

Surprise Medical Billing

Request: Pass the bipartisan and bicameral agreement to end surprise billing

Background on Surprise Billing

- A surprise bill can occur when an insured individual is billed the difference between the rate paid by the health plan and the out-of-network providers' charges.
- 67% of Americans state that they are worried about being able to afford an unexpected medical bill. This is more than express concerns about being able to afford health insurance premiums, rent, or mortgage payments (Kaiser Family Foundation).

Congress Must Act to End Surprise Billing

The bipartisan and bicameral agreement from the Senate Committee on Health, Education, Labor, and Pensions and the House Energy and Commerce Committee is the best solution to end most surprise bills.

This compromise:

- Holds patients harmless in most surprise billing situations, such as:
 - Emergency care
 - Non-emergency care at in-network facilities
 - Air ambulance transportation
- Includes strong notification standards for planned care:
 - Healthcare providers are required to notify patients about network status and provide estimates of expected out-of-pocket costs at the request of the patient.
- Saves money for the taxpayer:
 - The Congressional Budget Office estimates this proposal would reduce deficits by \$24 billion over 10 years.
- Includes additional protections such as requirements about timely bills and provisions aimed to improve provider directory accuracy.

What is multiple sclerosis (MS)?

- MS is an unpredictable, often disabling disease of the central nervous system.
- Symptoms range from numbness and tingling to blindness and paralysis.
- The progress, severity and specific symptoms of MS in any one person cannot yet be predicted.
- Nearly 1 million people are living with MS in the United States—more than twice the previously reported number.

Surprise billing and the impact on those living with MS

- 1 in 5 adults had a surprise medical bill in the past two years. (Kaiser Family Foundation)
- Those with MS already have 5.1 times higher costs than people without MS (*Multiple Sclerosis and Related Disorders*)

Protect the MS Community from Surprise Billing

“This isn’t going to be anything serious.” That’s what I told myself as I waited in the emergency room.

My ophthalmologist urged me to go to the ER after I lost vision in my right eye. I called my insurance company to confirm my local hospital was in-network, and I checked myself in at 9 a.m. As the doctor examined my eyes, I could see by the look on his face that something was wrong. That’s when they told me I needed a brain MRI.

I started to get anxious. I thought I was there because of an eye infection or something, and now, it could be something more serious. That day was chaotic; there were so many people in and out of the room doing blood tests, shining bright lights in my eyes, asking me question after question and checking my reflexes.

When my MRI results came back around 7 p.m., they told me I had to be admitted to the hospital to start a steroid treatment because they suspected I had multiple sclerosis (MS). This totally caught me off guard. Who goes to the hospital for an eye issue expecting to be told they likely have a devastating chronic disease?

My life was a stress-filled blur: doctors confirmed I had MS, I was struggling with fatigue and numbness in my arms and legs, deciding what medication to take, still working, but hadn’t even told my manager what was going on.



“People dealing with a life-altering diagnosis like MS shouldn’t have another undue burden in the form of surprise billing.”

it. But even if I did, I don’t know if it would have made a difference. My health plan is covered by my employer and is regulated by the federal government, but the federal government does not protect patients with my type of insurance from surprise medical bills.

Surprise billing is not something someone should have to deal with in the face of a life-changing medical diagnosis. Many people don’t have the means to pay for these bills, which causes further stress to their mental and physical health. Congress must come together to protect everyone from surprise medical bills.

That’s when the hospital bill came. And it was more than I expected. When I called my insurance, they told me they wouldn’t cover one of the doctors I saw during my ER visit because the doctor was out-of-network.

I couldn’t believe it. What was I supposed to do, question every single person in the midst of the chaos of that day to see if they were in-network? I was at an in-network hospital. I was frustrated. I thought insurance should cover this, but I just wanted to move on, so I paid it. Later, I learned I could have contested