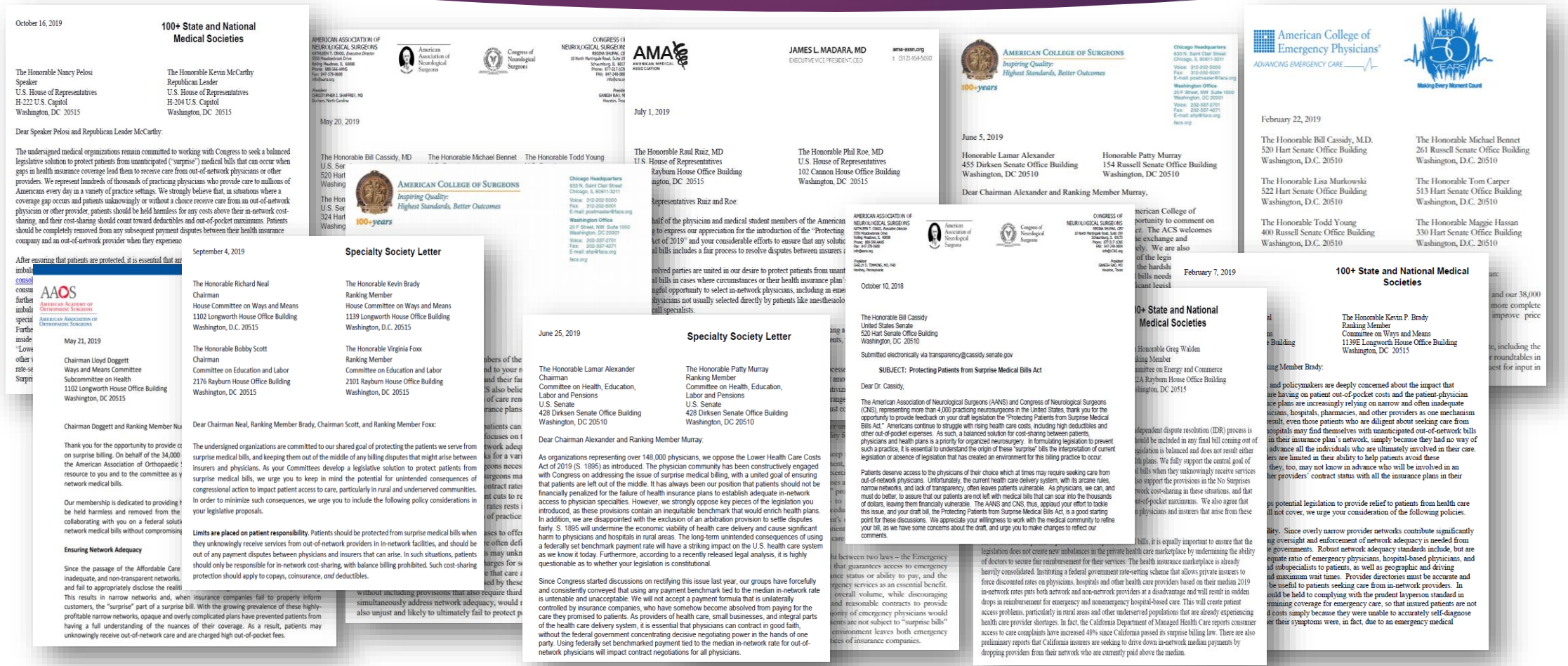
To amend title XXVII of the Public Health Service Act to protect health care consumers from surprise billing practices, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "No Surprises Act".

Countless Letters to Congress



October 16, 2019

100+ State and National Medical Societies

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-222 U.S. Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
H-204 U.S. Capitol
Washington, DC 20515

Dear Speaker Pelosi and Republican Leader McCarthy:

The undersigned medical organizations remain committed to working with Congress to seek a balanced legislative solution to protect patients from unanticipated ("surprise") medical bills that can occur when gaps in health insurance coverage lead them to receive care from out-of-network physicians or other providers. We represent hundreds of thousands of practicing physicians who provide care to millions of Americans every day in a variety of practice settings. We strongly believe that, in situations where a coverage gap occurs and patients unknowingly or without a choice receive care from an out-of-network physician or other provider, patients should be held harmless for any costs above their in-network cost-sharing, and their cost-sharing should count toward deductibles and out-of-pocket maximums. Patients should be completely removed from any subsequent payment disputes between their health insurance company and an out-of-network provider when they experienc

May 20, 2019

The Honorable Bill Cassidy, MD
U.S. Ser
520 Hart
Washing

The Honorable Michael Bennet

The Honorable Todd Young

July 1, 2019

The Honorable Raul Ruiz, MD
U.S. House of Representatives
Rayburn House Office Building
ington, DC 20515

The Honorable Phil Roe, MD
U.S. House of Representatives
102 Cannon House Office Building
Washington, DC 20515

Representatives Ruiz and Roe:

half of the physician and medical student members of the American
to express our appreciation for the introduction of the "Protecting
ct of 2019" and your considerable efforts to ensure that any solutic
al bills includes a fair process to resolve disputes between insurers

volved parties are united in our desire to protect patients from unant
al bills in cases where circumstances or their health insurance plan'
ngful opportunity to select in-network physicians, including in eme
hysicians not usually selected directly by patients like anesthesiolo
call specialists.

June 5, 2019

Honorable Lamar Alexander
455 Dirksen Senate Office Building
Washington, DC 20510

Honorable Patty Murray
154 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray,

merican College of
portunity to comment on
cf. The ACS welcomes
he exchange and
ely. We are also
of the legis
the hardsh
bills needs
icant legisl

February 22, 2019

The Honorable Bill Cassidy, M.D.
520 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Michael Bennet
261 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Lisa Murkowski
522 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Tom Carper
513 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Todd Young
400 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Maggie Hassan
330 Hart Senate Office Building
Washington, D.C. 20510

and our 38,000
more complete
improve price

including the
roundtables in
uest for input in

May 21, 2019

Chairman Lloyd Doggett
Ways and Means Committee
Subcommittee on Health
1102 Longworth House Office Building
Washington, DC 20515

Chairman Doggett and Ranking Member Nu

Thank you for the opportunity to provide c
on surprise billing. On behalf of the 34,000
the American Association of Orthopaedic
resource to you and to the committee as
network medical bills.

Our membership is dedicated to providing
be held harmless and removed from the
collaborating with you on a federal soluti
network medical bills without compromisi

Ensuring Network Adequacy

Since the passage of the Affordable Care
inadequate, and non-transparent networks.
and fail to appropriately disclose the realit
This results in narrow networks and, when insurance companies fail to properly inform customers, the "surprise" part of a surprise bill. With the growing prevalence of these highly-profitable narrow networks, opaque and overly complicated plans have prevented patients from having a full understanding of the nuances of their coverage. As a result, patients may unknowingly receive out-of-network care and are charged high out-of-pocket fees.

September 4, 2019

Specialty Society Letter

The Honorable Richard Neal
Chairman
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Ranking Member
House Committee on Ways and Means
1139 Longworth House Office Building
Washington, D.C. 20515

The Honorable Bobby Scott
Chairman
Committee on Education and Labor
2176 Rayburn House Office Building
Washington, DC 20515

The Honorable Virginia Foxx
Ranking Member
Committee on Education and Labor
2101 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Neal, Ranking Member Brady, Chairman Scott, and Ranking Member Foxx:

The undersigned organizations are committed to our shared goal of protecting the patients we serve from surprise medical bills, and keeping them out of the middle of any billing disputes that might arise between insurers and physicians. As your Committees develop a legislative solution to protect patients from surprise medical bills, we urge you to keep in mind the potential for unintended consequences of congressional action to impact patient access to care, particularly in rural and underserved communities. In order to minimize such consequences, we urge you to include the following policy considerations in your legislative proposals.

Limits are placed on patient responsibility. Patients should be protected from surprise medical bills when they unknowingly receive services from out-of-network providers in In-network facilities, and should be out of any payment disputes between physicians and insurers that can arise. In such situations, patients should only be responsible for in-network cost-sharing, with balance billing prohibited. Such cost-sharing protection should apply to copays, coinsurance, *and* deductibles.

June 25, 2019

Specialty Society Letter

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

As organizations representing over 148,000 physicians, we oppose the Lower Health Care Costs Act of 2019 (S. 1895) as introduced. The physician community has been constructively engaged with Congress on addressing the issue of surprise medical billing, with a united goal of ensuring that patients are left out of the middle. It has always been our position that patients should not be financially penalized for the failure of health insurance plans to establish adequate in-network access to physician specialties. However, we strongly oppose key pieces of the legislation you introduced, as these provisions contain an inequitable benchmark that would enrich health plans. In addition, we are disappointed with the exclusion of an arbitration provision to settle disputes fairly. S. 1895 will undermine the economic viability of health care delivery and cause significant harm to physicians and hospitals in rural areas. The long-term unintended consequences of using a federally set benchmark payment rate will have a striking impact on the U.S. health care system as we know it today. Furthermore, according to a recently released legal analysis, it is highly questionable as to whether your legislation is constitutional.

Since Congress started discussions on rectifying this issue last year, our groups have forcefully and consistently conveyed that using any payment benchmark tied to the median in-network rate is untenable and unacceptable. We will not accept a payment formula that is unilaterally controlled by insurance companies, who have somehow become absolved from paying for the care they promised to patients. As providers of health care, small businesses, and integral parts of the health care delivery system, it is essential that physicians can contract in good faith, without the federal government concentrating decisive negotiating power in the hands of one party. Using federally set benchmarked payment tied to the median in-network rate for out-of-network physicians will impact contract negotiations for all physicians.

October 10, 2018

The Honorable Bill Cassidy
United States Senate
520 Hart Senate Office Building
Washington, DC 20510

Submitted electronically via transparency@cassidy.senate.gov

SUBJECT: Protecting Patients from Surprise Medical Bills Act

Dear Dr. Cassidy,

The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), representing more than 4,000 practicing neurosurgeons in the United States, thank you for the opportunity to provide feedback on your draft legislation the "Protecting Patients from Surprise Medical Bills Act." Americans continue to struggle with rising health care costs, including high deductibles and other out-of-pocket expenses. As such, a balanced solution for cost-sharing between patients, physicians and health plans is a priority for organized neurosurgery. In formulating legislation to prevent such a practice, it is essential to understand the origin of these "surprise" bills the interpretation of current legislation or absence of legislation that has created an environment for this billing practice to occur.

Patients deserve access to the physicians of their choice which at times may require seeking care from out-of-network physicians. Unfortunately, the current health care delivery system, with its arcane rules, narrow networks, and lack of transparency, often leaves patients vulnerable. As physicians, we can, and must do better, to assure that our patients are not left with medical bills that can soar into the thousands of dollars, leaving them financially vulnerable. The AANS and CNS, thus, applaud your effort to tackle this issue, and your draft bill, the Protecting Patients from Surprise Medical Bills Act, is a good starting point for these discussions. We appreciate your willingness to work with the medical community to refine your bill, as we have some concerns about the draft, and urge you to make changes to reflect our comments.

February 7, 2019

100+ State and National Medical Societies

The Honorable Kevin P. Brady
Ranking Member
Committee on Ways and Means
1139E Longworth House Office Building
Washington, DC 20515

Honorable Greg Walden
king Member
mittee on Energy and Commerce
2A Rayburn House Office Building
shington, DC 20515

king Member Brady:

and policymakers are deeply concerned about the impact that
are having on patient out-of-pocket costs and the patient-physician
ice plans are increasingly relying on narrow and often inadequate
icians, hospitals, pharmacies, and other providers as one mechanism
esult, even those patients who are diligent about seeking care from
ospitals may find themselves with unanticipated out-of-network bills
in their insurance plan's network, simply because they had no way of
advance all the individuals who are ultimately involved in their care.
ers are limited in their ability to help patients avoid these
they, too, may not know in advance who will be involved in an
her providers' contract status with all the insurance plans in their

ps potential legislation to provide relief to patients from health care
ll not cover, we urge your consideration of the following policies.

lity. Since overly narrow provider networks contribute significantly
ng oversight and enforcement of network adequacy is needed from
e governments. Robust network adequacy standards include, but are
equate ratio of emergency physicians, hospital-based physicians, and
d subspecialists to patients, as well as geographic and driving
nd maximum wait times. Provider directories must be accurate and
be useful to patients seeking care from in-network providers. In
ould be held to complying with the prudent layperson standard in
rmining coverage for emergency care, so that insured patients are not
d costs simply because they were unable to accurately self-diagnose
er their symptoms were, in fact, due to an emergency medical

legislation does not create new imbalances in the private health care marketplace by undermining the ability of doctors to secure fair reimbursement for their services. The health insurance marketplace is already heavily consolidated. Instituting a federal government rate-setting scheme that allows private insurers to force discounted rates on physicians, hospitals and other health care providers based on their median 2019 in-network rates puts both network and non-network providers at a disadvantage and will result in sudden drops in reimbursement for emergency and nonemergency hospital-based care. This will create patient access problems, particularly in rural areas and other underserved populations that are already experiencing health care provider shortages. In fact, the California Department of Managed Health Care reports consumer access to care complaints have increased 48% since California passed its surprise billing law. There are also preliminary reports that California insurers are seeking to drive down in-network median payments by dropping providers from their network who are currently paid above the median.

Congressional Testimony

AMA
AMERICAN MEDICAL ASSOCIATION

Statement

Re: Protecting Patients from Surprise Medical Bills

Presented by: S. Bobby Mukkamala, MD
Member: AMA Board of Trustees

May 21, 2019

Division of Legislative Counsel
(202) 789-7426

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
KATHLEEN T. CRAIG, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
CHRISTOPHER I. SHAFFREY, MD
Durham, North Carolina

American Association of Neurological Surgeons

Congress of Neurological Surgeons

CONGRESS OF NEUROLOGICAL SURGEONS
REGINA SKURAK, CAE
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@cns.org

President
GANESH RAO, MD
Houston, Texas

Statement for the Record

on behalf of the

American Association of Neurological Surgeons
and the
Congress of Neurological Surgeons

before the

Ways and Means Subcommittee on Health
U.S. House of Representatives

on the topic of

Protecting Patients from Surprise Medical Bills

Tuesday, May 21, 2019
2:00 p.m.
1100 of the Longworth House Office Building

Contact:
Katie O. Orrico, Director
AANS/CNS Washington Office
25 Massachusetts Avenue, NW
Suite 610
Washington, DC 20001
(202) 446-2024
korrico@neurosurgery.org

WASHINGTON OFFICE
KATIE O. ORRICO, *Director*
25 Massachusetts Avenue, NW, Suite 610, Washington, DC 20001
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: korrico@neurosurgery.org

American College of Emergency Physicians

Statement of

Vidor E. Friedman, M.D., F.A.C.E.P.

House Energy and Commerce Committee
Health Subcommittee
U.S. House of Representatives

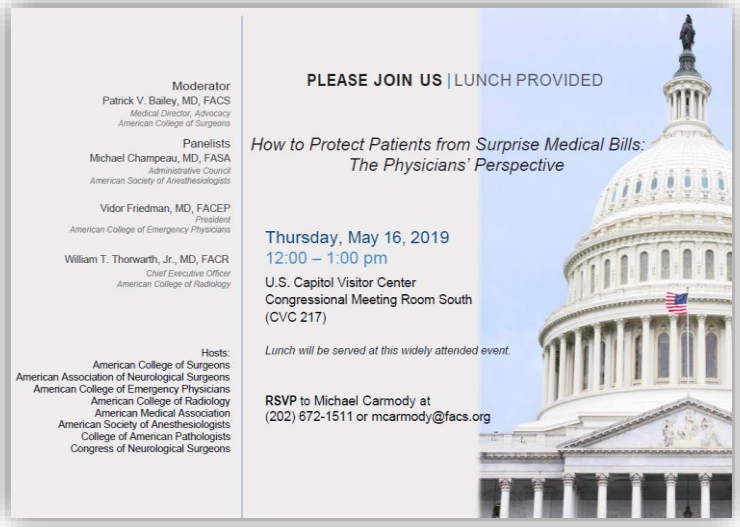
Hearing on

"No More Surprises: Protecting Patients from Surprise Medical Bills"

Presented
June 12, 2019

Congressional & Policy Briefings

GOP DOCTORS CAUCUS



Fact Sheets & Issue Briefs

From: The Coalition Against Surprise Medical Billing
Sent: Tuesday, October 8, 2019 9:04 AM
To: Janet Doe <Janet Doe@mail.house.gov>
Subject: We need benchmarking, not arbitration, to quell surprise medical billing

STAT Opinion: We need benchmarking, not arbitration, to quell surprise medical billing

By James Rickert
October 7, 2019

Surprise medical bills expose Americans to the high prices and occasional greed lurking in the heart of our health care system. Medical insurers typically provide some insulation from these bills by negotiating prices for their in-network patients. In its effort to fix surprise bills, Congress must not undermine this key lever for controlling hospital and doctor bills by instituting an arbitration solution, which is strongly backed by organized medicine, that is now working its way through several Congressional committees.

The Protecting People From Surprise Medical Bills Act, introduced into the House of Representatives in June, would use arbitration to settle disputes over surprise medical bills. The bill stipulates that to resolve such disputes, an arbiter will typically pay out-of-network providers significantly more than the in-network rate. The average award — near the 80th percentile of physician billings — will ensure that it is almost always more profitable for a physician to be out of network than in it. This incentive will only increase over time as arbitration awards incrementally but continually rise with each new above-network arbitration decision.

About the Coalition Against Surprise Medical Billing

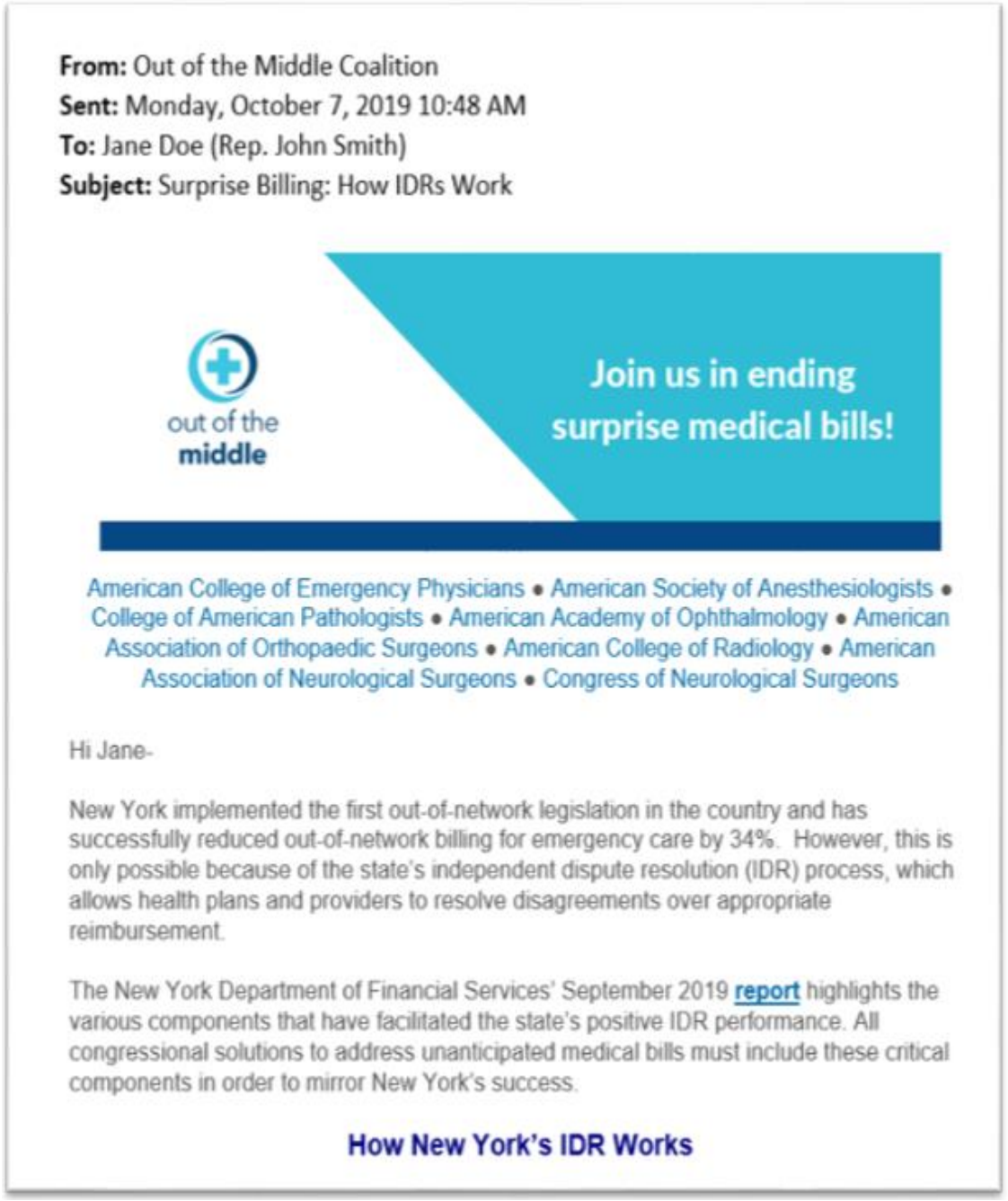
Members of the Coalition, which represent leading employer groups, labor unions, health insurance providers, health organizations and the tens of millions of people they employ and serve each day, support meaningful solutions to end surprise medical billing

Answering the Opposition…

Coalition Against Surprise Medical Billing Members include:

- America's Health Insurance Plans
- Blue Cross Blue Shield Association of America
- American Benefits Council
- ERISA Industry Committee
- National Retail Federation
- National Business Group on Health
- National Association of Health Underwriters
- Society for Patient Centered Orthopedics

www.stopsurprisebillingnow.com



From: Out of the Middle Coalition
Sent: Monday, October 7, 2019 10:48 AM
To: Jane Doe (Rep. John Smith)
Subject: Surprise Billing: How IDRs Work

out of the middle

Join us in ending surprise medical bills!

American College of Emergency Physicians • American Society of Anesthesiologists • College of American Pathologists • American Academy of Ophthalmology • American Association of Orthopaedic Surgeons • American College of Radiology • American Association of Neurological Surgeons • Congress of Neurological Surgeons

Hi Jane-

New York implemented the first out-of-network legislation in the country and has successfully reduced out-of-network billing for emergency care by 34%. However, this is only possible because of the state's independent dispute resolution (IDR) process, which allows health plans and providers to resolve disagreements over appropriate reimbursement.

The New York Department of Financial Services' September 2019 report highlights the various components that have facilitated the state's positive IDR performance. All congressional solutions to address unanticipated medical bills must include these critical components in order to mirror New York's success.

How New York's IDR Works

…With Regular Messages to the Hill

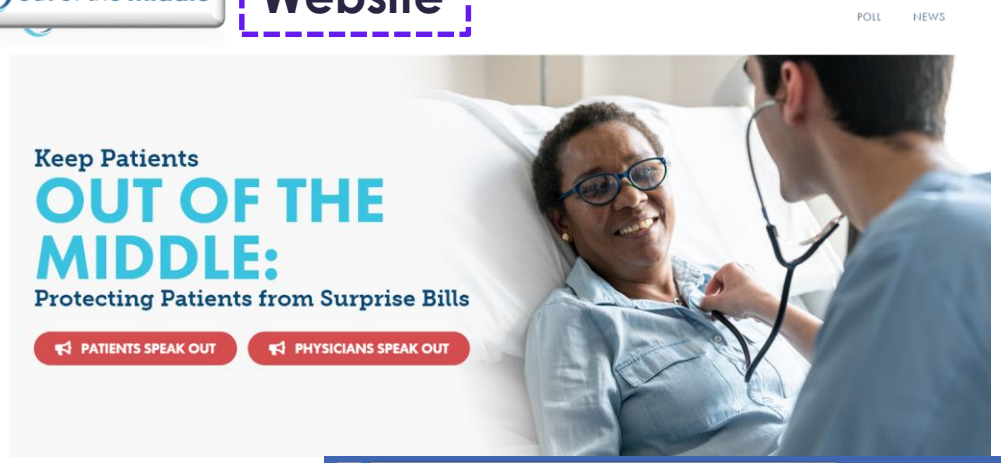
Sample messages:

- Surprise Billing: How IDRs Work
- Surprise Billing: How NY Successfully Protects Patients
- New Report Questions CBO Assumptions on Surprise Medical Bills
- Report Warns of Unintended Consequences of Surprise Medical Bills Legislation
- Don't Be Spooked by the Arbitration Process
- Did you see we've reached 100?

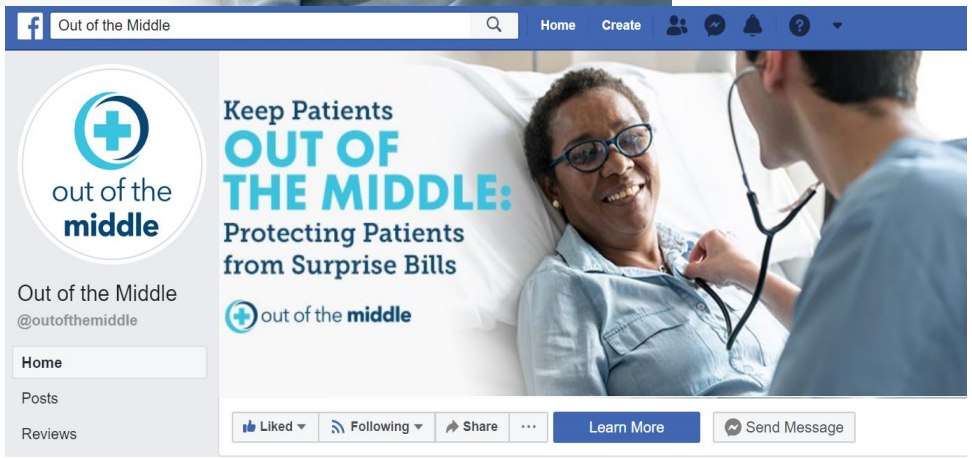
Public Outreach, Communications & Grassroots Advocacy

out of the middle

Website

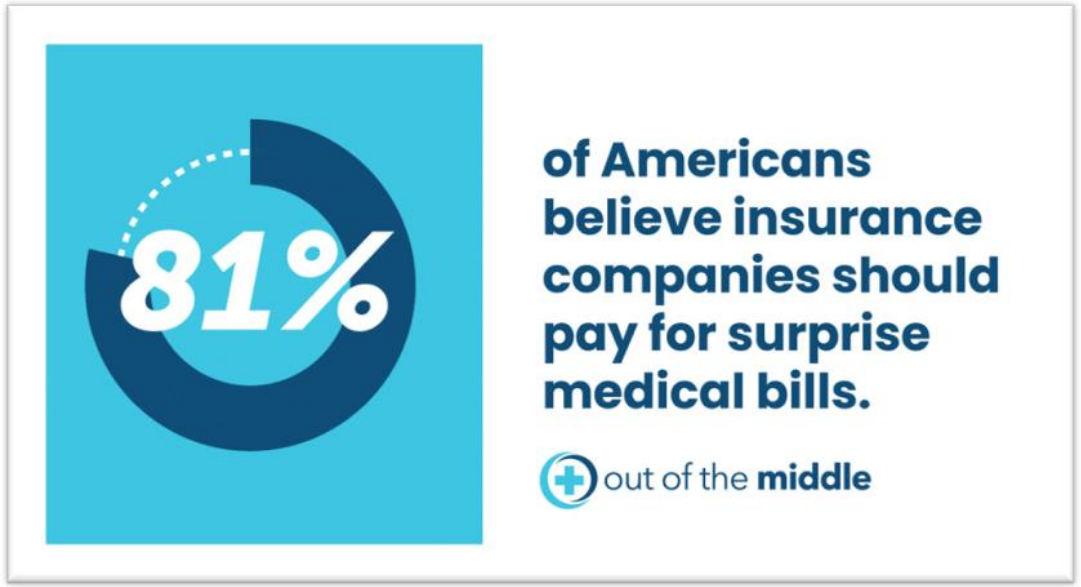


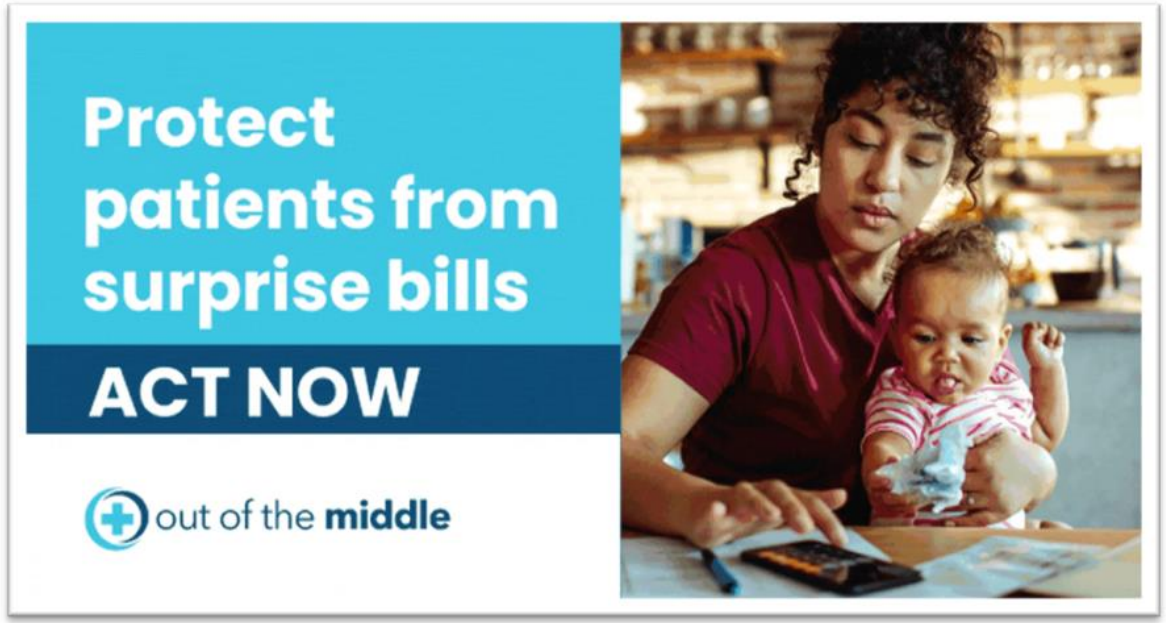
Facebook

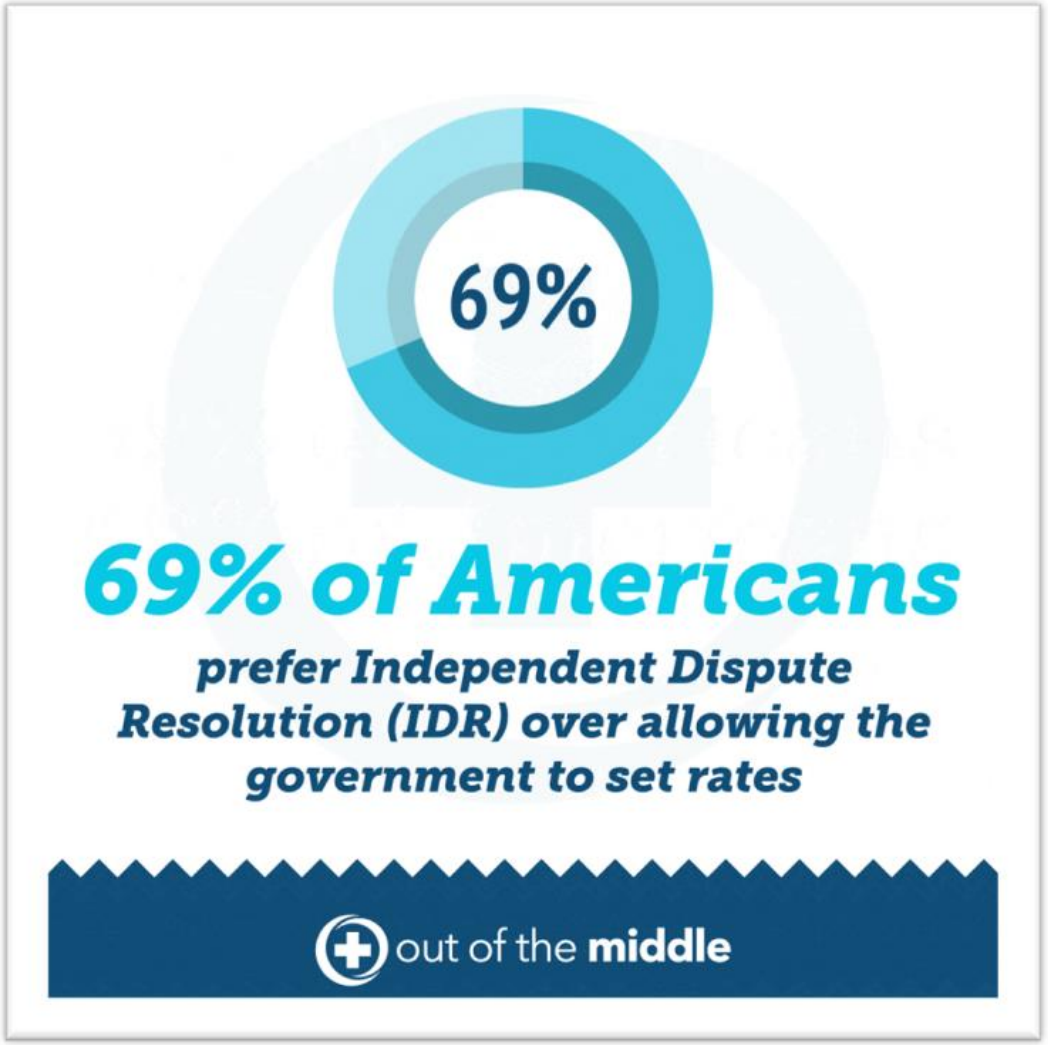


Twitter

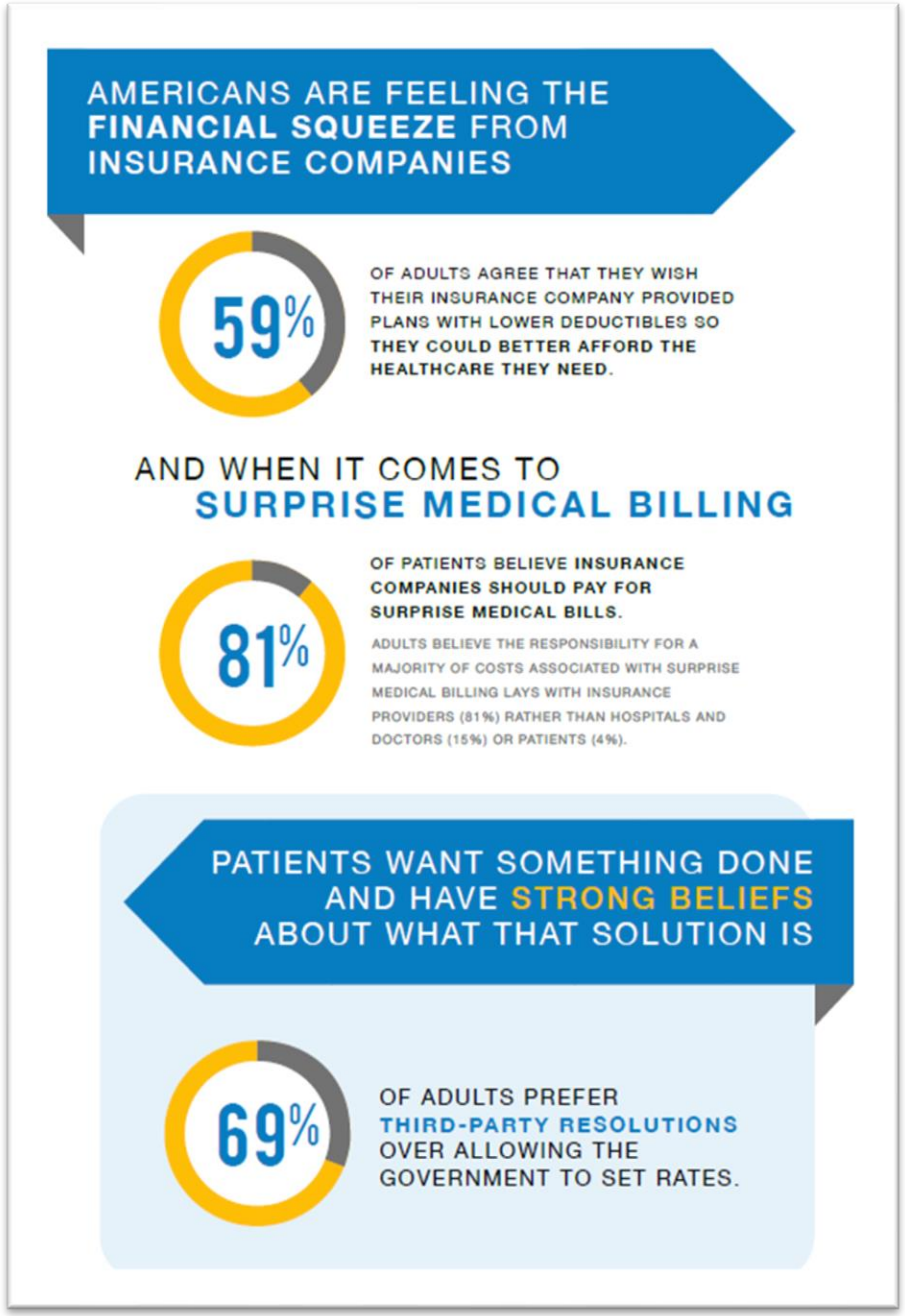
Advertisements

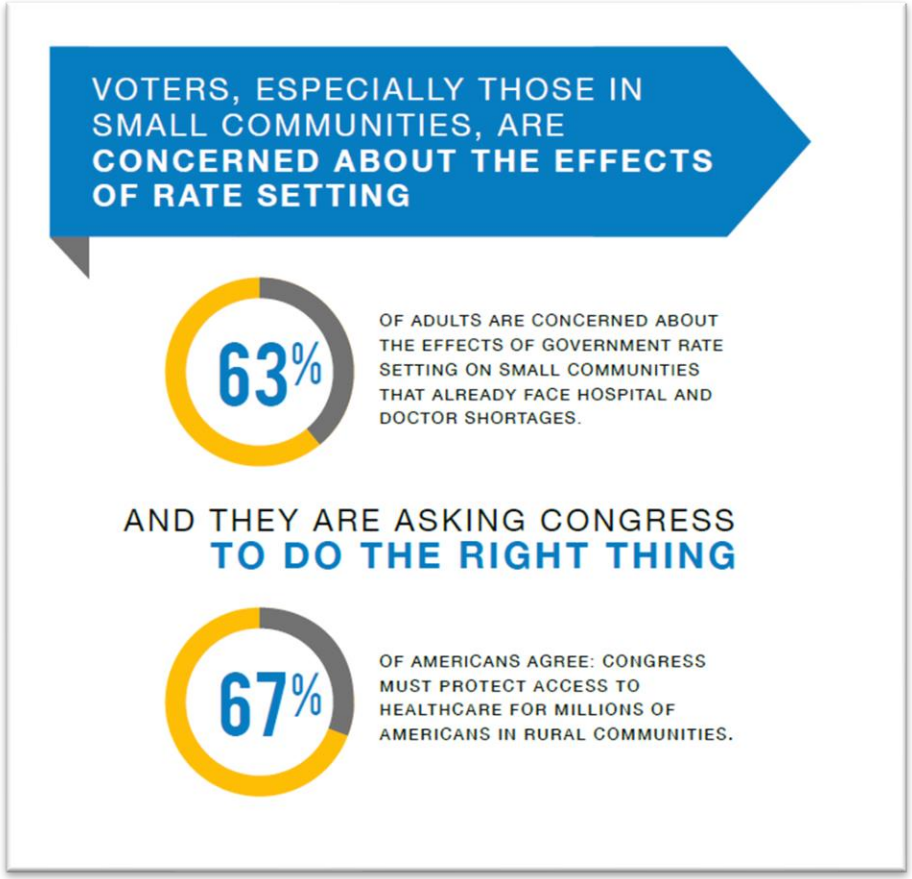






Polling





MORNING CONSULT POLL SURVEYED 1500 REGISTERED VOTERS MAY 31-JUNE 1 WITH A MARGIN OF ERROR +/3%

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Press Releases and OpEds

out of the middle

Bipartisan Solution to Surprise Medical Bills Reaches 100 Cosponsors

October 18, 2019

Washington, DC–Today, hundreds of thousands
Coalition applaud Representatives Raul Ruiz, MD,
reaching 100 cosponsors on their bipartisan solut
legislation now has more support than any other
U.S. House of Representatives.

In reaching this co-sponsorship milestone, the Pr
(H.R. 3502), demonstrates the widespread and gr
to the surprise medical billing problem. This solut
middle, ensures that patients have access to healt
and provides a level playing field between physic
resolving billing and payment disputes.

The **Out of the Middle** Coalition appreciates the
protecting our patients. We strongly encourage k
including the House Committee on Education an
Means, to consider this particular legislation as th
tackle surprise medical bills.

UPDATE

neurosurgery

FOR IMMEDIATE RELEASE
July 17, 2019

Contact: Katie Orrico
(202) 446-2024
korrico@neurosurgery.org

Neurosurgeons Express Support for Reps. Ruiz and Bucshon Effort to Amend the "No Surprises Act"
An independent dispute resolution process is a critical element of any legislation designed to address unanticipated medical bills.

The following statement is attributed to:
Ann R. Stroink, MD, Chair, Washington Committee for Neurosurgery,
American Association of Neurological Surgeons and Congress of Neurological Surgeons

"The American Association of Neurological Surgeons and the Congress of Neurological Surgeons are pleased to support the amendment to H.R. 3630, the 'No Surprises Act,' which incorporates an independent dispute resolution (IDR) process to resolve payment disputes between health plans and providers in surprise medical bill situations. We appreciate the leadership of Reps. **Raul Ruiz**, MD, (D-Calif.) and **Larry Bucshon**, MD, (R-Ind.) and their tireless efforts to protect patients from unanticipated medical bills, while at the same time creating a more level playing field that incentivizes insurers to compensate physicians at reasonable rates. We also thank Energy and Commerce Committee Chair **Frank Pallone** (R-NJ) and Ranking Member **Greg Walden** (R-Ore.) for working collaboratively to achieve this compromise. The AANS and CNS look forward to continuing to work with members of Congress on a final solution that provides strong patient protections, improves transparency, promotes access to appropriate medical care, and creates incentives for insurers and health care providers to negotiate network participation contracts in good faith."

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MORNING CONSULT

OPINION

Congress, Don't Harm Patients With The Wrong Surprise Medical Bills Solution

BY DUSTIN CORCORAN & PHIL
July 2, 2019

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Modern Healthcare

October 30, 2019 05:00 AM

Independent dispute resolution process offers best fix for balance billing

Dr. Vidor Friedman

Dr. Vidor Friedman, president of the American College of Emergency Physicians, writing for Out of the Middle, a coalition of healthcare provider groups that comprises the ACEP, the American Academy of Ophthalmology, American Association of Neurological Surgeons and Congress of Neurological Surgeons, American Association of Orthopaedic Surgeons, American College of Radiology, American Society of Anesthesiologists, and the College of American Pathologists.

Throughout discussions, physicians have been steadfast in their commitment to taking patients out of the middle in a thoughtful way that ensures access to care.

There are few healthcare policy issues as pressing as finding a solution for out-of-network, or "surprising billing," of patients. Physicians take an oath to provide the best possible care we can—but that's not possible when our patients are afraid of getting a surprise bill for medical costs they thought would be covered by their insurance.

Over the past 12 years insurance companies have been steadily increasing their deductibles—leaving patients on the hook for upwards of thousands of dollars before coverage even starts. In addition, insurers have sold plans without sufficient in-network care providers, also called "narrow networks." Narrow networks, combined with high deductibles, are most often the cause of surprise medical bills.

Throughout discussions, physicians have been steadfast in their commitment to taking patients out of the middle in a thoughtful way that ensures access to care.

Successful legislation must protect patients, first and foremost. If a patient receives unanticipated out-of-network care at an in-network facility, they should only be responsible for in-network cost-sharing. This protection should apply to copays, coinsurance, and deductibles.

Hartford Courant

Connecticut should look to New York for 'surprise' medical bill solution

By DAVID EMMEL
SPECIAL TO HARTFORD COURANT | JUN 22, 2019 | 6:00 AM

I know firsthand how a single, surprise medical bill can upend a family's finances, forcing impossible decisions between medical care and other essentials.

Consider my patient who was diagnosed with recurrent uveitis, a potentially blinding inflammatory condition of the eye that requires careful management and frequent office visits. For months, she repeatedly cancelled an important follow-up because she couldn't afford the exam. Although she had insurance coverage, she had not met her policy's high deductible. In the end, she never completed the full course of therapy, because her plan never kicked in to protect her from exorbitant out-of-pocket costs.

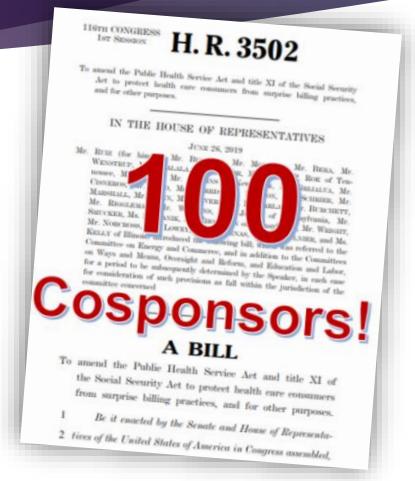
No one should have to delay or forego medical care because of a surprise medical bill. This month, Congress continues to discuss various blueprints for action, which will ultimately lead to bipartisan legislation and a new federal law. Connecticut physicians are pleased that Congress is united in wanting to remove financial patient responsibility for surprise medical bills but have significant concerns over how disputes with insurance companies will be resolved.

The approach Connecticut's congressional delegation should support needs to establish a fair and proven process encouraging compromise and preserving access to critical services like emergency and on-call surgical care. Most importantly, it must address the root causes of surprise medical bills by promoting more robust insurance networks of doctors and greater transparency through independently collected data.

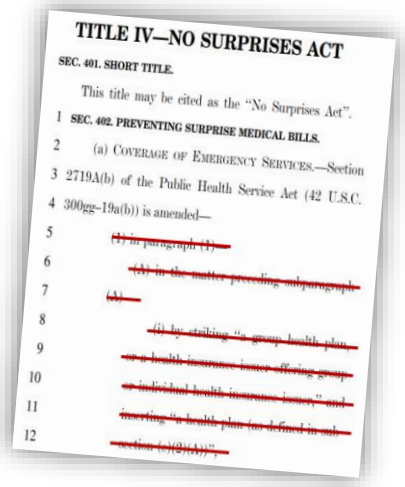
Political Action

Making Progress…

- Legislation modeled after New York's successful law introduced in the House & has **100+ cosponsors**.
  - **H.R. 3502**, the Protection People from Surprise Medical Bills Act => Raul Ruiz, MD, (D-CA) & Phil Roe, MD, (R-TN)



- Legislation with an independent dispute resolution (IDR) process has passed out of the House Energy and Commerce Committee => though it is **less than ideal** (e.g., $1,250 threshold to go to IDR)
  - AMA & specialties are redlining the bill so our champions can use medicine's suggested edits in negotiations w/Ed & Labor Committee and others



Status of the Legislation

- Legislation is **Stalled** in Both House and Senate
  - **Ways and Means** Committee trial balloon (negotiated rulemaking) fell flat
  - **Education and Labor** Committee has yet to schedule a mark-up
  - Negotiations between Sens. **Lamar Alexander** (R-TN) and **Bill Cassidy**, MD, R-LA) appear to have ceased
  - **Senate HELP** and **House Energy and Commerce** Committees trying to find a compromise solution
  - **Time is running out for Congress to act this year**

Efforts to shape legislation to reflect NY model continue


To be continued...

Thank You!

AMA
AMERICAN MEDICAL ASSOCIATION