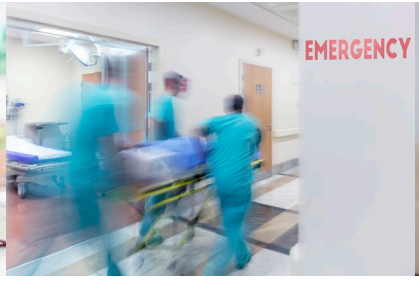
American College of Emergency Physicians®
ADVANCING EMERGENCY CARE



Protecting Emergency Patients from Surprise Bills

In a medical emergency getting treatment as soon as possible is the number one priority – not verifying which providers are in-network, figuring out how much your deductible is, or worrying how much treatment will cost.

Unlike most physicians, emergency physicians are *prohibited by law* from discussing with a patient any potential costs of care or insurance details until they are screened and stabilized. This is an important patient protection enacted under the Emergency Medicine Treatment and Labor Act (EMTALA) that ensures care is focused on immediate medical needs. However, it also means that patients often do not fully understand the potential costs that could be involved in their care or the limitations of their insurance coverage until they get the bill.

Fortunately, there are solutions that can protect emergency patients and their families when their insurance coverage fails them. To take patients out of the middle of billing disputes, Congress should adopt a proven process that encourages insurers and providers to negotiate fairly. Effective in several states, this arbitration model provides an evidence-based template to federally protect patients from surprise medical bills.

The key principles of such an approach are:

- **Protect patients.** ACEP supports a prohibition of "balance billing" of a patient *provided* there is a corresponding fair and independent mechanism to resolve provider-insurer billing disputes.
- **Level the playing field.** An independent, "baseball-style" arbitration process is a simple and efficient solution that incentivizes providers to charge reasonable rates, and insurers to pay appropriate amounts. In New York, this model has almost eliminated surprise bills; meanwhile, insurance premiums and health care costs in the state have grown more slowly than the rest of the nation.

Take patients **out of the middle** by adopting a proven process that encourages insurers and providers to negotiate fairly.

- **Improve transparency.** To ensure patients better understand the limits of their insurance coverage and all potential out of-pocket costs each time they seek care, insurers should provide the deductible amount on policyholders' insurance cards.

  Patients should also not have to pay any more out-of-pocket costs for emergency care than they would have paid if it was in-network. Under current law, this patient protection only applies to coinsurance and copays for emergency care, *not* deductibles.

  Lastly, policyholders should be provided with clear, concise and meaningful explanations of their plans' emergency services benefits, an up-to-date list of in- and out-of-network providers, and their rights under EMTALA.