Surprise Medical Bills

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Share of Visits with Potential Surprise Bill

Source: Garmon and Chartock (2017), as reported in Adler et al. (2019)
Share of Emergency Visits with OON Charge, by State, 2017

National Rate = 18%

Texas: ERs Without Network Physicians

Figure 3: Many In-network ERs Have No In-network Physicians Available.

Source: Stacey Pogue, Center on Public Policy Priorities (February 2017)
Balancing the Bills–Policy Solutions to Address Surprise Billing

Average Contracted Rate, Relative to Medicare, Selected Specialties

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Rate (Relative to Medicare)</th>
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</thead>
<tbody>
<tr>
<td>Anesthesiologists</td>
<td>344%</td>
</tr>
<tr>
<td>Emergency Physicians</td>
<td>304%</td>
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<tr>
<td>Radiologists</td>
<td>204%</td>
</tr>
<tr>
<td>All Other Physicians</td>
<td>128%</td>
</tr>
</tbody>
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Source: Adler et al. (2019)

Elements of Protecting Consumers

- Protect consumers by
  - Ensuring they pay no more than normal cost sharing
  - Prohibiting providers from balance billing
- Extend protections to both emergency department and in-network hospital settings
- Apply laws to all insurance types (HMOs and PPOs)
- Adopt either:
  - An adequate payment standard – a rule to determine how much the insurer pays the provider
  - A dispute resolution process to resolve payment disputes between providers and insurers
  - Or a combination of both
- Alternatively: bundle all provider charges into one bill
State Laws Protecting Consumers Against Balance Billing, July 2019

- States with partial protections (14 states)
- States with comprehensive protections (13 states)
- States without protections (27 states and DC)

Data collection and analysis as of July 2019 by researchers at the Center on Health Insurance Reforms, Georgetown University Health Policy Institute.


Gaps in State Regulation

- States without laws protecting consumers
- No state jurisdiction over self-funded plans
- Air ambulance services
- Services received in another state