Out of Network/Surprise Billing

As Congress works to develop consensus policy to address issues arising from out of network care, which can lead to surprise bills, the National Association of Spine Specialists (NASS) urges Congress to avoid unintended and harmful consequences for patients, providers, and the overall health care system.

ONGOING CONCERNS: NASS is deeply concerned about the impact that unanticipated medical bills are having on patient out-of-pocket costs and the patient-physician relationship. Health insurance plans are increasingly relying on narrow and often inadequate networks of contracted physicians as one mechanism for controlling costs. As a result, even those patients who are diligent about seeking care from in-network physicians and hospitals may find themselves with unanticipated out-of-network bills from providers who are not in their insurance plan’s network, simply because they had no way of knowing and researching in advance all the individuals who are ultimately involved in their care. Physicians and other providers are limited in their ability to help patients avoid these unanticipated costs because they, too, may not know in advance who will be involved in an episode of care, let alone other providers’ contract status with all the insurance plans in their communities.

STAKEHOLDER PRINCIPLES: NASS joined the American Medical Association and more than 100 other specialty and state medical societies in sending a letter to congressional leaders outlining the following principles to be considered when developing legislation that seeks to protect patients from out-of-network costs not covered by their health plan:

- **Insurer accountability** to ensure appropriate network adequacy,
- **Limit patient responsibility** to in-network rates under certain circumstances,
- **Keep patients out of the middle** by ensuring negotiations are between the health plan and provider,
- **Transparency** of out-of-network potential charges,
- **Set benchmark payments** for out-of-network providers,
- **Alternative dispute resolution** for additional provider payments above the typical case, and
- **Universality** by ensuring that ERISA plans are also covered.

REQUEST: NASS requests Congress to approach the problem of unanticipated out-of-network bills in a balanced manner. Patients should only be responsible for in-network cost-sharing when experiencing unanticipated medical bills. Patients should not be burdened with payment rate negotiations between insurers and providers. We urge Congress to consider the principles above to ensure transparency, promote access to appropriate medical care, and avoid creating disincentives for insurers and health care providers to negotiate network participation contracts.