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Two House Committees Vote on Surprise Medical Bill Legislation

On February 11, the House Education and Labor Committee held a markup of H.R. 5800, the "Ban Surprise Billing Act." This legislation would protect patients from unexpected out-of-network bills, require additional transparency and improved access to information for consumers, and would establish an interim payment set at an insurer's median in-network rate, and would also create limited appeals process when payment disputes arise between insurers, physicians, facilities, and other health care practitioners. H.R. 5800's independent dispute resolution (IDR) process establishes a threshold where claims below or equal to \$750 are paid at the insurer's median in-network rate, and claims above \$750 are eligible for IDR. This legislation closely resembles the compromise reached in late 2019 between Senate Health, Education, Labor, and Pensions (HELP) Committee Chairman Lamar Alexander and the House Energy and Commerce Committee. Unfortunately, this approach would essentially lock emergency physicians out of the appeals process entirely.

Amendments were offered to the bill, including several offered by Representative Joe Morelle (D-NY) that would eliminate the threshold entirely, change the median in-network amount to "commercially reasonable" rates, and change median in-network to "previously contracted" rates. These amendments were ultimately not adopted, and the legislation was reported out of committee by a final vote of 32-13.

On February 12, the Ways and Means Committee held a markup of H.R. 5826, the "Consumer Protections Against Surprise Medical Bills Act of 2020." This legislation takes the patient out of the middle, does not establish a federal benchmark payment, and provides for an open negotiation and mediation process that would allow insurers and physicians to resolve billing disputes. Unlike other proposals, the Ways and Means bill does not require a dollar threshold for mediation, providing emergency physicians and other specialties the ability to access the mediation process. ACEP also worked closely with Ways and Means Committee staff to secure additional changes and edits to the legislation. The bipartisan bill was reported out of committee in a voice vote.

ACEP [supported](#) the Ways and Means legislation, as it represents a thoughtful and measured approach that provides a solid foundation for additional discussion, and does not tilt the scales too far in favor of one party over another. ACEP's letter of support was noted and submitted into the record by Representative Brad Wenstrup (R-OH) during the markup.

Legislators always want to know the thoughts of their constituents when making critical and sometimes controversial decisions about the right legislation to get behind. Please [send a message to your U.S. House member today](#) to affirm your support of this proposal and to suggest modifications that will make it even more balanced, fair and patient-centric.

Now that all relevant committees of jurisdiction have weighed in, negotiations continue as committee leaders and House leadership attempt to reconcile differences between the various bills. Further

negotiations are then expected as House and Senate leaders work to find a viable path forward. ACEP remains engaged with leadership and relevant stakeholders as this work continues.

ACEP Supports MISSION ZERO Appropriations Request

This week, ACEP and a dozen other organizations representing frontline trauma providers sent letters to House and Senate appropriators requesting \$11.5 million in funding for the Military and Civilian Partnership for the Trauma Readiness Program for the purpose of supporting the MISSION ZERO Act.

MISSION ZERO is an ACEP-supported program that was signed into law under the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI) in June 2019. This program was established to help maintain readiness for military trauma professionals by embedding them in civilian trauma centers, ensuring that their skills remain sharp when they are deployed. Additionally, these professionals help share best practices from the battlefield to help advance trauma care and improve civilian access to life-saving care.

ACEP will continue to track this request as well as other emergency medicine priorities as appropriations season begins in earnest.

[Click here](#) to view the House letter.

[Click here](#) to view the Senate letter.

Regs & Eggs: More Thorns than Petals in the President's FY 2021 Budget

This week's [Regs & Eggs blog](#) focuses on the fiscal year [\(FY\) 2021 budget request](#) that the Trump Administration released on Monday. Each year, the president issues the President's Budget, which lays out his administration's vision and priorities for the next FY and beyond. Since the legislative proposals and budget requests included in the President's Budget all require congressional approval they are viewed more as aspirational than realistic.

In the FY 2021 Budget request, the President includes numerous proposals that [will likely never be enacted](#), including significant reductions to "discretionary" federal spending and cuts to Medicare and Medicaid. While the Budget as written is a non-starter in Congress, it is still important to pay attention to what's in it. The Budget is a great indicator of what initiatives and priorities the administration feels strongly about and how the President would ideally like to tackle the major health care and other domestic and global challenges we are facing today. Read the [blog](#) to find out more about the major proposals that impact emergency medicine.

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