

BETTER OUTCOMES
BETTER EXPERIENCES
LOWER COSTS



Stop Surprise Medical Bills

One in five visits to the emergency room result in the patient receiving a surprise medical bill. Surprise medical bills happen when a patient sees a doctor that they did not choose: either because of emergency care at an out-of-network hospital, or because an out-of-network doctor, not chosen by the patient, treats them.

The Lower Health Care Costs Act of 2019 will ensure that patients do not receive a surprise bill. Patients would only be required to pay the in-network amount – whether they receive out-of-network emergency care or non-emergency care at in-network facilities and are treated by out-of-network providers.

The Committee is considering three different ways to end surprise billing:

- **Choosing an in-network hospital means receiving in-network care:** For patients, if a hospital takes your insurance card, then every practitioner at that hospital also has to take your insurance card. For providers, they can choose to join the insurance networks that cover that hospital or they can choose to send the bill through the hospital rather than sending separate bills to the patient or insurer.
- **Benchmark:** For surprise bills, insurance companies would pay providers the median contracted rate for the same services provided in that geographic area.
- **Arbitration:** For surprise bills over \$750, the insurer or the provider can initiate an independent dispute resolution process. The insurer and provider would each submit a best final offer and the arbiter will make a final, binding decision on the price to be paid. For surprise bills less than \$750, the insurer will pay the provider the median contracted rate for the same services provided in that geographic area.