

# Families USA: Oppose the Ruiz Amendment and support the underlying surprise billing legislation

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Washington, D.C. – Families USA released the following statement regarding the Energy and Commerce Committee’s legislation on surprise medical bills.

Oppose the Ruiz Amendment and Support the Underlying Surprise Billing Legislation

Families USA supports the Energy and Commerce Committee’s legislation on surprise medical bills as it is a critical step forward to protect families. The Committee worked across the aisle to design bipartisan legislation that includes strong protections for consumers.

However, we oppose the Ruiz amendment because it adds an unnecessary level of complexity and uncertainty for consumers and undermines the intent of the underlying legislation. We urge Members of the Committee to vote against the amendment.

In order to provide the best protection for families against surprise medical bills and against escalating health care costs, we strongly prefer a process that establishes a fair payment rate in advance of services, such as median in-network rate, which is simple and provides the greatest financial protections for families. In the event the Ruiz amendment is adopted, Families USA looks forward to working to improve the legislation. Recommendations to make arbitration work better for families as a component of the statutory framework include:

- In establishing the payment rate, the arbiter may consider the underlying value of

the service and the provider's true cost;

- The dollar threshold triggering an arbitration option should not incentivize increases in health care prices or increase in the incidence of balance billing; and
- The pricing mechanism should protect the ability of insurers to develop robust provider networks.

For far too long, surprise medical bills have been a significant problem for families and can create devastating financial consequences. They occur when insured patients, through no fault of their own, are treated by an out-of-network provider and are charged the difference between the rate their insurer pays the provider and the provider's billed charge. This amount is often many times what the consumer's in-network cost-sharing responsibility would be and set a price many times more than paid within network.

One person that knows the perils of surprise medical bills all too well is Sonji Wilkes of Englewood, Colorado. She testified June 12 before the U.S. House of Representatives Energy and Commerce SubCommittee on Health about her family's alarming experience with surprise medical bills, which included a \$50,000 bill after her newborn son Thomas was treated for hemophilia in the Neonatal Intensive Care Unit (NICU) of the hospital in which she delivered her son. She and her husband were unaware that the hospital had subcontracted the NICU, just steps from the room in which her son was delivered, to a third-party provider that was not a part of any insurance company network. Because they made every effort to stay in-network based on the information provided to them, they refused to pay the bill. It was turned over to collections, then dismissed several years later as part of a class action lawsuit. The ordeal still ruined their credit rating.

America's families have an important stake in the details of surprise bill legislation, and it is important for the House to get this right as we near major votes. This includes ensuring that consumers are fully protected, costs are held down, and incentives for both providers and health plans are structured in a thoughtful and balanced way.