

Preventing Surprise Medical Bills

The American Association of Nurse Anesthetists (AANA) represents more than 54,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists who provide approximately 49 million anesthetics annually in the United States. CRNAs provide every aspect of the delivery of anesthesia services including pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs and managing the patient throughout the surgery. The AANA stands ready to work with Congress to address the issue of patients receiving surprise medical bills.

- **CRNAs stand ready to work with Congress and all invested parties to address surprise medical billing and to remove patients from disputes between providers and insurers.** Nurses work on the frontlines of health care delivery earning their continuous recognition as the most-trusted profession in America. Nursing as a community always puts the patient at the center of meaningful solutions. With this in mind, any legislation to address surprise billing should hold the patient harmless financially in surprise medical billing situations.
- **Any legislative proposal to address surprise billing should offer a fair process for provider reimbursement.** Use caution in ceding too much power to insurers. Proposals that include “rate setting,” “network matching” and “bundled payments” could allow insurers to potentially manipulate rates for reimbursement in their own favor, which could ultimately reduce competition and choice at the expense of the patient. Proposals should include provisions that requires insurers to negotiate in good faith with providers to join their networks and should include punitive measures for insurers that fail to demonstrate good faith.
- **Address one of the underlying causes of surprise medical bills by enforcing provider nondiscrimination.** Inadequate networks offered by insurers are the result of discrimination against providers, including CRNAs, based on their licensure or certification. Too often, patients receive out-of-network bills because insurers have refused to negotiate in good faith and have discriminated against providers, forcing the providers to go out-of-network. “Provider nondiscrimination” provisions signed into law in 2010 should be properly enforced, requiring insurers to reimburse all providers equally for the same procedures. Inadequate networks stifle access and increase costs. Legislation passed by the House Energy & Commerce Committee and the House Education & Labor Committee include provisions requiring proper enforcement of existing provider nondiscrimination laws.

Action for Congress: Remove patients from the center of billing disputes in any legislation to address surprise billing and address one of the underlying causes by including provisions properly enforcing provider nondiscrimination.