

The Pacific Business Group on Health and its employer members are disappointed in the draft language released this morning by the House Ways and Means Committee to address the rampant abuse of surprise medical billing. We all can agree that protecting patients is the first priority of any solution to surprise medical billing. However, legislators must also find solutions to contain health care costs resulting from hospital and physician charges, the largest cost expenditure for U.S. employers and patients.

Surprise medical bills often reflect four to five times the median in-network rate of each charge. This is no accident; this is a calculated business decision propelled by the private equity sector, which has increasingly invested in medical specialties that generate a disproportionate share of surprise bills. These specialties remain out of network in order to charge high fees for urgently needed services. The proposal by Ways & Means of an "independent mediated negotiation process" is simply thinly veiled arbitration that will protect the interests of profit at the expense of patients and employers. The proposal does nothing to address the exorbitant charges by the air ambulance industry, one of the most egregious, unchecked sources of surprise medical bills. Additionally, American families would not feel an ounce of relief for another two years, when the law would take effect.

We are disappointed—again—at the lack of patient and employer protection that a benchmark solution to surprise medical billing would provide. As written, the proposal by Ways & Means is a win for the bad actors who are price-gouging the American health care system.

PBGH and the other members of the <u>Coalition Against Surprise Medical Billing</u> look forward to continued negotiation with the four congressional committees tasked with crafting legislation to address this unfair practice. We remain hopeful that the final agreement reflects a balanced approach more closely aligned with the Senate's <u>Lower Health Care</u> <u>Costs Act of 2019</u>, which would protect patients from financial harm and establish a mechanism to prevent runaway health care costs. We will work with Congress on a solution for patients, as well as for employers and the employees and families for whom they provide benefits.