



December 13, 2019

The President
 The White House
 1600 Pennsylvania Avenue, N.W.
 Washington, DC 20500

Dear Mr. President:

The 23 undersigned organizations, representing millions of patients and consumers across the country who face serious, acute, and chronic health conditions, thank you for your leadership in seeking legislation to protect patients and their families from financially ruinous surprise medical bills *now*. With more than half of all American adults affected by surprise medical bills—and health care affordability identified as their top priority, regardless of party—ending surprise medical billing should be among your highest priorities before adjourning for the holidays.^{1,2} Delaying action on this pressing problem will allow this unfair practice to continue, delay much needed protections, and put even more patients at risk unnecessarily.

As you know, “surprise billing” results when an insured patient is unknowingly treated by an out-of-network provider and is then billed the difference between what the provider charged and what the insurer paid. Surprise bills can be significantly higher than the consumer’s standard in-network cost-

¹ NORC AmeriSpeak Omnibus Survey: Surprise Medical Bills. August 2018. Available at: <http://www.norc.org/PDFs/Health%20Care%20Surveys/Surprise%20Bills%20Survey%20August%202018%20Topline.pdf>.

² Kaiser Family Foundation Health Tracking Poll. September 2019. Available at: <https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-september-2019/>

sharing and can lead to significant financial hardship for patients already struggling with a serious condition.

Most consumers with health insurance expect their coverage will provide protection from unexpected, exorbitant medical bills, however nearly 60% of insured Americans have been caught off guard by a medical bill for care they thought would be paid by their insurance plan.³ Indeed there is a growing body of evidence about the extent of this problem:

- According to a study released October 2019 in *JAMA Internal Medicine*, surprise out-of-network billing is becoming more common and potentially more costly in both the emergency department and inpatient settings.⁴
- A recent analysis from Kaiser Family Foundation found that compared to all admissions, admissions for surgery are more likely to lead to an out-of-network charge (21%). One in five in-network admissions for mental health and/or substance abuse (20%) also lead to out-of-network charges.⁵
- Other academic studies have found that approximately one out of every five emergency department visits involve care from an out-of-network provider.⁶
- Another study found that the physician specialties most likely to send surprise bills are anesthesiology, interventional radiology, emergency medicine, pathology, neurosurgery, and diagnostic radiology⁷ but occur in almost all medical settings regardless of the type of provider.
- Surprise bills occur for people in all types of health insurance plans. For example, even among large employer plans, nearly one-in-ten non-emergent inpatient procedures involved a potential surprise bill.⁸

We appreciate that efforts to address surprise medical billing have been prioritized in both the House and Senate by lawmakers on both sides of the aisle, and that these proposals—to varying degrees—reflect our principles for surprise medical billing legislation, which we expressed to Members of Congress earlier this fall.⁹

As you have noted, American patients cannot wait. The time for action is now. Congress must move swiftly and decisively to pass legislation in 2019 that holds patients and families harmless and protects them from surprise medical bills. We stand ready to work with you to advance this worthy goal.

³ NORC AmeriSpeak Omnibus Survey: Surprise Medical Bills. August 2018. Available at:

<http://www.norc.org/PDFs/Health%20Care%20Surveys/Surprise%20Bills%20Survey%20August%202018%20Topline.pdf>

⁴ <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2740802>

⁵ <https://www.healthsystemtracker.org/brief/surprise-bills-vary-by-diagnosis-and-type-of-admission/>

⁶ Cooper, Zack, Fiona Scott Morton. 2016. “Out-of-network emergency-physician bills—an unwelcome surprise.” *NEJM* 2016; 375:1915-1918. <https://www.nejm.org/doi/full/10.1056/NEJMp1608571>.

⁷ Bai G, Anderson GF. Variation in the Ratio of Physician Charges to Medicare Payments by Specialty and Region. *JAMA*. 2017;317(3):315–318. doi:10.1001/jama.2016.16230.

⁸ Garman, Christopher, Benjamin Chartock. 2017. “One in Five Inpatient Emergency Department Cases May Lead to Surprise Bills.” *Health Affairs*. Vol 36. No. 1 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.0970>.

⁹ Letter available at: <https://www.lung.org/assets/documents/advocacy-archive/health-partners-letter-to-1.pdf>

For more information or to discuss further, please direct your staff to contact Emily Holubowich of the American Heart Association at emily.holubowich@heart.org. Thank you for your consideration.

Sincerely,

Alpha-1 Foundation
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Liver Foundation
American Lung Association
Arthritis Foundation
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Family Voices
Hemophilia Federation of America
Leukemia & Lymphoma Society
Muscular Dystrophy Association
National Alliance on Mental Illness
National Coalition for Cancer Survivorship
National Health Council
National Hemophilia Foundation
National Organization for Rare Disorders
National Patient Advocate Foundation
Susan G. Komen
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