



April 8, 2020

The Honorable Mitch McConnell
 U.S. Senate
 317 Russell Senate Office Building
 Washington, DC 20510

The Honorable Nancy Pelosi
 U.S. House of Representatives
 1236 Longworth House Office Building
 Washington, DC 20515

The Honorable Charles Schumer
 U.S. Senate
 322 Hart Senate Office Building
 Washington, DC 20510

The Honorable Kevin McCarthy
 U.S. House of Representatives
 2468 Rayburn House Office Building
 Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

The 30 undersigned organizations, representing millions of patients and consumers across the country who face serious, acute, and chronic health conditions urge Congress to enact legislation to permanently end all surprise medical billing and to protect patients from financial harm as part of broader bipartisan efforts to address the COVID-19 pandemic.

Recent media reports indicate that consumers diagnosed with COVID-19 may face extreme costs because of the nature of their treatment and quarantine.ⁱ Patients with serious and chronic conditions

that routinely require medical treatment to maintain their health are being asked to shift their care to different providers and facilities as a result of the COVID-19 pandemic. These shifts, while necessary to contain the virus, may result in out-of-network care – increasing consumers’ risk of receiving a surprise bill. Fear of exorbitant costs and subsequent surprise medical bills should not keep patients and consumers away from care for treatment of COVID-19 or an underlying medical condition during this critical time.

Congress recently considered bi-partisan, bi-cameral legislation that would provide robust protections for patients from receiving unexpected medical bills – which many of our organizations strongly support. We urge Congress to protect patients from all surprise medical bills in future COVID-19 legislation to ensure that during this time of uncertainty, patients and their families have peace of mind knowing they will not receive unexpected medical bills when seeking treatment for COVID-19 or other medical conditions. Specifically, we ask that any legislation meet the following criteria:

1. **Hold Patients Harmless:** Any policy addressing surprise billing must ensure that patients are held financially harmless. When patients receive services from an out-of-network provider for which they have the reasonable expectation that the service was performed in-network (for example, services performed at an in-network facility, or services ordered by an in-network provider), the patient should incur no greater cost-sharing than if the service was performed by an in-network provider. Any such cost-sharing should accrue to in-network deductibles and out-of-pocket caps. Any solution should also ensure costs are not simply passed along to patients through higher premiums or out-of-pocket costs.
2. **Apply Protections to All Insurance Plans:** Surprise billing protections should apply to all commercial health insurance plans, including individual, small group, large group, and self-insured plans as applicable, as well as plans that do not qualify as “qualified health plans” under the Affordable Care Act.
3. **Apply Protections to All Surprise Bills for All Covered Services:** Protections should apply to all surprise bills, regardless of the amount of the bill. Protections should apply to devices that may be provided to a patient while in their provider’s office. A surprise bill of any amount can be challenging to patients and their families.
4. **Apply Protections to All Care Settings:** Surprise billing protections should be applicable regardless of provider type or care setting. Policies should not limit these protections to just emergency services, hospital services, or certain types of specialists.
5. **Require Transparency in Addition to – Not Instead of – Surprise Billing Protections:** Increased transparency for patients is not a sufficient way for policymakers to address the problem of surprise billing. In the vast majority of surprise billing cases, the affected patient has little ability to seek an alternative in-network provider, even if given more information. While our organizations support greater transparency requirements for plans and providers, such requirements are insufficient to meaningfully protect patients from surprise bills.
6. **Conduct Additional Research:** Surprise billing can occur for a variety of reasons, including the inadequacy of a plan’s provider network. Policymakers who enact surprise billing protections should also consider requiring data collection on the incidence of surprising billing to determine

whether additional policies and protections are warranted (for example, enactment of more robust network adequacy requirements).

7. **Strengthen State Protections Instead of Weakening Them:** Any federal protections against surprise billing should set a floor to ensure that at least this level of protection exists in all states, but not pre-empt stronger state-level protections where these rules apply.

8. **Protecting Patients Who Utilize Emergency Transportation:** Our organizations are deeply concerned about the impact of balance billing practices on individuals who require emergency transportation. Emergency transportation services reduce transport time for patients during life threatening situations and are a critical component of successful treatment for individuals experiencing a serious health event. Patients in these situations have no choice over who provides care or how they are transported and are frequently balance billed as a result. Policymakers should craft policies that protect patients in all health care settings, including emergency transportation settings.

Now more than ever, patients need protection from surprise medical bills. We urge you and your congressional colleagues to move quickly to include comprehensive protections for patients and consumers in the fourth legislative package to address the COVID-19 pandemic. For more information or to discuss further, please contact Josh Roll of the American Heart Association at Joshua.Roll@heart.org. Thank you for your consideration.

Sincerely,

ALS Association
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Liver Foundation
American Lung Association
Arthritis Foundation
Cancer Support Community
COPD Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Family Voices
Hemophilia Federation of America
Immune Deficiency Foundation

Leukemia & Lymphoma Society
Mended Hearts & Mended Little Hearts
Muscular Dystrophy Association
National Alliance on Mental Illness
National Coalition for Cancer Survivorship
National Health Council
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
WomenHeart: The National Coalition for Women with Heart Disease

Cc:

The Honorable Lamar Alexander
The Honorable Patty Murray
The Honorable Steny Hoyer
The Honorable Frank Pallone
The Honorable Greg Walden
The Honorable Richard Neal

The Honorable Kevin Brady
The Honorable Bobby Scott
The Honorable Virginia Foxx

ⁱ <https://khn.org/news/trump-wrongly-said-health-insurers-will-pay-for-all-coronavirus-treatment/>