



## Understanding Surprise Bills

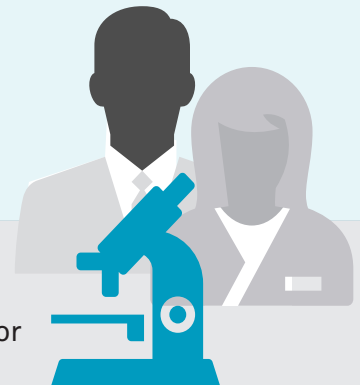
1 in 7

patients received a surprise bill from a provider after receiving care at an in-network hospital.



33%

of pathology practices based in independent laboratories experienced denials either to participate in a new provider network or for continued participation in a provider network.



58%

of patients receiving surprise medical bills believe their insurance plan is responsible for not having enough in-network physicians.

60%

of covered workers in self-funded federal ERISA health plans are not protected by laws in 15 states holding patients harmless from surprise bills.  
**CONGRESS MUST NOW ACT.**



### OUR ASK

Congress must seek a legislative plan addressing surprise bills that:

- Holds patients harmless; meaning, patients shouldn't pay more when they can't get access to in-network physicians.
- Uses a fair market-based system for health plans paying out-of-network bills.
- Establishes an arbitration process that takes patients out of the middle.
- Fixes narrow networks by requiring insurers to maintain adequate networks of hospital-based physicians.
- Requires regulators to enforce network adequacy for health plans.

