



October 10, 2019

The Honorable Bobby Scott
Chairman
Committee on Education and Labor
U.S. House of Representatives
Washington, DC

The Honorable Virginia Foxx
Ranking Member
Committee on Education and Labor
U.S. House of Representatives
Washington, DC

Dear Chairman Scott and Ranking Member Foxx:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write to reemphasize our concern over surprise medical bills and urge Congress to act immediately.

Patients across the nation are experiencing substantial and unexpected bills for medical services provided by out-of-network physicians and other health care providers when they have sought health care services at in-network hospitals and facilities or in emergency situations when they had no choice of provider due to their health status. The occurrence of so-called “surprise medical bills” has increased¹ and left individuals and families facing substantial, if not crippling, medical bills for services provided by a physician who unbeknownst to them, was out-of-network.

The AAFP calls on the United States Congress to prioritize the development and passage of legislation to address the practice of surprise medical billing. Surprise medical bills are placing undue stress and financial burden on patients and threaten to damage the patient-physician relationship. States are increasingly recognizing the problem of surprise billing and adopting policies to curb the practice; however, those protections do not extend to most Americans who rely on employer-sponsored insurance. This is a problem that requires a federal solution. Congress needs to put patients first and end the damaging practice of surprise medical billing. **Inaction on this important issue is unacceptable.**

Patients who make their best attempt to identify and seek in-network care or who are experiencing a medical emergency and have no control over their source of care should be held harmless for any additional costs, over and above what they would normally pay for in-network services. **The AAFP calls on Congress to pass legislation that explicitly ensures that patients in surprise bill situations, who receive out-of-network care through no fault of their own, will pay no more than they would if they had received care from an in-network provider.**

Currently, health plans are not required to count payments by patients for out-of-network services toward their annual deductible or out-of-pocket spending cap. Patients need financial protection and certainty regarding their cost-sharing obligations. **The AAFP calls on Congress to pass legislation to require health plans to count patients’ cost-sharing toward their in-network deductible and out-of-pocket maximum.**

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The AAFP calls on Congress to enact policies that achieve the goal of holding patients to in-network rates in a manner that prevents increases in premiums. Any legislation to address surprise billing must not only consider the immediate impact of surprise bills on patients' out-of-pocket costs but also the overall impact on insurance premiums paid by patients, employers and the government. It would be counterproductive to create a policy designed to protect patients from excessive costs that, ultimately, results in increased coverage costs and decreased value for patients.

The AAFP appreciates your Committee's interest in protecting patients and their families from surprise medical bills. This problem is worsening, and patients literally cannot afford for Congress to do nothing. We recognize that surprise billing is a complex problem, and we welcome the opportunity to work with you to develop a balanced legislative solution. For more information, please contact Teresa Baker at 202-655-4907 or tbaker@aafp.org.

Sincerely,



John S. Cullen, MD, FAAFP
Board Chair

cc: Committee Members

¹ Sun EC, Mello MM, Moshfegh J, Baker LC. Assessment of Out-of-Network Billing for Privately Insured Patients Receiving Care in In-Network Hospitals. *JAMA Intern Med*. Published online August 12, 2019.
doi:10.1001/jamainternmed.2019.3451