COALITION AGAINST SURPRISE MEDICAL BILLING

July 11, 2024

Senator Bernie Sanders Chairman Committee on Health, Education, Labor & Pensions United States Senate 428 Dirksen Senate Office Building Washington, DC 20510 Senator Bill Cassidy
Ranking Member
Committee on Health, Education,
Labor & Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

The Coalition Against Surprise Medical Billing (CASMB or the Coalition) applauds your leadership for holding today's important hearing on addressing the medical debt crisis in the U.S.

The Coalition formed prior to the passage of the *No Surprises Act*, bringing together labor unions, employers, and health insurance providers to urge Congress to protect patients from surprise medical bills in a way that reduces health care costs for everyone. Our coalition continues to advocate for implementation of the law in a way that prioritizes patients and lowers health care costs.

Before the passage of the *No Surprises Act*, too many patients experienced devastating medical debt and even bankruptcy as a result of surprise medical bills. Thankfully, this landmark law has prevented roughly one million surprise bills per month from health care facilities, providers, and air ambulances from reaching patients since implementation in January 2022, according to the most recent data from AHIP and the Blue Cross Blue Shield Association.¹

New federal data², however, has shown the federal arbitration process implemented through the *No Suprises Act* has become a go-to tool for some out-of-network providers, who appear to be using Independent Dispute Resolution (IDR) to drive up reimbursements, ultimately costing patients, consumers and taxpayers. In fact, the vast majority of cases are being filed by a very small number of provider organizations, with four private equity-backed companies accounting for over two-thirds of all cases.³

As policymakers continue the vital work to protect patients from unnecessary costs, CASMB has outlined several regulatory recommendations the administration could implement to improve the IDR process, including:

- Ensure clear and timely communications to all parties involved with IDR via a dynamic portal maintained by the Centers for Medicare & Medicaid Services;
- Require and enhance ongoing training for IDR entities on *No Surprises Act* statute and guidance to ensure compliance and mitigate instances of abuse or misuse; and,

¹ https://www.ahip.org/documents/202401-AHIP SurpriseBilling-v02.pdf

² https://www.cms.gov/nosurprises/policies-and-resources/reports

³ <u>https://www.commonwealthfund.org/blog/2024/report-shows-dispute-resolution-process-no-surprises-act-favors-providers</u>

• Establish timely and transparent disclosures on IDR utilization by individual providers, as well as transparency on IDR entities' performance to ensure objective decision-making.

We appreciate the committee's interest in examining medical debt and the impact of health care costs on patients more broadly. We are glad to be a resource to your committee and look forward to working together on our shared commitment to ensure the *No Surprises Act* succeeds in its mission to protect patients while also lowering health care costs.

Sincerely,

The Coalition Against Surprise Medical Billing