



The Association of Surgical Assistants and the National Surgical Assistant Association are fully committed to protecting patients from surprise medical bills and strongly oppose balance billing. No patient should have to experience the financial burden of receiving a bill for out-of-network surgical care that could have avoided or for out-of-network deductibles, or co-insurance amounts that they expected to be in-network.

Both of our organizations support a legislative solution to protect patients in these circumstances where patients' financial obligations are limited to the in-network amount, and balance billing is prohibited when the potential for insurers and surgical assistants successfully negotiate a sustainable, fair payment rate.

Surprise bills or unexpected out of network expenses are a direct result of the lack of a negotiated contract between the patient's insurer and the surgical assistant that participated in their surgical procedure. We support any sensible solution or effort that focus on arriving at a fair payment from a health plan to a surgical assistant directly while protecting patients from the consequences that can arise when an insurer lacks adequate contracted providers.

For some context and according to the Health Care Cost Institute, 2.1% of visits with surgical services had an out-of-network claim compared to 16.5% from Emergency Room visits or 12.9% from pathology services and this 2.1% from surgical services includes anesthesiology providers and not only surgical assistants.

The current medical billing process is complicated and flawed, and it lacks transparency. There are opportunities to standardize billing practices, negotiate fair reimbursement rates between insurance companies and providers and most importantly, protect patients from unexpected gaps in coverage.

We, at ASA and NSAA propose the following:

- Commitment to in-network status whenever possible and as long as there is full disclosure and transparency in reimbursement rates
- Clarity around payment resolution at the state and federal levels. (arbitration or benchmark)
- The use of an independent and transparent charge database. (FairHealth or AHRQ All-Payer Claims Database)

In contrast, "network matching" or "bundling" propositions such as the ones that are considered and proposed at state or federal level legislatively allows insurers to have the absolute power to set their "preferred provider" rates without any checks and balances or provider input. These proposals shift the liability and financial responsibility to hospitals and surgeons while potentially leaving them with staffing resources that lack the proper skills, training, and knowledge, placing patient care at risk. Both of our organizations strongly oppose the solutions mentioned above mainly because they would be highly

disruptive, intrusive and the unintended consequences would likely be significant not only for us as surgical assistants but to other providers and facilities throughout the country.