

Thank you Chairman Pallone and Ranking Member Walden. I appreciate the opportunity to testify in front of the House Energy and Commerce Health Subcommittee.

I am here today to advocate for the 168,000 New Jerseyans who have been hit with crippling medical debt due to surprise billing, including my constituents in the 7th district.

Surprise billing arises when an insured individual unknowingly receives care from an out-of-network provider, and is later hit with an unexpected medical bill.

Throughout New Jersey it is estimated that approximately \$420 million is owed by these patients each year due to surprise billing.

In many instances those out-of-network bills are shifted to health insurers, who then pass along their costs to an estimated five million residents who pay up to \$956 million more per year more for their commercial insurance premiums.

We often hear about surprise billing happening during medical emergencies. A person is sick or injured, an ambulance is called, and later they are hit with a huge bill because either the ambulance or the hospital or the doctor they saw was out of network.

I recently spoke with a constituent whose husband had a cardiac emergency. She called local Emergency Medical Services, who then called a local hospital to send an ambulance with cardiac equipment.

After her husband was released they received four separate bills totaling thousands of dollars, and insurance was covering less than half.

While the local hospital he was taken to was covered by their insurance, the couple was unaware that the ambulance, which was associated with the hospital, was actually out of network.

It is a true testament to how broken our medical system is that during a person's worst moments – when they are at their most vulnerable – they are also burdened with the responsibility of ensuring that their ambulance, their hospital, and every single doctor that examines them, are covered under the insurance they pay for each month.

Surprise billing does not just come about during emergencies. A patient can book an appointment with a doctor in their network, and only find out later that one of the medical professionals they saw, actually worked for a third party and was not covered.

Anesthesiologists, radiologists, surgical assistants, often entire departments within an in-network facility might be operated by subcontractors and are therefore out of network.

7 in 10 individuals who have been hit with unaffordable out-of-network medical bills were not aware that the health care provider they saw was not in their plan's network at the time of receiving care.

According to a 2018 poll from the Kaiser Family Foundation Two-thirds of Americans say they are either "very worried" or "somewhat worried" about their ability to afford unexpected medical bills.

Last year New Jersey took steps to address surprise billing and increase transparency. Providers must now inform non-emergency patients anytime they will be responsible for any out of network fees. Changes were also made to lower costs for out of network care in emergency and urgent care scenarios.

There is still much to be done, and this issue needs to be addressed at a national level. Patients, who are in no way at fault, should not be responsible for astronomical fees they were not warned they were incurring. Billing should remain between the provider and the health insurance provider.

Party doesn't matter when you get hit with an unexpected medical bill. Congress must come together to provide solutions for Americans who are being saddled with debt they never agreed to take on.

Thank you, and I look forward to working with the Committee on this very important issue.