

UPDATE



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Alexander, Pallone, Walden Surprise Medical Bills Compromise Will Harm Patient Access to Care
Neurosurgeons oppose the plan in its current form and urge Congress to make significant improvements.

Washington, DC—Today, the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS) expressed significant concerns with the surprise medical bills provisions of the revised Lower Health Care Costs Act, recently released by Senator **Lamar Alexander** (R-Tenn.) and Reps. **Frank Pallone** (D-N.J.) and **Greg Walden** (R-Ore.). While the proposal makes clear that patients will only be responsible for their in-network cost-sharing amounts when receiving unanticipated medical bills, it nevertheless falls short and must be improved to ensure that patients have continued access to quality care.

To fully protect patients from surprise insurance gaps, the AANS and the CNS believe that Congress must adopt legislation that accomplishes the following:

- Safeguards patient access to care by requiring provider networks that are adequate to meet patients' medical needs;
- Ensures reasonable provider rates, and any benchmark payment rate based on median or mean in-network contract rates or some percentage of Medicare is unacceptable;
- Establishes a fair, accessible and equitable independent dispute resolution (IDR) process to resolve payment disputes between health plans and providers — and access to IDR must not be restricted to claims above a specific dollar amount, nor should the IDR process include a “cooling off” period; and
- Instructs arbiters to determine appropriate payment rates based on, among other things, commercially reasonable rates for comparable services in the same geographic region utilizing an independent and transparent commercial insurance claims database.

“There is no question that the time has come to end surprise medical bills, and we agree that patients should be held harmless and must not be financially penalized for receiving unanticipated care from an out-of-network provider,” said **Ann R. Stroink**, MD, FAANS, a practicing neurosurgeon from Bloomington, Illinois, and chair of the AANS/CNS Washington Committee.

Dr. Stroink continued, “However, an arbitrary government-dictated benchmark payment rate is unacceptable as it will not reflect actual market rates and will systematically undervalue physician services. There will be little incentive for plans to negotiate in good faith with physicians, which will likely increase the number of out-of-network providers, ultimately adversely affecting access to care.”

“Congress must strike the right balance to protect patients from unanticipated medical bills for out-of-network care, while at the same time facilitating a process to quickly, efficiently and fairly resolve physician and health plan billing disputes,” Dr. Stroink added.

She concluded, “The AANS and the CNS look forward to working with Congress to advance bipartisan legislation that will protect patients, improve transparency, diminish the market dominance of health plans, and help ensure that patients have timely access to the physician of their choice.”

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The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 8,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit www.aans.org or www.cns.org, read our blog www.neurosurgeryblog.org, follow us on [Twitter](https://twitter.com) or connect with us on [Facebook](https://facebook.com).