



NJ for Health Care Supports Out-of-network Transparency Legislation

Consumers need accurate and timely information to make decisions about their health care costs. What those costs are shouldn't come as a surprise. But often they do. Why? Because New Jersey law does not protect consumers against bills for services they inadvertently receive from an out-of-network provider. Today, even consumers who do their part to make sure the doctor or hospital they choose is "in-network," can be on the hook for a surprise medical bill for thousands of dollars.

We need to ensure that consumers get the information they need to avoid unintended out-of-network charges and are protected against these higher out-of-network costs when no other suitable "in-network" choice is available. Consumers who make a good-faith effort to receive care from in-network providers should not be penalized. They should only be responsible for the same costs they would have had if the provider had been in-network.

We need increased transparency and protections for consumers against these unfair and unexpected financial burdens. The Coalition supports a bill that puts consumers first and provides them with the protection and transparency needed to avoid unintended out-of-network charges in the future.

We support a solution based on the following principles:

1. A standard of reasonableness that is fair to both provider and payer, as well as protective of consumer's rights to accessible, and affordable quality care.
2. Improved and timely disclosure rules to support informed consumer choice.
 - a. Insurers must be required to provide consumers access to up-to-date network provider directories, and benefits and costs for both in network and out-of-network services.
 - b. Consumers must have access to clear listings of charges from providers, reimbursement rates from insurers and their cost sharing responsibilities under their plan.
3. Protect consumers against liability for "surprise" bills.
 - a. Who will provide treatment, whether or not they are part of your insurance plan network and what treatment will cost should all be disclosed prior to the delivery of services in language that is understandable to the consumers.
 - b. In an emergency, disclosure is not sufficient to protect consumers. When seeking emergency treatment, consumers must be held harmless from all out of network charges. When receiving non-emergency care, consumers must be protected from out of network balance bills when in network providers are not available.
4. Protect consumers against payment disputes between providers and insurers.
 - a. When reimbursement disputes arise between providers and insurers, an arbitrator must decide the final payment without the consumer being caught in the middle.
5. Any savings that are achieved by the insurance company as a result of any new restrictions on out-of-network charges must be passed down to the consumer in reduced premiums.

For more information about the effort to protect consumers from surprise out-of-network bills contact:

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