



*A Passionate Voice for Compassionate Care*

July 10, 2019

The Honorable Anna G. Eshoo  
Chairperson  
Committee on Energy and Commerce  
Subcommittee on Health  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Michael C. Burgess  
Ranking Member  
Committee on Energy and Commerce  
Subcommittee on Health  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairperson Eshoo and Ranking Member Burgess:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, I am writing to you about the No Surprises Act, H.R. 3630, which the subcommittee will be considering on Thursday, July 11, 2019.

CHA and our members strongly support protecting patients from surprise bills. Patients should not be subjected to financial consequences when they have unexpected and unavoidable encounters with out-of-network health care facilities and providers, and they should be removed from any subsequent payment negotiations between facilities, providers and insurers. However, we have significant concerns with how H.R. 3630 would resolve those payment issues.

We strongly oppose the establishment of a statutory payment rate. The No Surprises Act would require facilities and providers to accept an insurer-based benchmark payment based on median contracted rates for out-of-network emergency and post stabilization care, and for care provided by out-of-network ancillary providers at in-network facilities.

Health plans and hospitals have a longstanding history of settling disputes over out-of-network payments, which can be resolved while holding the patient harmless. Congress should allow this to continue rather than imposing a benchmark payment on hospitals. Rate setting creates a disincentive for insurers to negotiate with hospitals for in-network contracts and eliminates a hospitals' leverage in negotiate. The end result may cause the erosion of network adequacy for consumers. In addition, contracted payment negotiations between insurers and hospitals include factors such as provider's volume, services offered and quality improvement efforts, which a required payment rate would not reflect. We urge you not to advance H.R. 3630 with provisions establishing a benchmark payment rate.

Thank you for your consideration of our concerns. We look forward to working with you and the full committee to find an appropriate federal solution to protect patients from surprise billing.

Sincerely,

A handwritten signature in black ink that reads "Sr. Mary Haddad".

Sr. Mary Haddad, RSM  
President and CEO