

Twitter Thread by [Marilyn Heine](#)



[Marilyn Heine](#)
[@MarilynHeineMD](#)



1/ The “No Surprises Act” is deeply flawed. It should not advance in its current form. Work must continue to reach a meaningful remedy to “surprise medical bills” #SMB that keeps patients out of the middle and provides balance.

Here are several concerns w/ the current proposal:



2/ The proposal should require that the initial “interim payment” made by the insurer for out-of-network services be considered the plan’s offer for IDR, to incentivize the insurer to pay a fair initial reimbursement.

But, the proposal does not.

3/ The proposal should allow the IDR process to consider UCR and an independent charge-based database. Lest it be a form of price-fixing by insurers since the qualifying payment is indexed to the insurer-set in-network median rate (w/CPIU adjustment).

But, the proposal does not.

4/ The proposal should avoid a complex administrative burden that threatens practice viability and leads to consolidation and higher healthcare costs for patients. Cost effective independent physician practice provides patients choice.

But, the proposal does not.

5/ The proposal should explicitly prohibit the IDR process from considering Medicare, Medicaid, and other public payer rates. These are well known to be below the cost of providing care and these programs are not implicated by the #SMB provisions.

But, the proposal does not.

6/ The proposal should require that ERISA plans must submit claim information to the APCD. The growth of ERISA plans makes this an imperative. Federal statute is necessary to stipulate.

But, the proposal does not.

7/ The proposal should clearly hold all health plans accountable, with enforcement and audit programs, as robust for ERISA plans as for other health plans.

But, the proposal does not.

8/ The proposal should clearly impose penalties on plans that fail to reimburse providers for out-of-network care or that provide false or inaccurate information on their median contracted rate.

But, the proposal does not.

9/ The proposal should omit revenue cycle timelines unreachable for physician practices - small businesses; omit penalties to physicians due to delayed responses from insurers; and limit insurers' unwarranted opportunities to operate on the float.

But, the proposal does not.

10/ The proposal should explicitly hold out-of-network physicians harmless for erroneous information an insurer includes in its in-network physician directory, especially unbeknownst to the physician and without physician input.

But, the proposal does not.

11/ A flawed #SMB proposal will:

- Further narrow networks
- Limit access to care for patients
- Jeopardize health equity, and
- Put at risk healthcare jobs for employees

This has direct and indirect economic impacts.

12/ A flawed proposal fails to hold insurers accountable for their fundamental role driving #SMB thru:

- narrow networks
- high deductibles with disproportionate cost sharing
- take-it-or-leave-it contracts spurred by market dominance

It rewards insurers reaping record profits.

13/ A flawed #SMB proposal whose CBO score indicates 80% of “savings” comes from cuts to in-network providers while physicians risk our lives fighting a pandemic, sends the message that physician service is not valued.

Esp. now is not the time to rush a flawed SMB proposal.

14/ [@PAMEDSociety](https://t.co/31WYbkbWp) urges Congress to go back to the drawing board on this: <https://t.co/31WYbkbWp>

[@PAMEDSociety](https://t.co/31WYbkbWp) strongly urges #Congress to go back to the drawing board and put together a more balanced #surprisebilling proposal \u2013 one that does not diminish the essential role physicians play in delivering life-saving treatments.\u201d <https://t.co/jzSyGyaBSu>
[pic.twitter.com/lajXyUzagR](https://t.co/jzSyGyaBSu)

— Marilyn Heine (@MarilynHeineMD) [December 16, 2020](https://t.co/31WYbkbWp)

15/ [@AmerMedicalAssn](https://t.co/6vAd9I5VRs) writes “...we oppose enactment of the bill in its current form...”

<https://t.co/6vAd9I5VRs>

AMA on #SMB proposal <https://t.co/5YyzAv6rzY>

\u201c...we oppose enactment of the bill in its current form...\u201d

\u201c...we urge you to allow additional time for \u2066@AmerMedicalAssn\u2069 & other stakeholders to work with you to address our concerns & come up with a more balanced solution.\u201d [pic.twitter.com/5PAZrvJf09](https://t.co/5PAZrvJf09)

— Marilyn Heine (@MarilynHeineMD) [December 16, 2020](https://t.co/5YyzAv6rzY)

16/ Please see ■ [@CongBoyle](https://t.co/5YyzAv6rzY) [@RepBrianFitz](https://t.co/5YyzAv6rzY) [@CongressmanGT](https://t.co/5YyzAv6rzY) [@RepMeuser](https://t.co/5YyzAv6rzY) [@RepJohnJoyce](https://t.co/5YyzAv6rzY) [@RepDwightEvans](https://t.co/5YyzAv6rzY) [@RepDean](https://t.co/5YyzAv6rzY) [@RepHoulahan](https://t.co/5YyzAv6rzY) [@RepSusanWild](https://t.co/5YyzAv6rzY) [@GRESchenthaler](https://t.co/5YyzAv6rzY) [@MikeKellyPA](https://t.co/5YyzAv6rzY) [@RepConorLamb](https://t.co/5YyzAv6rzY) [@mgs](https://t.co/5YyzAv6rzY) [@USRepMikeDoyle](https://t.co/5YyzAv6rzY) [@RepCartwright](https://t.co/5YyzAv6rzY) [@RepFredKeller](https://t.co/5YyzAv6rzY) [@RepScottPerry](https://t.co/5YyzAv6rzY) [@RepSmucker](https://t.co/5YyzAv6rzY) [@SenToomey](https://t.co/5YyzAv6rzY) [@SenBobCasey](https://t.co/5YyzAv6rzY)

17/ Please see ■ [@SenateGOP](https://t.co/5YyzAv6rzY) [@senatemajldr](https://t.co/5YyzAv6rzY) [@SenateDems](https://t.co/5YyzAv6rzY) [@SenSchumer](https://t.co/5YyzAv6rzY) [@SpeakerPelosi](https://t.co/5YyzAv6rzY) [@GOPLeader](https://t.co/5YyzAv6rzY) [@HouseDemocrats](https://t.co/5YyzAv6rzY) [@HouseGOP](https://t.co/5YyzAv6rzY) [@HELPCmteDems](https://t.co/5YyzAv6rzY) [@GOPHELP](https://t.co/5YyzAv6rzY) [@HouseCommerce](https://t.co/5YyzAv6rzY) [@EnergyCommerce](https://t.co/5YyzAv6rzY) [@WaysMeansCmte](https://t.co/5YyzAv6rzY) [@WaysandMeansGOP](https://t.co/5YyzAv6rzY) [@EdLaborCmte](https://t.co/5YyzAv6rzY) [@EdLaborGOP](https://t.co/5YyzAv6rzY) [@WhiteHouse](https://t.co/5YyzAv6rzY) [@Transition46](https://t.co/5YyzAv6rzY) #medtwitter