

# **WE'RE ALL FOR PROTECTING PATIENTS FROM SURPRISE MEDICAL BILLS**

We support a meaningful solution to protect patients from the burden of costly, surprise bills after they receive care from an out-of-network provider they reasonably assumed was in their network.

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## **A VIABLE SOLUTION SHOULD ESTABLISH A REASONABLE BENCHMARK.**

- When providers and insurers cannot come to an agreement on reasonable reimbursement, a benchmark is needed to determine an appropriate payment amount.
- The benchmark should be based on the private market's established rate for a service in a particular geographic area, such as the average in-network reimbursement for that same service.
- It should not be tied to billed charges. Billed charges are set by the provider unilaterally and often bear no relation to either the actual cost of care or market rates.

## **THE SOLUTION SHOULD AVOID THE USE OF ARBITRATION.**

- Binding arbitration doesn't solve the problem, it only punts the solution to an arbitrator. It's an inefficient approach to addressing surprise billing.
- Arbitration creates administrative waste and incentivizes providers to bill even higher rates in order to achieve maximum payment.
- Arbitration is an inflationary process that encourages cost escalation. Insurers will have to increase health insurance premiums to offset arbitration costs, turning surprise medical bills into surprise premium invoices.

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*The Ohio Chamber of Commerce represents the voice of 8,000 businesses that range from small companies to international corporations. Through education and advocacy, we aggressively champion free enterprise, economic competitiveness and growth for the benefit of all Ohioans.*

**WE URGE YOU TO RESOLVE SURPRISE BILLING IN A WAY THAT HOLDS PATIENTS HARMLESS, PROVIDES CERTAINTY, ENSURES A REASONABLE REIMBURSEMENT RATE AND DOES NOT DRIVE UP HEALTH INSURANCE COSTS.**

