



**Statement for the Record
Committee on Energy and Commerce, Full Committee Markup
Comments on the “No Surprises Act”
July 17, 2019**

The American Cancer Society Cancer Action Network, American Heart Association, and American Lung Association write today to commend the House Energy and Commerce Committee for advancing legislation to hold patients harmless in the event of surprise billing. “Surprise billing” or “balance 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-sharing and can lead to significant financial hardship for patients already struggling with a serious condition.

Our organizations strongly support Congressional and Administration efforts to protect consumers from the high medical bills that can result from surprise billing. Surprise billing affects millions of consumers each year, including cancer, lung disease, and heart disease patients. Recent academic studies have found that approximately one out of every five emergency department visits involve care from an out-of-network provider¹. Another study found that the physician specialties most likely to send surprise bills are anesthesiology, interventional radiology, emergency medicine, pathology, neurosurgery, and diagnostic radiology² 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.³

The *No Surprises Act* is a strong, meaningful step in the right direction to contain the high cost of health care for the people we represent, and we look forward to continuing progress toward this worthy goal. A diagnosis of cancer, heart or lung disease, or lung cancer can change the course of a person’s life – physically, emotionally and financially. For most, the first thought is about getting treatment, followed very quickly by the consideration of how to pay for that care. Access to affordable health care is critical for patients. After diagnosis or injury, patients should be able to focus on the best course of treatment without worrying about catastrophic medical bills.

¹ 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>.

² 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.

³ 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>.

The *No Surprises Act* contains crucial patient protections that will hold many patients harmless for surprise medical bills. We are especially grateful that the legislation applies to most care settings, and that the most recent version of the bill applies surprise billing protections to grandfathered plans as well as other common health insurance plans.

However, as this legislation continues its progress through the legislative process, we urge the bill's sponsors to clarify that patients receiving emergency care at an urgent care facility also have the same protections from surprise medical bills that they would have at an emergency department or other facility. An increasing number of individuals utilize urgent care facilities for emergency care. Between 2007 and 2016, urgent care utilization in the United States grew by 1,725 percent, with significantly higher utilization in rural areas.⁴ While some patients with lung ailments may go to the emergency room for a severe asthma attack or other difficulty breathing, others may instead go to an urgent care facility. Accessing timely care is critical and patients should be held harmless regardless of where they receive treatment.

Our organizations are similarly concerned about the impact of balance billing practices on individuals who require emergency transportation, specifically air ambulances. Emergency transportation services reduce transport time for patients during life-threatening situations and are a critical component of successful treatment for individuals experiencing an emergency event. Patients in these situations have no choice over who provides care or how they are transported and are frequently balance billed for exorbitant sums as a result. This is particularly true of air ambulance services, which are a critical lifeline for people in rural areas.

Our organizations appreciate the Committee's acknowledgment of our concerns about the impact of balance and surprise medical billing on patients who require emergency transportation, including air ambulances, and appreciate the inclusion of a new provision that mandates a secretarial determination on the form and manner of submitting air ambulance bills. [However, we note that this provision does not offer protection for patients who require emergency transportation, including air ambulances, from exorbitant medical bills.](#) We hope that Committee will consider further action on this issue in cooperation with other committees of jurisdiction.

Thank you for this opportunity to comment, and for all you do to advance policies that will help lower out of pocket health care costs for consumers.

⁴ Thomas Beaton. "Urgent Care Utilization Skyrocketed by 1725% in Last Decade," *Health Payer Intelligence*. Mar. 26, 2018. Available at <https://healthpayerintelligence.com/news/urgent-care-center-utilization-skyrocketed-by-1725-in-last-decade>.