

## **RESOLUTION TO END SURPRISE BILLING**

WHEREAS, health care is a human right;

WHEREAS, Washington patients currently receive a surprise medical bill when they:

- (a) go to an emergency room for an emergency service outside of the health plan's network, or
- (b) receive services in a hospital or surgery center covered by their health plan but some of the medical providers there (such as pathologists or radiologists) are not in their health plans covered network;

WHEREAS, Washington patients have no reasonable options to avoid surprise billing, which exposes them to major costs, for common services such as surgery, anesthesiology and radiology, because patients pay four to five times the amount for out-of-network providers that they pay for in-network providers;<sup>1</sup>

WHEREAS, surprise billing keeps patients in the middle of financial disputes between insurance companies and medical providers;

WHEREAS, at least 10 states have passed legislation to protect residents from surprise billing and establish standards for resolving disputes between insurance companies and medical providers:

THEREFORE BE IT RESOLVED that the 36th District Democrats call upon the 36th legislative district delegation to support and vote for state legislation that protects patients from surprise billing and establishes standards and processes for the resolution of disputes between insurers and providers for out-of-network services, and

BE IT FURTHER RESOLVED that the 36th District Democrats will provide notice of this resolution to the 36th legislative district delegation.

Submitted by Summer Stinson, 36th LD Policy Director

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<sup>1</sup> According to the Washington State All-Payer Claims Database, in 2015-2016, the average amount paid per service varied widely in-network vs. out-of-network: surgery was \$568 out-of-network and \$136 in-network; anesthesiology was \$649 out-of-network and \$119 in-network; radiology was \$125 out-of-network and \$28 in-network.