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April 2, 2019

The Honorable Frank Pallone
Chairman, Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Greg Walden
Ranking Member, Energy & Commerce Committee
2322 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Pallone and Ranking Member Walden,

The American Heart Association (AHA) appreciates your interest in addressing balance billing. The rising cost of healthcare continues to be a barrier to treatment and recovery for millions of Americans, including many with cardiovascular diseases and stroke. The expansion and prevalence of balance billing practices in the U.S. exacerbates an already untenable situation and places additional unnecessary strain on the health and financial wellbeing of patients. We therefore urge you and your colleagues to take swift action to limit surprise billing to protect consumers and patients.

AHA is the nation's oldest and largest voluntary organization dedicated to building healthier lives free from heart disease and stroke. Our nonprofit and nonpartisan organization represents over 100 million patients with cardiovascular disease (CVD) and includes over 40 million volunteers and supporters committed to our goal of improving the cardiovascular health of all Americans.

For many Americans, an unexpected or surprise medical bill is an expense they cannot afford. Most insured consumers expect their plan will provide protection from unexpected medical bills; however, 57% of insured Americans have been caught off guard by a bill for care they thought would be paid for by their insurance plan. For thousands of CVD and stroke patients, bills that result from emergency or routine care, including emergency air or ground transportation, can be life-altering. Frequently, surprise bills arise from emergency situations when the patient is unable to select an in-network physician or treatment facility. However, balance billing practices extend far beyond emergency situations. Surprise bills can also arise from medical care unknowingly provided to the patient by an out-of-network physician or in an out-of-network facility. For example, this can happen if a patient's lab results are processed at an out-of-network facility, or if an out-of-network

anesthesiologist assists during a covered surgical procedure, even in an in-network hospital.

While 21 states have already passed laws or issued regulations aimed at protecting patients from balance bills, the protection and comprehensiveness offered by these proposals vary significantly from state to state and none are comprehensive enough to protect all consumers. The need for a comprehensive, uniform policy to protect all Americans from balanced bills as a result of medical transport or treatment necessitates action from federal policymakers. We recognize that differences in the regulation of emergency transportation will require lawmakers to re-examine authorities currently assigned to the Department of Transportation in order to adequately protect patients.

Access to quality, affordable health care is a priority for AHA and represents a key concern for the patients we represent. We implore policymakers to take a multi-faceted approach to comprehensively address balance billing:

- **Patients should be protected from balance billing.** In instances when a patient unknowingly receives care from an out-of-network provider or in emergency situations, patients should not be held responsible for resulting balance bills. In these circumstances, the maximum financial liability should be no greater than the in-network cost-sharing amount would be for the same services. This protection should exist regardless of the health insurance plan the patient holds.
- **Actionable and meaningful transparency.** Timely, actionable, and easily understood information should be provided to patients to help them avoid out-of-network services for non-emergency care. Resources should be up-to-date and easily available so consumers can make informed choices and not be held responsible for bills that result from inaccurate or outdated information. Individuals who live in areas with limited provider networks should be protected from balance bills if an in-network provider is inaccessible.
- **Adequate consumer rights and communications.** Prior to receiving non-emergency care, patients should receive prior notification that they will be receiving care from an out-of-network source. This notification should provide concrete information on estimated costs and the opportunity to seek in-network care. Prior notification should not preclude the dispute of a balance bill if there is not a reasonable opportunity to seek alternative in-network care.
- **Acknowledge existing state statutes.** Federal action to address balance billing should take into consideration potential interactions with current state law. Policymakers should be careful to not undermine any existing state laws that provide consumer protections. Instead, federal remedies must ensure a minimum standard of patient protections which states can further build upon.

AHA is ready to work with Congress, the Administration, and other stakeholders to ensure all Americans are protected from financial hardships as a result of balance bills. As patient and consumer advocates, we look forward to working with the Committee to ensure patients and consumers are not saddled with additional medical bills through no fault of their own.

Thank you for the opportunity to share our thoughts with you as you work to address balance bills. If you have any questions or would like to discuss these comments further, please contact Katie Berge, Federal Government Relations Manager for the American Heart Association at katie.berge@heart.org or (202) 785-7909.

Sincerely,



Mark Schoeberl
Executive Vice President for Advocacy

Cc:

The Honorable Chuck Grassley
The Honorable Ron Wyden

The Honorable Bobby Scott
The Honorable Virginia Foxx

The Honorable Lamar Alexander
The Honorable Patty Murray

The Honorable Richard Neal
The Honorable Kevin Brady