

## Federal Legislation Can Protect Patients from Surprise Medical Billing

What's worse than a trip to the emergency room? Being followed home by an unexpected medical bill, [demanding payment](#) for the treatment you received but wasn't covered by your insurance plan.

Known as a "surprise bill," these unexpected medical expenses hit the mailboxes and credit reports of many Americans who receive unplanned medical attention each year. Surprise billing doesn't just happen in emergency rooms, of course. It can happen at any health care facility where a patient receives out-of-network care – and that means, counterintuitively, even if you go to an in-network hospital you can still be at risk of receiving an out-of-network bill.

This can happen for several reasons. One such reason is insurance companies have been shrinking their provider networks to control costs and protect their bottom line. The large number of insurance plans available and ever-shifting coverage also plays a role. As a physician, I know that being in-network is the preference for providers. Being in-network means we see a higher volume of patients and receive on-time payments in consistent amounts. It also means we get to build relationships and provide better long-term care, because being in a patient's network means they will likely choose to see you regularly.

However, I also know that it's impossible for me to contract individually with every health care plan in the market. BlueCross BlueShield of Tennessee, the state's largest provider of health plans, has 6 individual plans alone. How many patients do you think ask "Do you accept Silver S04?" in the middle of an emergency? How many physicians do you think are placing their patient's ability to pay for care before their desire to provide the highest quality treatment? For these reasons and more, around [25% of Americans](#) are believed to have received a surprise medical bill.

Fortunately, there is bipartisan momentum building in both the House and Senate for a compromise solution to this practice.

Lead by Senators Bill Cassidy (R-LA) and Michael Bennet (D-C), the [STOP Surprise Medical Bills Act](#) has earned the support of over 20 U.S. senators from states as diverse (politically and geographically) as Alaska, Ohio, Georgia, and Rhode Island. It is time our very own Senator Lamar Alexander (R-TN) add his name to the list of champions fighting to protect patients from surprise bills nationwide.

The lynchpin of this legislation is a tried and true mechanism called Independent Dispute Resolution (IDR), which completely shields patients from surprise medical bills and incentivizes insurers and doctors to work through reimbursement disputes among themselves.

The American Medical Association and many other physician-related organizations have worked with Congress to end surprise billing. While it may be impossible to please all concerned parties, any effective legislation should include insurer accountability, limits on patient responsibility, and most importantly, a mechanism for IDR. The solution

must be federal, and it must be comprehensive so that no patient population is left unprotected.

State legislatures, including the [Tennessee General Assembly](#), have been wrestling with the issue of surprise billing for years, and although a handful of states have passed bills addressing the issue, there is no federal law that solves the problem comprehensively. State laws can only go so far: federal law preempts their ability to regulate employer-sponsored insurance which means that even the most comprehensive and well-thought-out state laws can still leave millions of residents unprotected.

As a practicing Anesthesiologist and a past president of the state's largest physician organization, I have personally seen how surprise medical bills have impacted patients, physicians, and hospitals.

Sen. Alexander and his Senate colleagues must act to protect families in Tennessee and nationwide from unfair surprise billing while leveling the playing field between hospitals, insurers, and doctors. The bipartisan STOP Surprise Medical Bills Act uses IDR because it has a [proven track record](#) of doing exactly that.

New York enacted an IDR solution to surprise billing in 2015, and the [law](#) has been so effective that states including [Texas](#), Washington, and Colorado have used it as a model to protect their own residents.

This session, Congress must work to swiftly to protect Americans by implementing an IDR process nationwide. I encourage Senator Alexander to join with many of his Senate colleagues in support of the STOP Surprise Medical Bills Act as he works hard on a new health care package.

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