

Opening Statement
Chairwoman Anna G. Eshoo
Subcommittee on Health
Committee on Energy and Commerce
Hearing on “No More Surprises: Protecting Patients from Surprise Medical Bills”
June 12, 2019

Today is a bipartisan hearing about solutions to end surprise medical billing. Patients receive surprise bills when they receive care from providers who are not part of the health plan they’re insured by – often referred to as out-of-network providers – and they’re caught between insurers, hospitals, and doctors.

These are often people who play by the rules. They bought an insurance plan, they paid their premiums, and they go to providers in their network. We all expect to receive medical bills, but the “surprise” in a surprise bill is a shock that can amount to more than people have in their savings account.

In a recent Kaiser Family Foundation poll, 67% of Americans said they are worried about being able to afford their own or a family member’s unexpected medical bills.

It makes sense why people are so worried. Receiving a surprise medical bill is incredibly common.

One in five emergency department visits result in a surprise medical bill. If you need a ground or air ambulance, you are at an especially high risk for a surprise bill. More than half of all ambulance rides are billed out of network, and the GAO found that nearly 70% of air ambulance trips were billed out of network.

In my region, a young woman, Nina Dang, broke her arm while riding her bike. Paramedics took her to an emergency room at Zuckerberg San Francisco General Hospital. According to *Vox* reporter Sarah Kliff, who wrote a series of articles exposing surprise bills, Nina Dang left with a cast and a few months later received a bill for \$20,243. That’s because Zuckerberg San Francisco General was not in her insurance network.

California, like New York and several other states, already has strong state protections for out-of-network emergency patients, but state law cannot regulate self-funded employer plans that cover about 100 million Americans. That means that without action from Congress, millions of Americans are unprotected from surprise bills.

Today, we’ll hear testimony from the many who are part of the system that produces surprise bills. Hospitals, physicians, and health insurers know that patients can’t control where they are treated in an emergency. They know that patients don’t expect to receive an out-of-network bill when they go to an in-network facility. However, they still participate and contribute to a system that can bankrupt a person.

In some of our witnesses' testimony, I've seen a tendency to confuse the surprise billing issue with other concerns – large deductibles, narrow networks, or the pressure of high health care costs for both patients and the nation. I want our subcommittee to tackle these problems, but they are not today's agenda. Our work today is not simple, but it is clear. We must protect every Americans from a surprise medical bill.

I'm proud of the bipartisan work our Subcommittee has tackled so far this Congress. In our drug pricing hearings, we've been able to put the finger pointing aside, get to the root of the issue, and pass legislation to help patients.

I ask our witnesses to do the same. Help us find the best policy. I look forward to your testimony, and I look forward to working with my colleagues to develop a bipartisan solution to end surprise billing.