



## NEWS RELEASE

### Employer community applauds efforts to address ‘surprise billing’ crisis

*Legislative solution must protect patients without undermining networks, raising costs*

**WASHINGTON DC (May 9, 2019)** – The American Benefits Council, The ERISA Industry Committee (ERIC) and the National Retail Foundation (NRF) issued the following statement today, praising the White House and Congress today for their commitment to solving the problem of “surprise” health care billing:

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We applaud the president for drawing attention to the hard work already underway by lawmakers in the U.S. Senate Health, Education, Labor and Pensions Committee and elsewhere. Employer health plan sponsors share their commitment to ensuring that the more than 181 million Americans who receive health coverage through work are protected from “surprise” medical bills that cannot reasonably be avoided.”

“Surprise” billing refers to instances in which patients are billed for the balance not covered by their insurance when services are provided at an out-of-network facility for emergency treatment or by an out-of-network provider at an in-network facility. Employers are deeply concerned about the burden that surprise medical bills place on their employees. Despite the efforts of employers to prevent unexpected billing and help employees faced with these bills, the underlying problem persists.

As lawmakers push forward on legislation to address the fundamental economic distortions underlying this problem, they must avoid changes that would discourage network participation or result in higher health care costs for all consumers. Binding arbitration is an inefficient and ineffective approach to addressing surprise billing and should not be included as a legislative solution. In [an April 2 letter](#), the undersigned employer groups outlined a detailed set of principles that should govern such legislation.

“Lowering health care costs should be the No. 1 health policy priority for lawmakers in Congress. One key component of that strategy should be to take the ‘surprise’ out of ‘surprise’ medical billing,” said **Ilyse Schuman**, senior vice president, health policy for the American Benefits Council.

“Surprise medical bills should be ended, immediately, using common-sense solutions. For instance, when a patient goes to an in-network hospital, they deserve the peace of mind of knowing that every provider they see will accept in-network payment rates,” said **James Gelfand**, senior vice president for health policy at The ERISA Industry Committee.

“Surprise medical bills are a symptom of high health care costs and out-of-control medical provider fees. Surprise bills must be banned and provider fees curbed,” said **Neil Trautwein**, vice president of health care policy for the National Retail Federation.

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