



Opening Statement

COMMITTEE ON EDUCATION & LABOR

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The Hon. Robert C. "Bobby" Scott • Chairman

Opening Statement of Madam Chairwoman Frederica Wilson (FL-24)

Subcommittee on Health, Employment, Labor, and Pensions Hearing

"Examining Surprise Billing: Protecting Patients from Financial Pain."

2175 Rayburn House Office Building

Tuesday, April 2, 2019 | 10:15 a.m.

We are here this morning to examine surprise medical billing – a serious issue that can disrupt, if not devastate, the lives of individuals and families.

This is the first hearing the United States Congress has held on surprise billing, and I am proud that our subcommittee is taking the lead on this important issue. It is my hope that this will be the first of many productive, bipartisan conversations.

Surprise medical bills occur when patients covered by health insurance are subject to higher than expected out-of-pocket costs for care received from a provider who is outside their plan's network.

The victims of surprise medical billing often have no control over whether their medical provider is in- or out-of-network.

In one infamous case, a young San Francisco woman named Nina Dang suffered a severe bike accident. She was barely lucid when a bystander called her an ambulance that took her to an emergency room at a nearby hospital.

Before she knew it, doctors had done X-rays and scans and put her broken arm in a splint, and then sent her on her way. A few months later, Nina was hit with a \$20,000 medical bill because the hospital – which she did not choose – was an out-of-network facility.

But even patients who are able to take precautions to avoid out-of-network costs during a medical emergency are not immune from surprise bills.

Scott Kohan suffered a violent attack one night in Austin, Texas. He woke up in an emergency room with a broken jaw, a throbbing headache, and staples in his head. Despite his shock and immense pain, Scott took out his phone and searched through his insurer's website to make sure he was laying in an in-network hospital bed.

When he found out it was, he proceeded with a necessary jaw surgery.

Imagine Scott's frustration when he received a surprise medical bill for nearly \$8,000. It turned out the emergency room was in his insurance network, but the oral surgeon who worked in that ER was not.

These stories, which have been documented in detail by *Vox* reporter Sarah Kliff, are not isolated incidents.

According to a recent survey, 57 percent of consumers report they have received an unexpected medical bill that they thought would be covered by their insurance. A separate survey found that seven in 10 patients who have received unaffordable out-of-network medical bills were unaware that their provider was out-of-network at the time they received the services.

This issue requires bold action to protect patients from the financial pain of surprise medical bills.

States have taken steps forward by enacting innovative, bipartisan surprise billing laws. New York, New Hampshire, Connecticut, New Jersey, Maryland, Illinois, Oregon, California, and my home state of Florida have all adopted strong reforms that protect consumers.

Importantly, all of these solutions either hold patients harmless against charges or prohibit the practice of balance billing, where a patient is sent a bill for the difference between what insurance will pay and what the provider charges.

We have also seen many states pioneering new ways to resolve billing disputes between providers and insurers in ways that, most importantly, take consumers out of the middle.

These state-level solutions are promising, and witnesses today will be able to provide this subcommittee with details on how such efforts are working in states, or where they may be falling short.

However, only Congress can fully close the gaps and loopholes that leave patients vulnerable to severe financial distress.

Most Americans live in states that have not passed major reforms regarding surprise bills. And even in states that have enacted reforms, they are unable to regulate self-insured plans, which cover more than 60 percent of individuals in employer-sponsored coverage.

Health care has not recently been an area of bipartisan consensus. Unfortunately, that has only been re-affirmed by the administration's actions last week to not defend in court the Affordable Care Act and its protections for people with pre-existing conditions.

But I am hopeful that this is an opportunity for us to work together on behalf of our constituents. Surely, we can all agree that a patient should not have to spend the last few minutes before emergency surgery researching whether everyone in the operating room is in-network.

I am grateful to the witnesses for their time and testimony here today, and I look forward to working with my colleagues and with stakeholders as we develop a solution to the challenge of surprise medical billing.

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