



Physicians for Fair Coverage Letter to The Editor of the Wall Street Journal in response to the November 16 article, “Patients May Still Get A ‘Surprise’ Bill After In-Network ER Visit, Study Finds.”

The November 16 story, [Patients May Still Get A ‘Surprise’ Bill After In-Network ER Visit, Study Finds](#), doesn’t explore the central reason patients receive “surprise bills”: insurance companies making record breaking profits, in part by narrowing the number of physicians in their coverage network and shifting costs to patients. By taking advantage of federal law rightly requiring patients receive care in emergency departments regardless of their ability to pay, insurers are pulling a coverage surprise on doctors, hospitals, and especially patients. They’re charging patients higher premiums, copays and deductibles, while at the same time limiting access to doctors, reducing reimbursements and delivering less coverage. What good is insurance if it doesn’t protect you when you need it – especially in an emergency?

Physicians for Fair Coverage (PFC) has a solution to end the coverage gap, and thereby reduce – if not eliminate altogether – the need to balance bill. PFC supports legislative efforts to improve patient protections by requiring patient access to transparent and predictable pricing between insurance companies and clinicians, applying patient out-of-pocket expenses at the in-network rate for unexpected out-of-network services, removing patients from insurer-clinician billing disputes, creating a patient-friendly mediation process, and establishing a minimum benefit standard with fair reimbursements for clinicians.

These principles are the basis for a real solution to a systemic insurance coverage problem that if allowed to persist will surely lead to problems with access to care – especially in rural areas – and make quality health care increasingly unaffordable. It is time to end the coverage gap.

Sincerely,

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