Surprise?! How Congress Can Protect Patients from Surprise Medical Bills

Right now, private equity firms and out-of-network providers can demand a blank check from patients, forcing them to pay significantly more than what Medicare and private health plans pay for the same medical service in the same market.

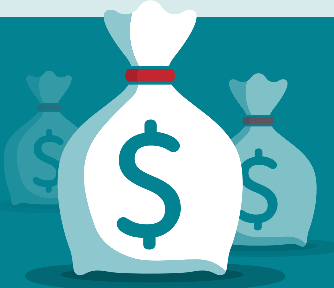
SPECIALIST	AVG. IN-NETWORK NEGOTIATED RATE (% OF MEDICARE)	AVG. OUT-OF-NETWORK RATE (% OF MEDICARE)
ANESTHESIOLOGIST	367%	802%
PATHOLOGISTS	343%	562%
RADIOLOGISTS	195%	452%
ASST. SURGEONS	176%	2,652%

Health Affairs

By establishing a fair, market-based standard for out-of-network reimbursement, patients can be protected from exorbitant bills and benefit from private negotiations between health plans and providers. The best way to achieve this is by reimbursing at the median, in network amount for care based on the local market.

The Congressional Budget Office / Joint Committee on Taxation estimate that in facilities where surprise bills are likely, payment rates would move toward the median, and as a result, lead to increases in rates for providers that now receive below-median payments.

Payment rates would move toward the median.



This will save patients, American taxpayers and employers more than

$25 BILLION OVER 10 YEARS

while providing fair reimbursement for providers and rural hospitals.

COALITION AGAINST
SURPRISE MEDICAL BILLING

For more information, visit stopsurprisebillingnow.com.