

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, DC 20510

The Honorable Richard Neal  
Chairman  
House Committee on Ways and Means  
2309 Rayburn House Office Building  
Washington, DC 20515

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, DC 20510

The Honorable Kevin Brady  
Ranking Member  
House Committee on Ways and Means  
1011 Longworth House Office Building  
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The Honorable Nancy Pelosi  
Speaker  
House of Representatives  
235 Cannon House Office Building  
Washington, DC 20515

The Honorable Frank Pallone  
Chairman  
House Committee on Energy and Commerce  
2107 Rayburn House Office Building  
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The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
2468 Rayburn House Office Building  
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The Honorable Greg Walden  
Ranking Member  
House Committee on Energy and Commerce  
2185 Rayburn House Office Building  
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Dear Members of Congress:

Congress is right to be concerned about the issue of surprise medical billing. It's unfair to patients who play by the rules, go to their insurer's in-network facility for care, and months later receive a bill from an out-of-network provider, sometimes costing patients thousands of dollars in unexpected medical bills. Surprise bills are especially unfair to patients in emergency situations.

Congress has spent months searching for "middle ground" between insurance companies that want the government to force non-network doctors to accept network rates, and doctors who want the government to appoint arbitrators to decide how much insurers should pay non-network doctors.

Both approaches use the heavy hand of government to either force doctors and insurers who have not contracted with each other to accept rates set in contracts they haven't signed, or to force parties into binding arbitration when payment disputes arise. Either approach uses rate-setting that would invite further government intervention in the private practice of medicine.

Effective market-based solutions to protect patients and prevent surprise billing should not involve government rate setting or government-forced arbitration. To break the logjam, Congress should pursue a third way, one that would eliminate surprise bills by giving patients honest information before they receive care.

Congress should require truth in advertising so timely pricing information is available in advance to consumers. It should impose penalties on insurers who represent facilities as in-network and facilities that represent themselves as being in-network, if those facilities permit physicians to balance bill for services.

Congress also should enforce price transparency to protect consumers from misleading information and ban balance billing for emergency services provided at non-network facilities.

While the temptation to solve a political hotbed issue like surprise medical billing through federal overreach is strong, we encourage you to work toward solutions that increase the power of patients, not the federal government.

Signatories:

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