Stop Surprise Medical Bills

One in five visits to the emergency room result in the patient receiving a surprise medical bill. Surprise medical bills happen when a patient sees a doctor that they did not choose: either because of emergency care at an out-of-network hospital, or because an out-of-network doctor, not chosen by the patient, treats them.

The Lower Health Care Costs Act of 2019 will ensure that patients do not receive a surprise bill. Patients would only be required to pay the in-network amount – whether they receive out-of-network emergency care or non-emergency care at in-network facilities and are treated by out-of-network providers.

The Committee is considering three different ways to end surprise billing:

- **Choosing an in-network hospital means receiving in-network care:** For patients, if a hospital takes your insurance card, then every practitioner at that hospital also has to take your insurance card. For providers, they can choose to join the insurance networks that cover that hospital or they can choose to send the bill through the hospital rather than sending separate bills to the patient or insurer.

- **Benchmark:** For surprise bills, insurance companies would pay providers the median contracted rate for the same services provided in that geographic area.

- **Arbitration:** For surprise bills over $750, the insurer or the provider can initiate an independent dispute resolution process. The insurer and provider would each submit a best final offer and the arbiter will make a final, binding decision on the price to be paid. For surprise bills less than $750, the insurer will pay the provider the median contracted rate for the same services provided in that geographic area.
Lower the Cost of Prescription Drugs

One in four Americans say it is “difficult” to afford their prescriptions, according to a recent Kaiser Family Foundation survey. And while there has never been a more exciting time in biomedical research, that progress is meaningless if patients cannot afford these new lifesaving drugs.

The Lower Health Care Costs Act of 2019 will lower prescription drug prices by:

- **Ensuring makers of brand drugs, including insulin products, are not gaming the system** to prevent new, lower cost generics or biosimilars from coming to market.

- Helping bring biosimilar drugs to market faster to ensure **patients can better afford promising biologic medicines**, which include cutting-edge drugs used to treat serious and life-threatening conditions.

- Preventing the abuse of citizen petitions to unnecessarily delay drug approvals.

- Eliminating a loophole where the first generic drug to submit an application to the Food and Drug Administration (FDA) can block other generic drugs from being approved.

- Educating health care providers and patients on biological products and biosimilars, which are the lower-cost version of biological products, to encourage their use where appropriate for patients.

- **Helping generic-drug and biosimilar companies speed drug development** and avoid patent infringement through transparent, modernized and searchable patent databases.
Improving Transparency in the Health Care Market

Patients often do not know how much a particular test or procedure will cost. Giving patients, providers, payers, and researchers more tools to understand the cost and quality of care will help foster innovation that improves outcomes and lowers costs. You can’t lower health care costs until you know what your health care actually costs.

The Lower Health Care Costs Act of 2019 will:

- Designate a nongovernmental, nonprofit entity to use de-identified patient health care data so patients, states, and employers are able to better understand their health care costs and take steps to reduce those costs.

- Ban gag clauses that prevent employers and patients from knowing the price and quality of health care services, while maintaining all privacy and security protections on patient data.

- Ban anti-competitive terms in health insurance contracts that prevent patients from seeing other, lower-cost, higher-quality providers. The Wall Street Journal identified dozens of cases where anti-competitive terms in contracts between health insurers and hospital systems lead to higher costs.

- Require health care facilities to provide a summary of services when a patient is discharged from a hospital to make it easier to track bills, and require hospitals to send all bills within 30 business days, to prevent unexpected bills many months after care.

- Require providers and insurers to give patients price quotes on expected patient out-of-pocket costs for care, so patients are able to shop around.

- Require insurance companies to keep up-to-date provider directories so patients can easily know if a provider is in-network.

- Ban Pharmacy Benefit Managers (PBMs) from charging employers, health insurance plans and patients more for a drug than the PBM paid to acquire the drug, what is known as “spread pricing.”
Help Americans Lead Healthier Lives

One of the best ways to reduce the cost of health care is through disease prevention efforts that help families stay healthy. Over 84 percent of all health care spending is on chronic conditions like asthma, diabetes, and heart disease. According to the Cleveland Clinic, regular visits to your primary care doctor, along with keeping your immunizations up to date and maintaining at least four measures of good health, such as a healthy body mass index and blood pressure, will help you avoid chronic disease about 80 percent of the time.

The Lower Health Care Costs Act of 2019 will:

- **Increase vaccination rates and prevent disease outbreaks** through (1) a national, evidence-based campaign to combat the spread of vaccine-related misinformation, including online; and (2) grants to states, communities, and public and non-profit organizations to support immunizations, especially in communities with low vaccination rates, and to raise awareness of the safety and importance of vaccinations.

- **Expand the use of technology-based health care models** to help patients in rural and underserved areas access specialized health care. More than 60 million Americans live in rural or other medically underserved areas, and may have to travel hundreds of miles to reach a health care specialist.

- Give states, Tribes, and communities an evidence-based guide to developing programs to **prevent obesity**, and other associated health conditions. The Centers for Disease Control and Prevention estimated most recently that the United States spent more than $1.47 billion on medical costs associated with obesity annually.

- Improve state and local public health systems that prevent, identify, report, and respond to outbreaks of diseases, such as measles, Zika, and other health conditions, and make it easier for doctors, health departments, and the Centers for Disease Control and Prevention to collect and share public health data with each other.

- **Reduce maternal mortality** and improve maternal care by authorizing grants for states to collaborate to improve the quality of care for mothers and infants, for innovative programs that provide integrated care to moms, and for training health care providers to improve health care and reduce health disparities, including associated with racial and ethnic minority populations, in health care for expectant and new moms, and requiring a study to make recommendations for best practices for preventing maternal mortality.
Make It As Easy To Get Your Personal Medical Records As It Is To Book An Airplane Flight

Patients should be able to get their electronic health records from their providers and insurers as easily as you can book an airline ticket. This would be a huge relief to any of us who have spent hours tracking down paper copies of our records and carting them back and forth to different doctors’ offices.

The Lower Health Care Costs Act of 2019 will:

- **Give patients full, electronic access to their own health claims information** to help them pick the best health insurance plan for their family, find a provider when they need care, and anticipate what they will pay out of pocket for care.

- Ensure the Department of Health and Human Services (HHS) can successfully implement interoperability provisions of the 21st Century Cures Act.

- Incentivize health care systems to keep your personal health information private and secure.

  - First, according to HHS data, over 13 million electronic health records were hacked in 2018. When administering certain audits or fines related to the Health Insurance Portability and Accountability Act (HIPAA), this provision encourages HHS to consider whether **practitioners, hospitals, insurers, and health technology firms have updated security best practices** to protect patients’ personal health information.

  - Second, at the doctor’s office, everything, including your electronic health record, is covered by the privacy and security protections of HIPAA. Those protections don’t always apply when you share your personal health information with third-party mobile applications. This will study what privacy protections currently apply to those third party applications and what steps, if any, need to be taken to keep your health information private.