



Feb. 11, 2020

The Honorable Richard Neal
Chair, House Ways and Means Committee
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Ranking Member, House Ways and Means
Committee
1139 Longworth House Office Building
Washington, D.C. 20515

Dear Chairman Neal and Ranking Member Brady:

On behalf of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization that represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, AAOMS is pleased to offer comments on the substitute amendment of HR 5826, the Consumer Protections Against Surprise Medical Bills Act of 2020, which seeks to protect patients from unexpected surprise medical billing during emergency scenarios or when patients cannot reasonably select their providers.

OMSs are an integral part of hospital systems – providing emergency department coverage, serving as essential members of trauma teams throughout the country and performing complex procedures at hospitals.

AAOMS applauds your efforts to provide a balanced approach to prevent patients from being unfairly surprised by an out-of-network bill while ensuring that providers have the opportunity to be reimbursed at a fair and reasonable rate.

We are supportive of many components of the bill, including an arbitration process modeled after a successful New York law, and more notably, language that would allow direct payment from the insurer to the out-of-network provider. The reality described by our members is that patients do not use their funds to pay the surgeons' fees, thereby resulting in significant loss of payment for emergent care, often provided under extenuating circumstances.

One concern we do have is the definition of "health care facility." Specifically, we would like it clarified to ensure it could not be expanded to include office-based settings. We agree that the specific settings mentioned in the bill – such as hospitals, critical access hospitals, ambulatory surgical centers, laboratories, radiology facilities or imaging centers and independent free-standing emergency rooms – are appropriate to include in the definition. Patients in these settings are often unaware of which providers will be delivering care to them and whether such providers participate with their health plan. They also may not be in a position to request treatment by an alternative provider who participates in their plan's network. This is not the case with care provided in an office-based setting where patients

are able to determine in advance whether the provider is in their network, and patients can decide whether they want to incur any additional costs by seeking treatment from an out-of-network provider.

Thank you again for the opportunity to comment on this important legislation. Please contact Jeanne Tuerk, manager of the AAOMS Department of Governmental Affairs, at 800-822-6637 or jtuerk@aaoms.org for additional information.

Sincerely,

A handwritten signature in black ink that reads "Victor Nannini DDS FACS". The signature is written in a cursive, flowing style.

Victor L. Nannini, DDS, FACS
AAOMS President