

## End Pennsylvania's Surprise Coverage Gap

A growing number of Pennsylvania patients are receiving surprise medical bills for care they thought was covered by insurance. Why? Insurance companies are excluding doctors and providers from their networks, creating a coverage gap that leaves patients stuck in the middle and stuck with surprise medical bills, often during emergencies when they need care the most.



**Pennsylvania insurance companies are narrowing their networks and covering fewer providers.**



**More than 36% of Pennsylvania residents have trouble paying medical bills.**



**Pennsylvania hospitals and health systems provide over \$1 billion in uncompensated care.**

Insurers want legislators to ban balance billing without establishing fair reimbursement standards, allowing insurers to continue to charge patients more while covering less and unilaterally determining reimbursement levels. Without consumer protections and fair reimbursement standards, patients will not get financial relief. Doctors will continue to be forced out of network, sometimes even out of business, leading to an access-to-care crisis. With its rural hospitals already struggling to stay open--2 have already closed, Pennsylvanians need a solution that increases access to care instead of threatening it further.

### A Comprehensive Solution

Working together, we can achieve a better, fairer, comprehensive solution that takes patients out of the middle, boosts transparency, and effectively ends surprise billing while ensuring long-term access to quality healthcare.

#### Pennsylvania Should Enact Common-sense Legislation That:



Ensures patients will not be financially penalized for unexpected out-of-network care.



Creates an appropriate and fair standard for out-of-network services using a reimbursement schedule connected to an independently recognized and verified charge-based database.



Requires increased transparency in healthcare, including through making provider directories accurate, up to date and easily accessible for both patients and physicians.



Improves network adequacy to protect patients and ensure greater access to care.



Establishes strong penalties for insurance companies and physicians that violate the law.

End the Surprise Insurance Gap is a growing alliance of physicians associations, patient advocates and consumer groups fighting to improve patient protections, promote transparency and increase access to care. We represent more than 70,000 physicians caring for over 50 million patients in more than 3,000 facilities nationwide.