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PHYSICIANS FOR FAIR COVERAGE SUPPORTS GREATER INSURANCE COVERAGE TRANSPARENCY

Medical Specialty Group Supports House Bill A-4228 and Opposes Out-Of-Network Bill A-1952/S-1285

Washington, DC - Physicians for Fair Coverage (PFC), a national multi-specialty alliance of physician practice groups advocating to improve patient protections, promote transparency and end the surprise insurance gap, today joined tens of thousands of New Jersey physicians supporting House bill A-4228 and opposing the “Out-of-Network” bill, A-1952/S-1285, which arbitrarily caps payments for all out-of-network physicians at drastically low rates.

“Insurance companies are not transparent about how narrowing physician networks in emergency department care shifts costs for medical care off their books and onto consumers,” said Dominic Bagnoli, MD, Co-Chair of PFC. “A-4228 should help shed light on the game insurers play taking advantage of an existing law that rightly requires emergency departments to provide care regardless of a person’s ability to pay.”

“By requiring increased notice to consumers about health care costs, House bill A-4228 is a positive step,” said Michele Kimball, President and CEO of PFC. “This is a better approach than the out-of-network bill -- A-1952 and S/1285 – which would arbitrarily set pricing caps creating emergency care access problems.”

PFC is comprised of tens of thousands of emergency physicians, anesthesiologists and radiologists nationwide who annually serve tens of millions of patients. The group supports legislation that includes:

- A minimum benefit standard for out-of-network care with transparent, predictable and fair pricing for medical services so patients aren’t surprised about what is – and what isn’t – covered by their health insurance.
- An adequate number of doctors and clinicians in a health plan network, especially in the emergency department, to serve the number of patients in that network.
- In-network rates of payments for patients who encounter unexpected out-of-network care.
- Protections for patients so they are removed from payment disputes between clinicians and insurance companies.
- A mediation process that a patient or clinician can initiate with resolution within 30 days.
- Requirements to prevent insurers from providing false, misleading or confusing information.
- Strong penalties for insurers and clinicians who violate the patient coverage protections in this law.

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For more information about Physicians for Fair Coverage, please visit our website at www.thepfc.org.