**Written Testimony**

**Before the United States House of Representatives**
**Select Committee on Modernization of the Congress**

**"Engaging Constituents for Bipartisan Problem Solving"**

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**Executive Director, National Institute for Civil Discourse (NICD)**

**March 25, 2021**

Chair Kilmer, Vice Chair Timmons, and members of the Committee:

Thank you for the opportunity to testify. The Select Committee's work is more important than ever.

The Committee's focus has rightly been on reforms within Congress. I will focus my remarks today, however, on how the American people can better support an effective Congress.

The Founders intentionally framed a constitutional structure that required broad support across America's many divides to enact legislation. They were intent on making it difficult for one party to impose its will on everyone else. As the Committee's impressive work has made clear, escalating polarization in our day poses an existential challenge to Congress fulfilling its constitutionally prescribed responsibilities.

I am convinced that one of the most promising ways for Congress to better fulfill its Article One powers is for everyday Americans to more effectively engage Congress to support solutions wise enough to attract broad, bipartisan support. There are three main reasons I draw this conclusion:

1. **Everyday Americans agree on policy issues far more than it appears**
2. **Technological advances enable new levels of bipartisan citizen engagement**
3. **NICD has had early success with its CommonSense American program**

I will elaborate on each.

## 1. Everyday Americans agree on policy issues far more than it appears

Ours is indisputably a partisan age. The one notable exception to high and rapidly rising partisan differences is the enduring levels of agreement between everyday Republicans and Democrats on many specific policy questions. Low issues polarization among the American people is an untapped asset for addressing the polarization crisis.

The distinction that political scientists have recently drawn between issues and social (or affective) polarization is useful for identifying opportunities to engage our differences more constructively. Issues

polarization is the distance between Republicans and Democrats on specific questions of public policy. Social polarization is the degree of animosity Democrats and Republicans feel toward each other. The polarization distinctions political science research draws among elected officials, politically engaged citizens, and the vast majority of citizens are also useful for understanding today's polarization crisis.

As seen in Table 1, polarization of all types is at record highs and rising with the crucial exception of issues polarization among the lion's share of citizens who engage politics minimally (see Exhibit 1 for sample sources).

**Table 1: The Polarization Crisis in America Today**

| Type of Polarization | Political Leaders | Citizens | |
|---|---|---|---|
| | | Politically Active | Most Americans |
| **Issues Polarization:** Distance between Republicans and Democrats on policy issues | **Record highs and rising** | **Record highs and rising** | **Low and rising slowly** |
| **Social Polarization:** How much animosity each feels towards the other | **Record highs and rising** | **Record highs and rising** | **Record highs and rising** |

An important factor contributing to congressional partisan dysfunction is that Congress hears disproportionately from the political extremes. Speaking louder and longer than the rest of us, they exert outsized influence on policy making. Fundamentally, we have a system of representative government. If Congress only hears from the most extreme among us, we can hardly expect but to get polarized policy making.

Low issues polarization among everyday Americans is an untapped asset for addressing the partisan paralysis that plagues Congress. The central challenge to leveraging this asset is that most Americans are not active in politics. The key is finding low barrier/high hope ways for these citizens to engage with Congress on issues. In other words, to get unengaged citizens engaged, we need to provide them with opportunities that both make only modest demands and that provide a promising way of making a difference. While it seems a difficult combination, the digital age opens new possibilities.

### 2. Technological advances enable new levels of bipartisan citizen engagement

To this point in the digital age, the forces intent on dividing us have deployed new technologies far more powerfully than the forces that aim to bring us together. It does not have to be this way, however. These new tools open remarkable new frontiers for self-government. It is not feasible in this diverse, boisterous republic of over 300 million for us all to gather on Thursday night at 7:30 pm at the local high school to identify broadly solutions to the pressing issues of our day. However, the 21st century has given us remarkably cost-effective ways to convene virtually at scale. Digital tools have also made it far easier to recruit Americans from across the country and political spectrum to engage in these ways. The technological suite available today opens new low barrier/high hope ways for citizens to engage.

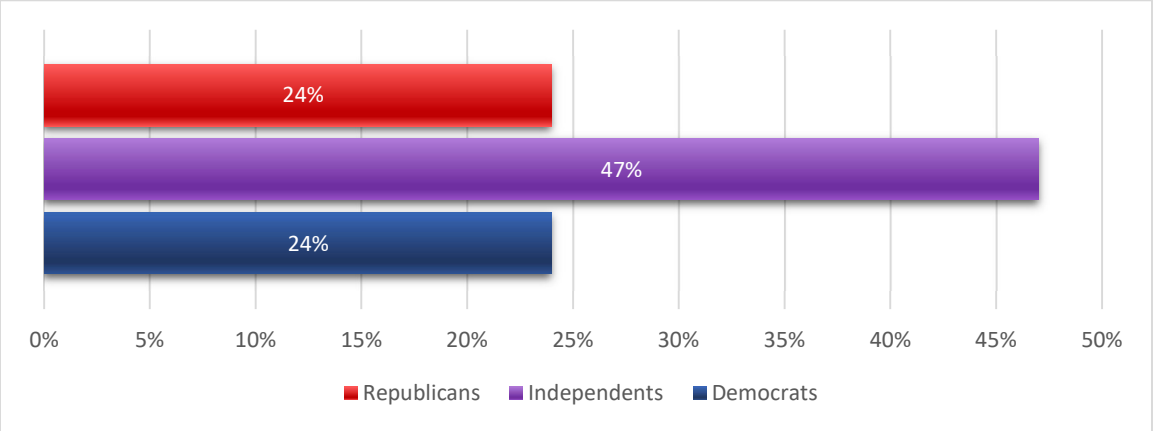
### 3. NICD has had early success with its CommonSense American program

**Success Recruiting Americans to Join**

NICD has successfully deployed today's technology to provide an easy and effective way for Americans to support for bipartisan problem solving in Congress through our CommonSense American program. While social media has unquestionably exerted a corrosive influence on our politics, it has completely exceeded our expectations as a tool for recruiting Americans to join with us in engaging Congress more effectively. In just over two years, more than 24,000 Americans from across the country and political spectrum have joined mostly through paid social media campaigns. We are recruiting members at three-and-a-half times the speed and fourteen percent the cost that we had originally planned. Currently, about 2,000 more citizens join CommonSense American every month.

Social media tools are also effective in recruiting members who reflect the country. For example, our membership is politically balanced, as seen in Chart 1.

**Chart 1: CommonSense American Membership**




CommonSense Americans also come from across the country with members in all 50 states.

**Success on Surprise Medical Billing**

The first issue our members chose to work on was surprise medical billing. Using 21st century digital tools, our members were able to play a meaningful role in helping pass the surprise billing legislation included in the December COVID relief and funding package. CommonSense Americans did their work online in three steps. First, they rated a curated list of promising issues for bipartisan action, choosing surprise billing as one of the three most promising.

Second, thousands of our members spent at least 90 minutes reviewing a thorough surprise billing brief (see Exhibit 2) and then answering a poll. The poll included questions about whether they supported or opposed each of the five bipartisan bills described in the brief. It also included open-ended questions like, "What would you most like to say to your Members of Congress on this issue?" Members had several months to go online at a time and place convenient to them to complete the brief and poll.

Third, they engaged Congress with the results (see Exhibit 3). Our members fulfilled their commitment to share their own views with their Members of Congress, generating more than 1,500 unique emails that included a link to the overall national results. NICD staff also conducted 150 congressional briefings on the aggregated national results. The onset of a global pandemic actually accelerated the work as we conducted most of these briefings using video conferencing tools.

Many who were deeply involved in the challenging congressional battle to pass surprise medical billing legislation found this informed, bipartisan, grassroots engagement with Congress a meaningful contribution to its ultimate success.

**CommonSense American Members Considering Select Committee Recommendations**

The second issue our members chose is congressional reform. Several weeks ago, we posted our brief on the topic (see Exhibit 4). It focuses on the 97 unanimous recommendations this Committee passed. Members are now reviewing the brief and sharing their views. We will give our members more than a month to weigh in, but I am happy to share a couple of strong, high level themes in the early results.

First, after spending 90 minutes learning about your work and recommendations, our members are highly supportive. ***Every committee recommendation that we asked about is receiving strong majority support.***

Second, ***many recommendations are receiving not just strong majority support, but overwhelming levels of support***. For example, the five items with the highest ratings are all generating more than 90% support. We asked members to report their support or opposition for the Committee's recommendations at different levels of detail. The five items receiving the highest level of support in our early results are:

- **Recommendations overall to foster bipartisanship and civility**
  (Includes SCMC 2020 Final Report, Chapter 2—Recommendations 1 - 4; Chapter 4—Recommendations 2 and 4; Chapter 10—Recommendations 1 - 5, 7 - 8, 11; Chapter 12—Recommendation 4)
- **Make Congress more effective, efficient, and transparent**
  (SCMC 2020 Final Report, Chapter 1 recommendations)
- **Conduct Freshman Orientation in a non-partisan way**
  (SCMC 2020 Final Report, Chapter 4—Recommendation 2)
- **Change calendar to increase full working days and decrease travel time**
  (SCMC 2020 Final Report, Chapter 12—Recommendation 4)
- **Hold bipartisan committee meetings outside of formal hearings**
  (Includes SCMC 2020 Final Report, Chapter 2—Recommendation 4, Chapter 10—Recommendations 3 and 5)

Once we have our complete results, CommonSense Americans will start emailing their Members of Congress to share their own views. NICD staff will also review the overall results with Members of Congress and their staff. In this way, we hope to provide meaningful, informed, and bipartisan constituent support for the Select Committee's excellent work, similar to the support we provided for surprise billing legislation.

**Currently Identifying Next Issues on which to Work**

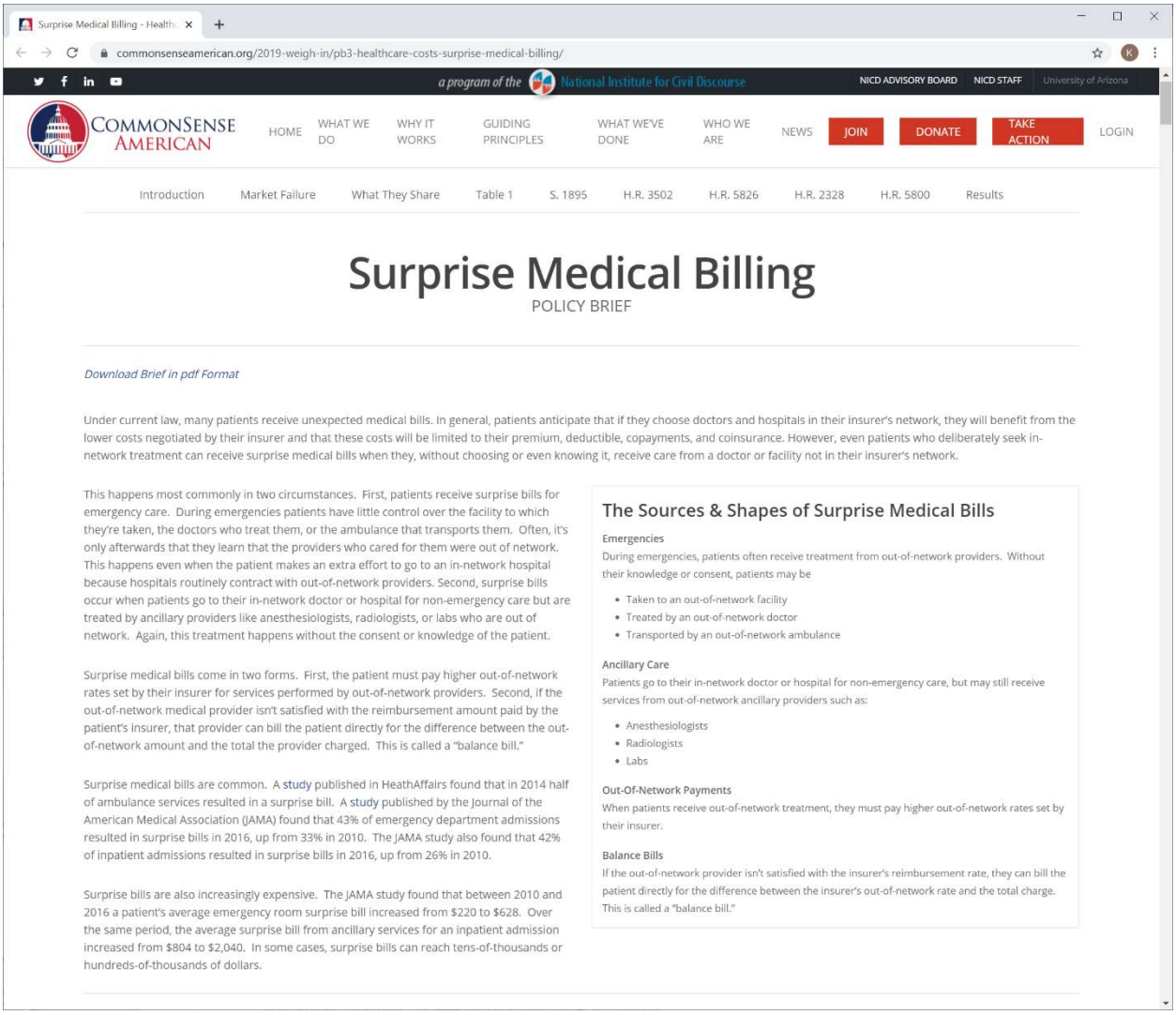
We are currently developing a curated list of about a dozen issues ripe for bipartisan action. We are grateful for the input so far from the Biden Administration, Members of Congress and their staff, and other policy and political experts. We continue to solicit that input. When the list is ready, our members will rate those issues. We will then prepare the briefs that our members will review on the three issues they rate as most promising.

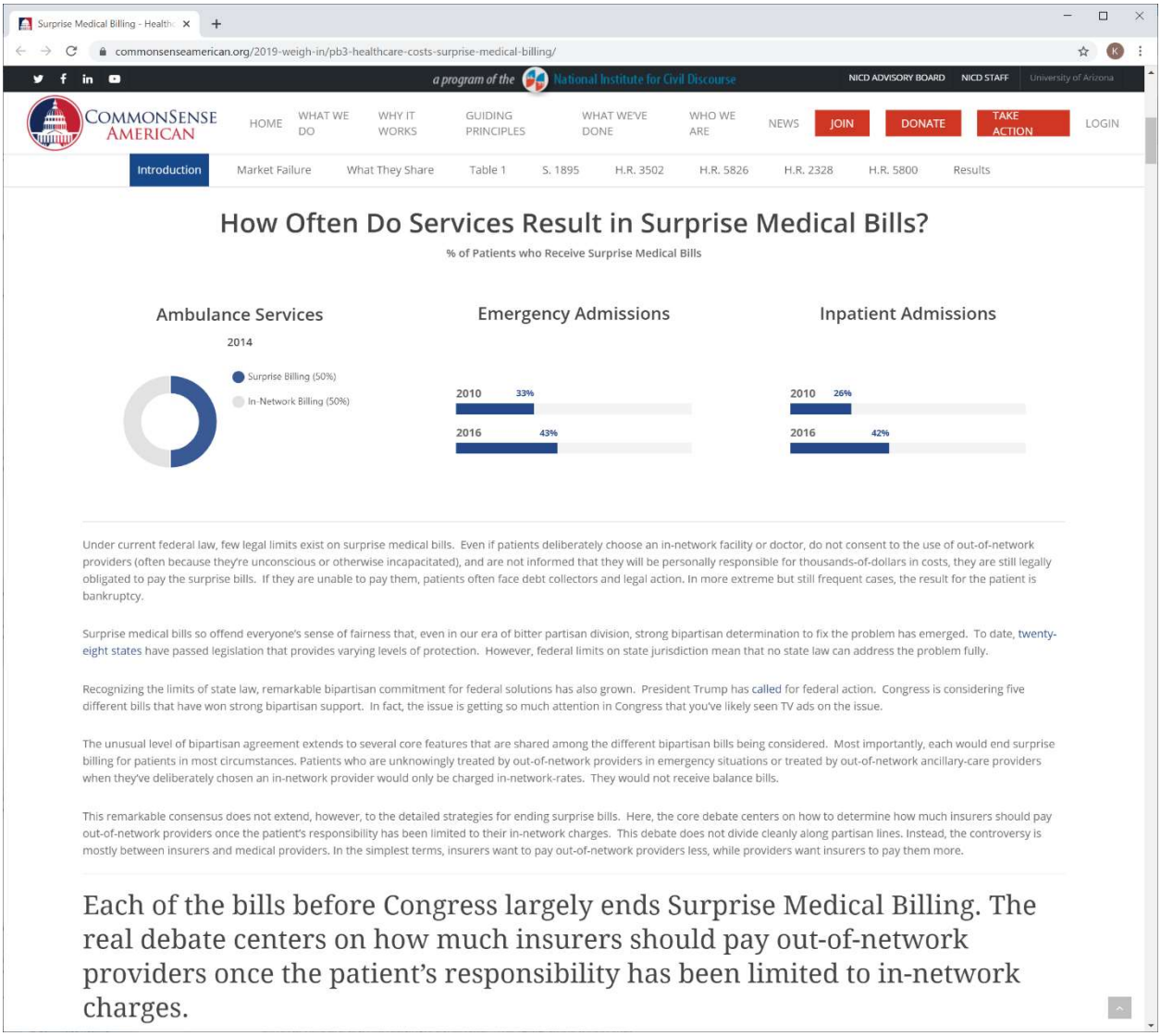
We believe the American people will be a saving grace for the nation. With this model for deploying 21st century tools, NICD will continue offering a rapidly growing number of everyday Americans a low barrier/high hope way of engaging Congress. By identifying and championing solutions wise enough to attract broad support, we hope to provide powerful support the kind of bipartisan problem solving needed for Congress to fulfill its Article One responsibilities.

**Exhibit 1: Sample of Sources on the Polarization Crisis in America Today**

| Type of Polarization | Political Leaders | Citizens | |
|---|---|---|---|
| | | Politically Active | Most Americans |
| **Issues Polarization:** Distance between Republicans and Democrats on policy issues | **Record highs and rising**<br>• McCarthy, Poole, and Rosenthal (2016). *Polarized America: The Dance of Ideology and Unequal Riches*<br>• See voteview.com for current data | **Record highs and rising**<br>• Abramowitz (2018). *The Great Alignment: Race, Party Transformation and the Rise of Donald Trump.*<br>• Abramowitz (2010). *The Disappearing Center: Engaged Citizens, Polarization, and American Democracy.* | **Low and rising slowly**<br>• Mason (2018). *Uncivil Agreement*<br>• Fiorina (2017). *Unstable Majorities: Polarization, Party Sorting, and Political Stalemate.* |
| **Social Polarization:** How much animosity each feels towards the other | **Record highs and rising**<br>• Difficult to study in rigorous empirical ways | **Record highs and rising**<br>• Iyengar (2020). Affective Polarization or Hostility across the Party Divide: An Overview. In Berinsky (Ed.), *New Directions in Public Opinion Research.*<br>• Mason (2018). *Uncivil Agreement.* | **Record highs and rising**<br>• Iyengar (2020). Affective Polarization or Hostility across the Party Divide: An Overview. In Berinsky (Ed.), *New Directions in Public Opinion Research.*<br>• Mason (2018). *Uncivil Agreement.* |

**Exhibit 2: Screenshots from CommonSense American Surprise Medical Billing Brief**




Surprise Medical Billing - Health
commonsenseamerican.org/2019-weigh-in/pb3-healthcare-costs-surprise-medical-billing/
a program of the National Institute for Civil Discourse
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University of Arizona
COMMONSENSE AMERICAN
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GUIDING PRINCIPLES
WHAT WE'VE DONE
WHO WE ARE
NEWS
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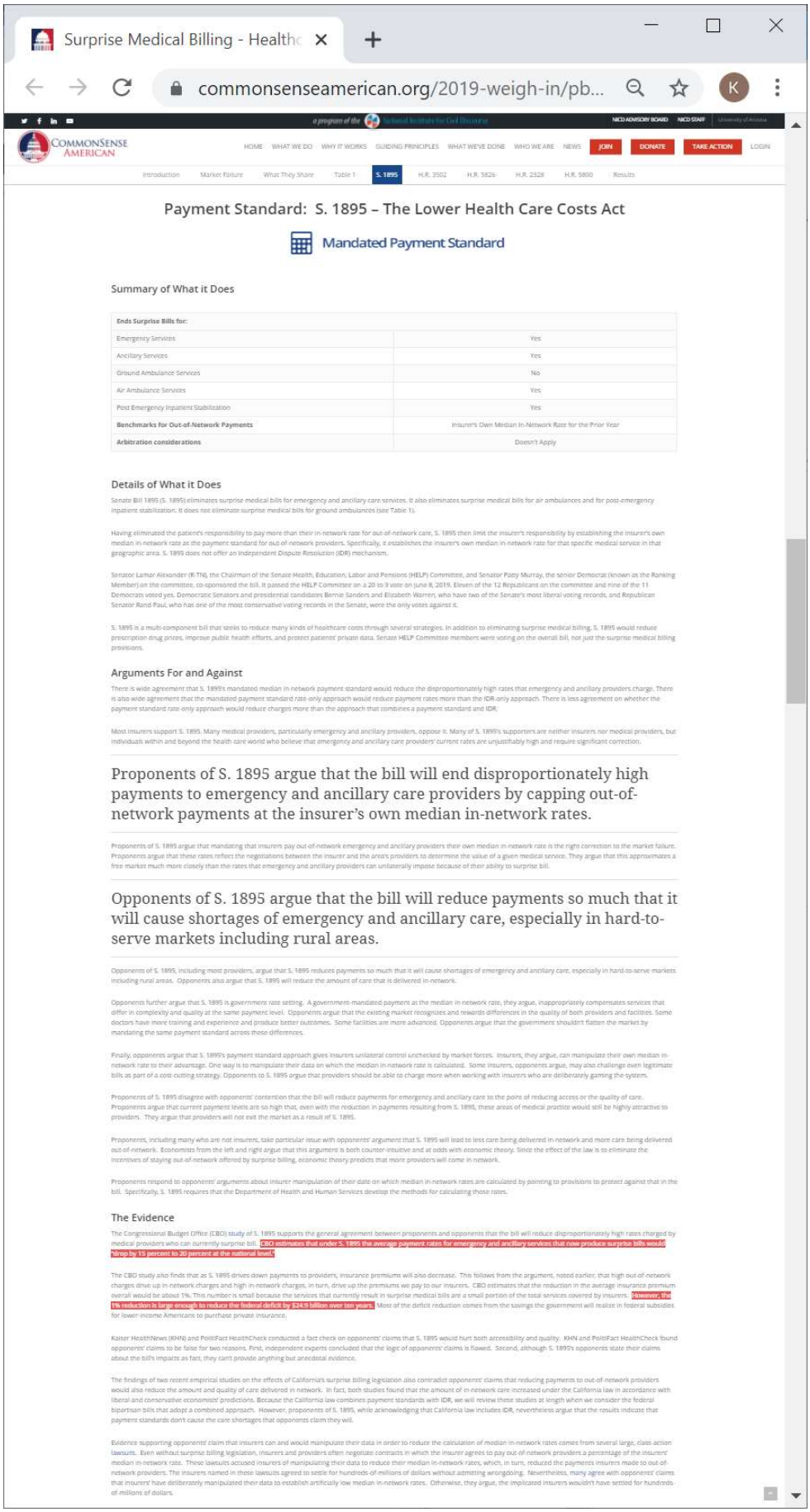
TAKE ACTION
LOGIN
Introduction
Market Failure
What They Share
Table 1
S. 1895
H.R. 3502
H.R. 5826
H.R. 2328
H.R. 5800
Results
How Often Do Services Result in Surprise Medical Bills?
% of Patients who Receive Surprise Medical Bills
Ambulance Services
2014
Surprise Billing (50%)
In-Network Billing (50%)
Emergency Admissions
2010 33%
2016 43%
Inpatient Admissions
2010 26%
2016 42%
Under current federal law, few legal limits exist on surprise medical bills. Even if patients deliberately choose an in-network facility or doctor, do not consent to the use of out-of-network providers (often because they're unconscious or otherwise incapacitated), and are not informed that they will be personally responsible for thousands-of-dollars in costs, they are still legally obligated to pay the surprise bills. If they are unable to pay them, patients often face debt collectors and legal action. In more extreme but still frequent cases, the result for the patient is bankruptcy.
Surprise medical bills so offend everyone's sense of fairness that, even in our era of bitter partisan division, strong bipartisan determination to fix the problem has emerged. To date, twenty-eight states have passed legislation that provides varying levels of protection. However, federal limits on state jurisdiction mean that no state law can address the problem fully.
Recognizing the limits of state law, remarkable bipartisan commitment for federal solutions has also grown. President Trump has called for federal action. Congress is considering five different bills that have won strong bipartisan support. In fact, the issue is getting so much attention in Congress that you've likely seen TV ads on the issue.
The unusual level of bipartisan agreement extends to several core features that are shared among the different bipartisan bills being considered. Most importantly, each would end surprise billing for patients in most circumstances. Patients who are unknowingly treated by out-of-network providers in emergency situations or treated by out-of-network ancillary-care providers when they've deliberately chosen an in-network provider would only be charged in-network-rates. They would not receive balance bills.
This remarkable consensus does not extend, however, to the detailed strategies for ending surprise bills. Here, the core debate centers on how to determine how much insurers should pay out-of-network providers once the patient's responsibility has been limited to their in-network charges. This debate does not divide cleanly along partisan lines. Instead, the controversy is mostly between insurers and medical providers. In the simplest terms, insurers want to pay out-of-network providers less, while providers want insurers to pay them more.
Each of the bills before Congress largely ends Surprise Medical Billing. The real debate centers on how much insurers should pay out-of-network providers once the patient's responsibility has been limited to in-network charges.


Surprise Medical Billing - Healthc
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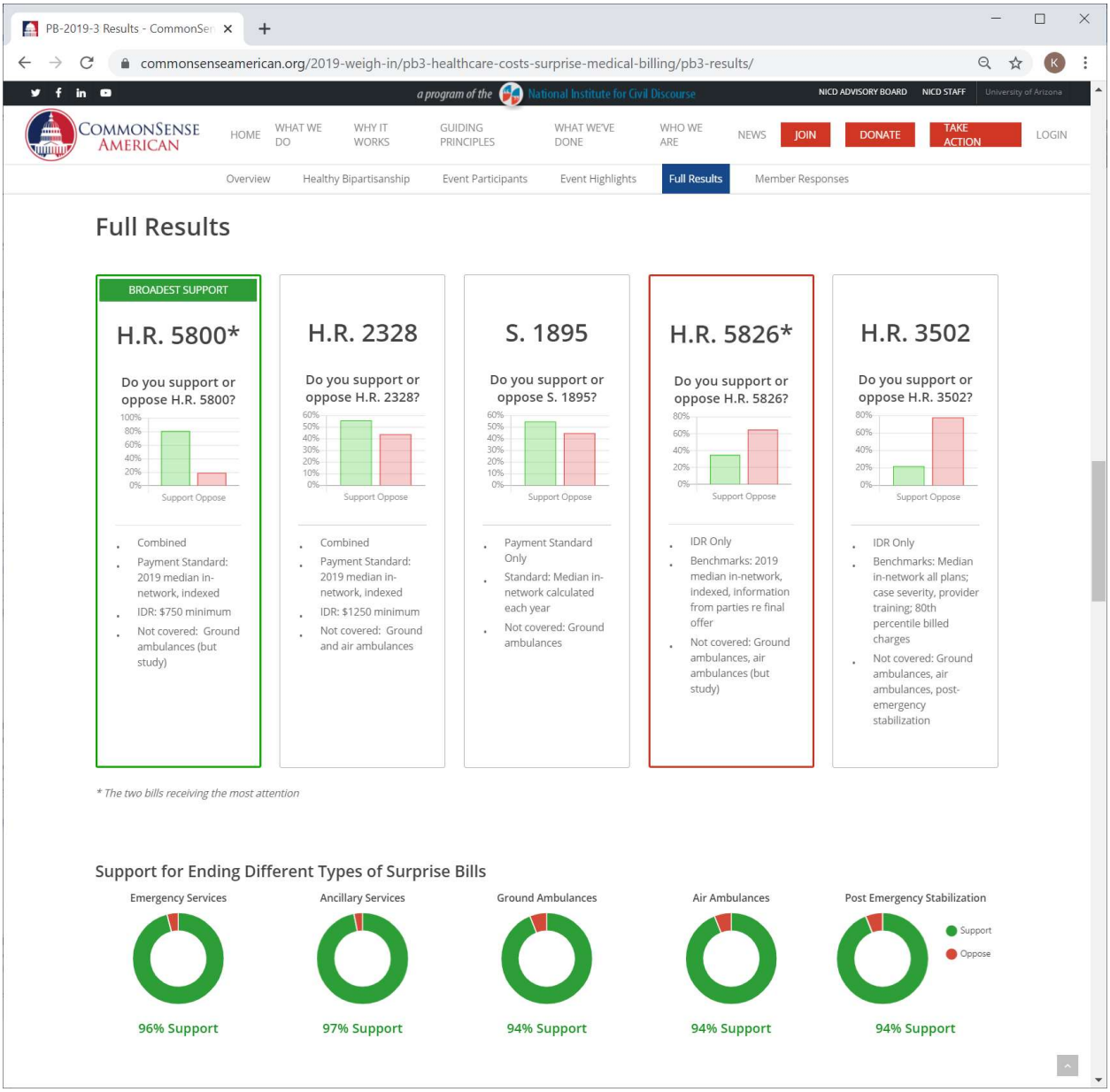
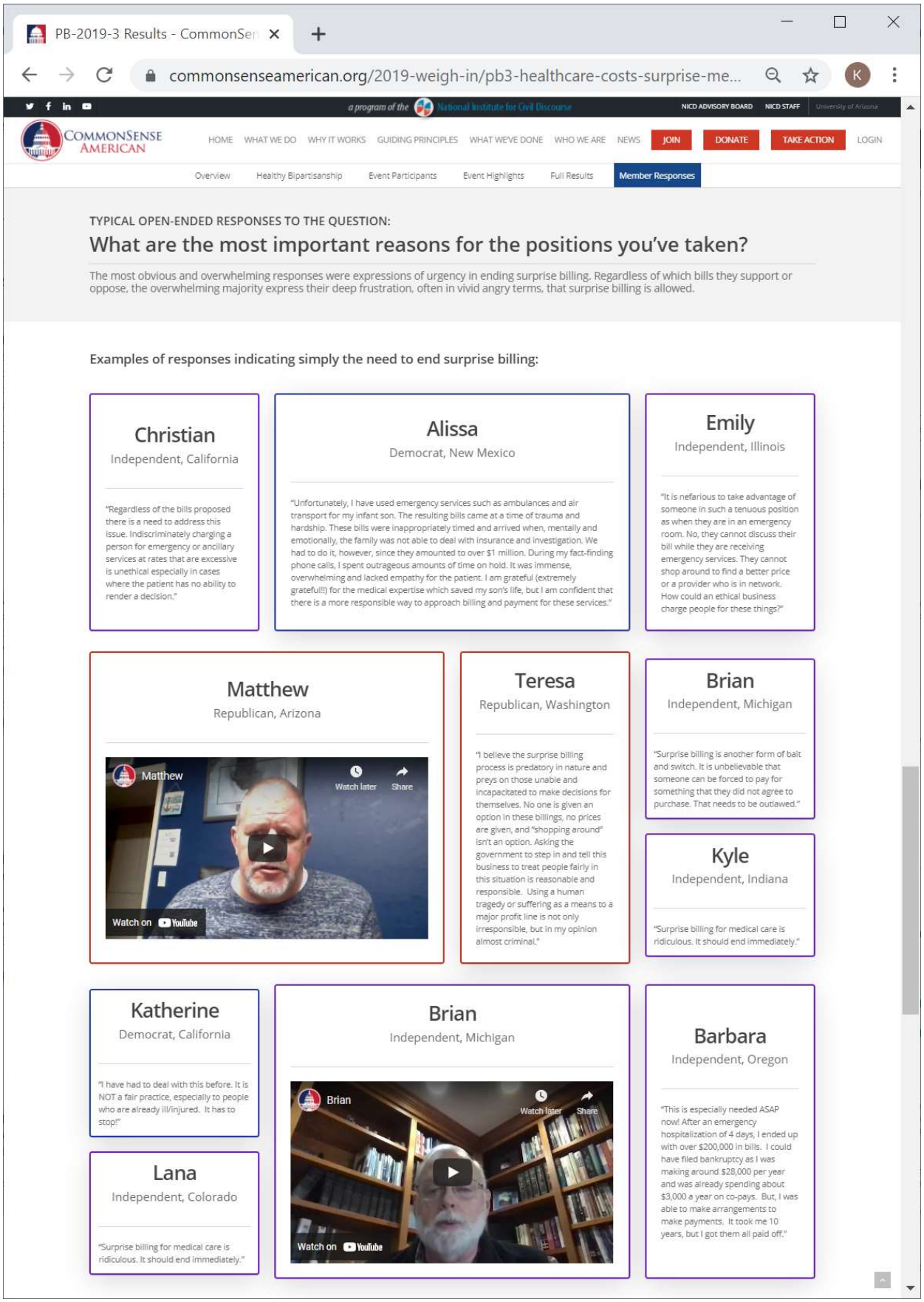
Introduction Market Failure What They Share Table 1 S. 1895 H.R. 3502 H.R. 5826 H.R. 2328 H.R. 5800 Results
Payment Standard: S. 1895 – The Lower Health Care Costs Act
Mandated Payment Standard
Summary of What it Does
Ends Surprise Bills for:
Emergency Services Yes
Ancillary Services Yes
Ground Ambulance Services No
Air Ambulance Services Yes
Post Emergency Inpatient Stabilization Yes
Benchmarks for Out-of-Network Payments Insurer's Own Median In-Network Rate for the Prior Year
Arbitration considerations Doesn't Apply
Details of What it Does
Senate Bill 1895 (S. 1895) eliminates surprise medical bills for emergency and ancillary care services. It also eliminates surprise medical bills for air ambulances and for post-emergency inpatient stabilization. It does not eliminate surprise medical bills for ground ambulances (see Table 1).
Having eliminated the patient's responsibility to pay more than their in-network rate for out-of-network care, S. 1895 then limit the insurer's responsibility by establishing the insurer's own median in-network rate as the payment standard for out-of-network providers. Specifically, it establishes the insurer's own median in-network rate for that specific medical service in that geographic area. S. 1895 does not offer an Independent Dispute Resolution (IDR) mechanism.
Senator Lamar Alexander (R-TN), the Chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee, and Senator Patty Murray, the senior Democrat (known as the Ranking Member) on the committee, co-sponsored the bill. It passed the HELP Committee on a 20 to 3 vote on June 8, 2019. Eleven of the 12 Republicans on the committee and nine of the 11 Democrats voted yes. Democratic Senators and presidential candidates Bernie Sanders and Elizabeth Warren, who have two of the Senate's most liberal voting records, and Republican Senator Rand Paul, who has one of the most conservative voting records in the Senate, were the only votes against it.
S. 1895 is a multi-component bill that seeks to reduce many kinds of healthcare costs through several strategies. In addition to eliminating surprise medical billing, S. 1895 would reduce prescription drug prices, improve public health efforts, and protect patients' private data. Senate HELP Committee members were voting on the overall bill, not just the surprise medical billing provisions.
Arguments For and Against
There is wide agreement that S. 1895's mandated median in-network payment standard would reduce the disproportionately high rates that emergency and ancillary providers charge. There is also wide agreement that the mandated payment standard rate-only approach would reduce payment rates more than the IDR-only approach. There is less agreement on whether the payment standard rate-only approach would reduce charges more than the approach that combines a payment standard and IDR.
Most insurers support S. 1895. Many medical providers, particularly emergency and ancillary providers, oppose it. Many of S. 1895's supporters are neither insurers nor medical providers, but individuals within and beyond the health care world who believe that emergency and ancillary care providers' current rates are unjustifiably high and require significant correction.
Proponents of S. 1895 argue that the bill will end disproportionately high payments to emergency and ancillary care providers by capping out-of-network payments at the insurer's own median in-network rates.
Proponents of S. 1895 argue that mandating that insurers pay out-of-network emergency and ancillary providers their own median in-network rate is the right correction to the market failure. Proponents argue that these rates reflect the negotiations between the insurer and the area's providers to determine the value of a given medical service. They argue that this approximates a free market much more closely than the rates that emergency and ancillary providers can unilaterally impose because of their ability to surprise bill.
Opponents of S. 1895 argue that the bill will reduce payments so much that it will cause shortages of emergency and ancillary care, especially in hard-to-serve markets including rural areas.
Opponents of S. 1895, including most providers, argue that S. 1895 reduces payments so much that it will cause shortages of emergency and ancillary care, especially in hard-to-serve markets including rural areas. Opponents also argue that S. 1895 will reduce the amount of care that is delivered in-network.
Opponents further argue that S. 1895 is government rate setting. A government-mandated payment at the median in-network rate, they argue, inappropriately compensates services that differ in complexity and quality at the same payment level. Opponents argue that the existing market recognizes and rewards differences in the quality of both providers and facilities. Some doctors have more training and experience and produce better outcomes. Some facilities are more advanced. Opponents argue that the government shouldn't flatten the market by mandating the same payment standard across these differences.
Finally, opponents argue that S. 1895's payment standard approach gives insurers unilateral control unchecked by market forces. Insurers, they argue, can manipulate their own median in-network rate to their advantage. One way is to manipulate their data on which the median in-network rate is calculated. Some insurers, opponents argue, may also challenge even legitimate bills as part of a cost-cutting strategy. Opponents to S. 1895 argue that providers should be able to charge more when working with insurers who are deliberately gaming the system.
Proponents of S. 1895 disagree with opponents' contention that the bill will reduce payments for emergency and ancillary care to the point of reducing access or the quality of care. Proponents argue that current payment levels are so high that, even with the reduction in payments resulting from S. 1895, these areas of medical practice would still be highly attractive to providers. They argue that providers will not exit the market as a result of S. 1895.
Proponents, including many who are not insurers, take particular issue with opponents' argument that S. 1895 will lead to less care being delivered in-network and more care being delivered out-of-network. Economists from the left and right argue that this argument is both counter-intuitive and at odds with economic theory. Since the effect of the law is to eliminate the incentives of staying out-of-network offered by surprise billing, economic theory predicts that more providers will come in network.
Proponents respond to opponents' arguments about insurer manipulation of their date on which median in-network rates are calculated by pointing to provisions to protect against that in the bill. Specifically, S. 1895 requires that the Department of Health and Human Services develop the methods for calculating those rates.
The Evidence
The Congressional Budget Office (CBO) study of S. 1895 supports the general agreement between proponents and opponents that the bill will reduce disproportionately high rates charged by medical providers who can currently surprise bill. CBO estimates that under S. 1895 the average payment rates for emergency and ancillary services that now produce surprise bills would "drop by 15 percent to 20 percent at the national level."
The CBO study also finds that as S. 1895 drives down payments to providers, insurance premiums will also decrease. This follows from the argument, noted earlier, that high out-of-network charges drive up in-network charges and high in-network charges, in turn, drive up the premiums we pay to our insurers. CBO estimates that the reduction in the average insurance premium overall would be about 1%. This number is small because the services that currently result in surprise medical bills are a small portion of the total services covered by insurers. "However, the 1% reduction is large enough to reduce the federal deficit by $24.9 billion over ten years. Most of the deficit reduction comes from the savings the government will realize in federal subsidies for lower-income Americans to purchase private insurance.
Kaiser HealthNews (KHN) and PolitiFact HealthCheck conducted a fact check on opponents' claims that S. 1895 would hurt both accessibility and quality. KHN and PolitiFact HealthCheck found opponents' claims to be false for two reasons. First, independent experts concluded that the logic of opponents' claims is flawed. Second, although S. 1895's opponents state their claims about the bill's impacts as fact, they can't provide anything but anecdotal evidence.
The findings of two recent empirical studies on the effects of California's surprise billing legislation also contradict opponents' claims that reducing payments to out-of-network providers would also reduce the amount and quality of care delivered in network. In fact, both studies found that the amount of in-network care increased under the California law in accordance with liberal and conservative economists' predictions. Because the California law combines payment standards with IDR, we will review these studies at length when we consider the federal bipartisan bills that adopt a combined approach. However, proponents of S. 1895, while acknowledging that California law includes IDR, nevertheless argue that the results indicate that payment standards don't cause the care shortages that opponents claim they will.
Evidence supporting opponents' claim that insurers can and would manipulate their data in order to reduce the calculation of median in-network rates comes from several large, class-action lawsuits. Even without surprise billing legislation, insurers and providers often negotiate contracts in which the insurer agrees to pay out-of-network providers a percentage of the insurers' median in-network rate. These lawsuits accused insurers of manipulating their data to reduce their median in-network rates, which, in turn, reduced the payments insurers made to out-of-network providers. The insurers named in these lawsuits agreed to settle for hundreds-of-millions of dollars without admitting wrongdoing. Nevertheless, many agree with opponents' claims that insurers' have deliberately manipulated their data to establish artificially low median in-network rates. Otherwise, they argue, the implicated insurers wouldn't have settled for hundreds-of-millions of dollars.

**Exhibit 3: Screenshots of CommonSense American Surprise Medical Billing Results**




PB-2019-3 Results - CommonSen
commonsenseamerican.org/2019-weigh-in/pb3-healthcare-costs-surprise-me...
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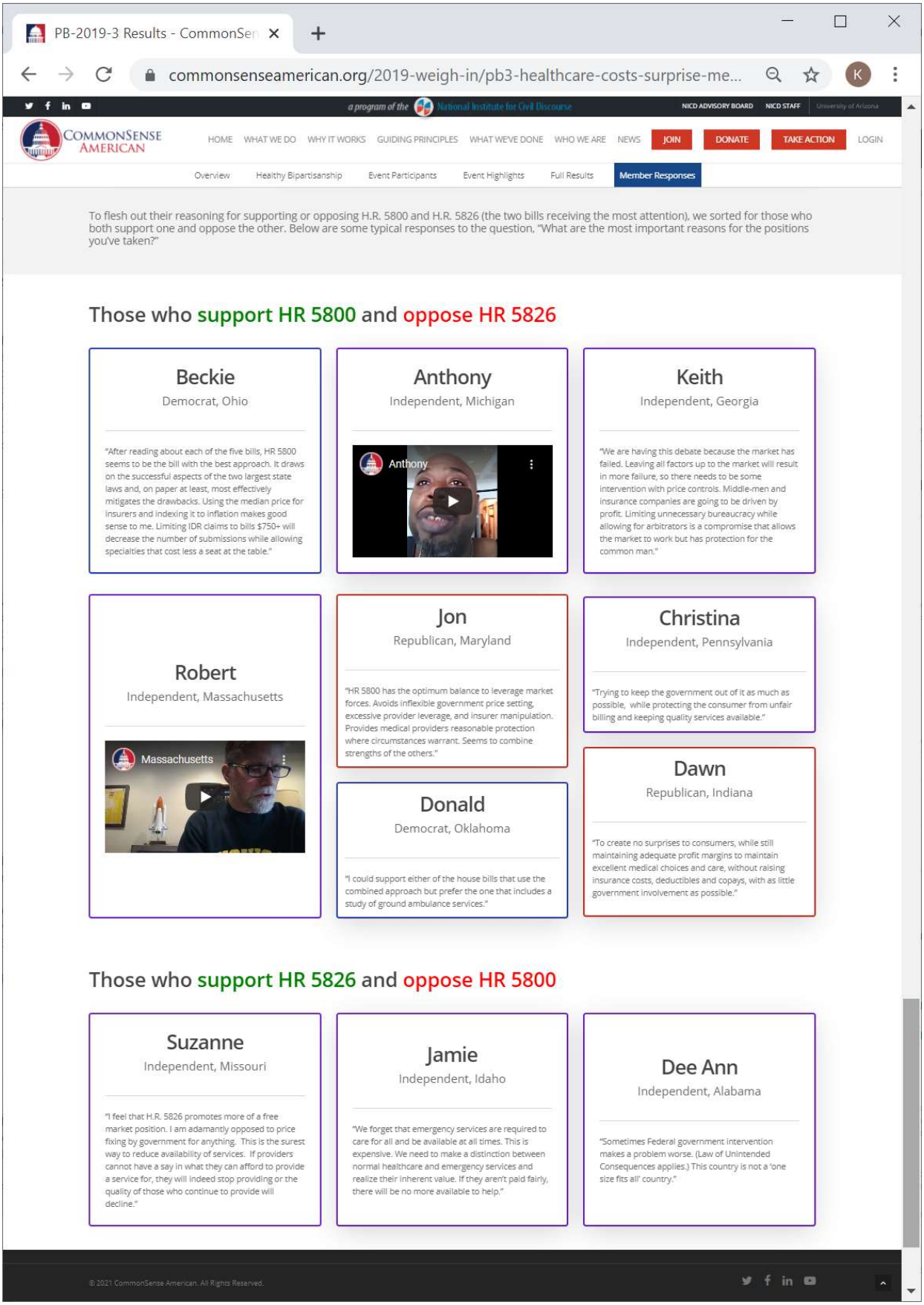
Overview
Healthy Bipartisanship
Event Participants
Event Highlights
Full Results
Member Responses
TYPICAL OPEN-ENDED RESPONSES TO THE QUESTION:
What are the most important reasons for the positions you've taken?
The most obvious and overwhelming responses were expressions of urgency in ending surprise billing. Regardless of which bills they support or oppose, the overwhelming majority express their deep frustration, often in vivid angry terms, that surprise billing is allowed.
Examples of responses indicating simply the need to end surprise billing:
Christian
Independent, California
"Regardless of the bills proposed there is a need to address this issue. Indiscriminately charging a person for emergency or ancillary services at rates that are excessive is unethical especially in cases where the patient has no ability to render a decision."
Alissa
Democrat, New Mexico
"Unfortunately, I have used emergency services such as ambulances and air transport for my infant son. The resulting bills came at a time of trauma and hardship. These bills were inappropriately timed and arrived when, mentally and emotionally, the family was not able to deal with insurance and investigation. We had to do it, however, since they amounted to over $1 million. During my fact-finding phone calls, I spent outrageous amounts of time on hold. It was immense, overwhelming and lacked empathy for the patient. I am grateful (extremely grateful!!) for the medical expertise which saved my son's life, but I am confident that there is a more responsible way to approach billing and payment for these services."
Emily
Independent, Illinois
"It is nefarious to take advantage of someone in such a tenuous position as when they are in an emergency room. No, they cannot discuss their bill while they are receiving emergency services. They cannot shop around to find a better price or a provider who is in network. How could an ethical business charge people for these things?"
Matthew
Republican, Arizona
Matthew
Watch later
Share
Watch on YouTube
Teresa
Republican, Washington
"I believe the surprise billing process is predatory in nature and preys on those unable and incapacitated to make decisions for themselves. No one is given an option in these billings, no prices are given, and "shopping around" isn't an option. Asking the government to step in and tell this business to treat people fairly in this situation is reasonable and responsible. Using a human tragedy or suffering as a means to a major profit line is not only irresponsible, but in my opinion almost criminal."
Brian
Independent, Michigan
"Surprise billing is another form of bait and switch. It is unbelievable that someone can be forced to pay for something that they did not agree to purchase. That needs to be outlawed."
Kyle
Independent, Indiana
"Surprise billing for medical care is ridiculous. It should end immediately."
Katherine
Democrat, California
"I have had to deal with this before. It is NOT a fair practice, especially to people who are already ill/injured. It has to stop!"
Lana
Independent, Colorado
"Surprise billing for medical care is ridiculous. It should end immediately."
Brian
Independent, Michigan
Brian
Watch later
Share
Watch on YouTube
Barbara
Independent, Oregon
"This is especially needed ASAP now! After an emergency hospitalization of 4 days, I ended up with over $200,000 in bills. I could have filed bankruptcy as I was making around $28,000 per year and was already spending about $3,000 a year on co-pays. But, I was able to make arrangements to make payments. It took me 10 years, but I got them all paid off."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Healthy Bipartisanship
Event Participants
Event Highlights
Full Results
Member Responses
To flesh out their reasoning for supporting or opposing H.R. 5800 and H.R. 5826 (the two bills receiving the most attention), we sorted for those who both support one and oppose the other. Below are some typical responses to the question, "What are the most important reasons for the positions you've taken?"
Those who support HR 5800 and oppose HR 5826
Beckie
Democrat, Ohio
"After reading about each of the five bills, HR 5800 seems to be the bill with the best approach. It draws on the successful aspects of the two largest state laws and, on paper at least, most effectively mitigates the drawbacks. Using the median price for insurers and indexing it to inflation makes good sense to me. Limiting IDR claims to bills $750+ will decrease the number of submissions while allowing specialties that cost less a seat at the table."
Anthony
Independent, Michigan
Anthony
Keith
Independent, Georgia
"We are having this debate because the market has failed. Leaving all factors up to the market will result in more failure, so there needs to be some intervention with price controls. Middle-men and insurance companies are going to be driven by profit. Limiting unnecessary bureaucracy while allowing for arbitrators is a compromise that allows the market to work but has protection for the common man."
Robert
Independent, Massachusetts
Massachusetts
Jon
Republican, Maryland
"HR 5800 has the optimum balance to leverage market forces. Avoids inflexible government price setting, excessive provider leverage, and insurer manipulation. Provides medical providers reasonable protection where circumstances warrant. Seems to combine strengths of the others."
Christina
Independent, Pennsylvania
"Trying to keep the government out of it as much as possible, while protecting the consumer from unfair billing and keeping quality services available."
Donald
Democrat, Oklahoma
"I could support either of the house bills that use the combined approach but prefer the one that includes a study of ground ambulance services."
Dawn
Republican, Indiana
"To create no surprises to consumers, while still maintaining adequate profit margins to maintain excellent medical choices and care, without raising insurance costs, deductibles and copays, with as little government involvement as possible."
Those who support HR 5826 and oppose HR 5800
Suzanne
Independent, Missouri
"I feel that H.R. 5826 promotes more of a free market position. I am adamantly opposed to price fixing by government for anything. This is the surest way to reduce availability of services. If providers cannot have a say in what they can afford to provide a service for, they will indeed stop providing or the quality of those who continue to provide will decline."
Jamie
Independent, Idaho
"We forget that emergency services are required to care for all and be available at all times. This is expensive. We need to make a distinction between normal healthcare and emergency services and realize their inherent value. If they aren't paid fairly, there will be no more available to help."
Dee Ann
Independent, Alabama
"Sometimes Federal government intervention makes a problem worse. (Law of Unintended Consequences applies.) This country is not a 'one size fits all' country."
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**Exhibit 4: Screenshots from CommonSense American Congressional Reform Brief**

Congressional Reform (PB-2019-

commonsenseamerican.org/2019-weigh-in/pb2-congressional-reform/

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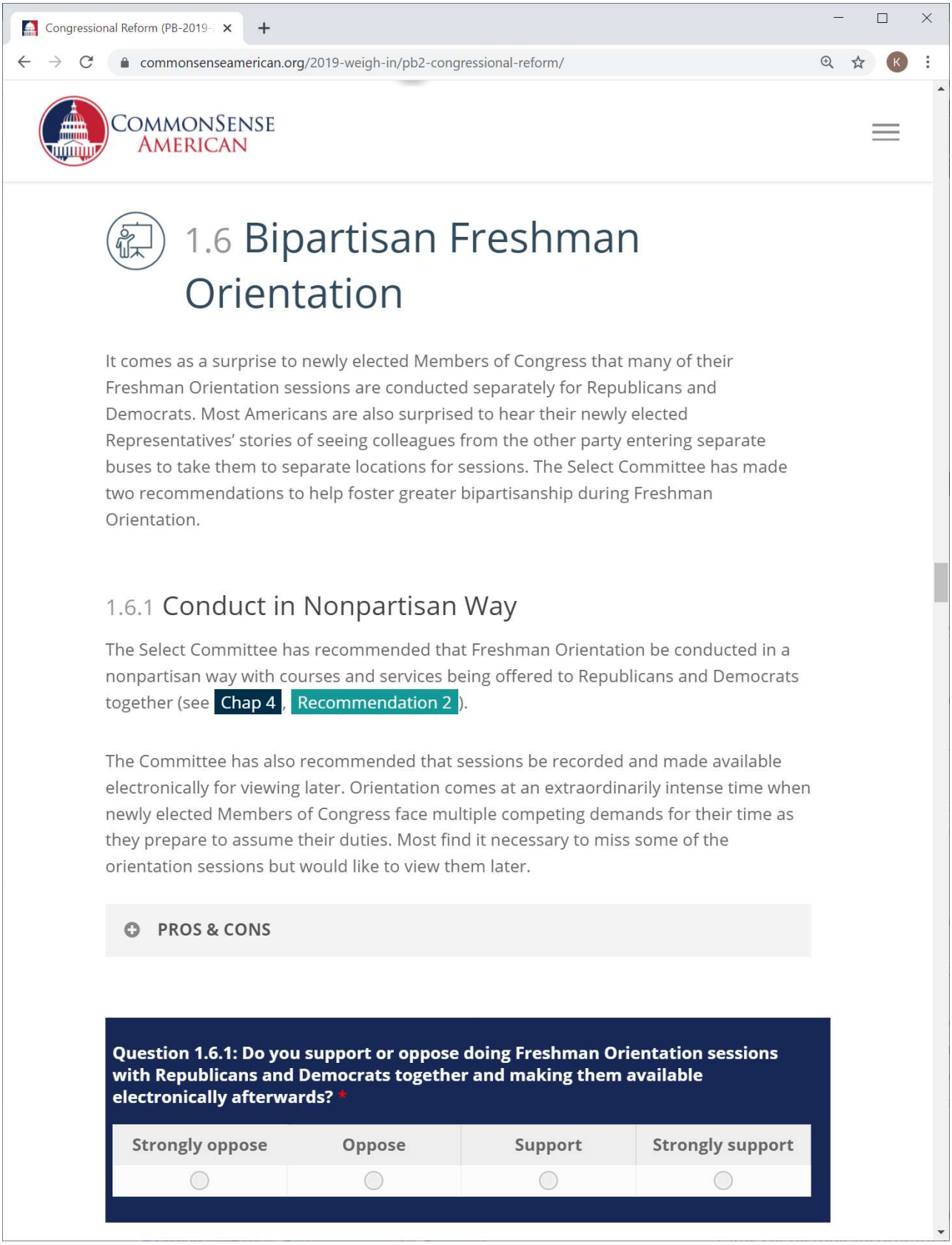
To Download a PDF of the Final Report Click Here

Third, we provide links that will take you directly to the relevant part of the Select Committee's Final Report, as well as links to other relevant sources. In many cases, our brief paraphrases the relevant section of the Final Report which you can easily go to yourself through the links.

While it would take a very long time to review all of the additional information contained in the links, we recommend that you chose to review the pro/con arguments and the relevant portions of the Select Committees Final Report for at least some of the recommendations. We suggest that you do that where you think it would be most helpful to formulating your own informed conclusion about whether to support or oppose them. Research indicates that if even a limited number within a large group like ours dives deeper into any one particular part of a big policy question, the overall result reflects the wisdom gained from the deeper information to a surprising degree.


Congressional Reform (PB-2019-
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1.6 Bipartisan Freshman Orientation
It comes as a surprise to newly elected Members of Congress that many of their Freshman Orientation sessions are conducted separately for Republicans and Democrats. Most Americans are also surprised to hear their newly elected Representatives' stories of seeing colleagues from the other party entering separate buses to take them to separate locations for sessions. The Select Committee has made two recommendations to help foster greater bipartisanship during Freshman Orientation.
1.6.1 Conduct in Nonpartisan Way
The Select Committee has recommended that Freshman Orientation be conducted in a nonpartisan way with courses and services being offered to Republicans and Democrats together (see Chap 4, Recommendation 2).
The Committee has also recommended that sessions be recorded and made available electronically for viewing later. Orientation comes at an extraordinarily intense time when newly elected Members of Congress face multiple competing demands for their time as they prepare to assume their duties. Most find it necessary to miss some of the orientation sessions but would like to view them later.
PROS & CONS
Question 1.6.1: Do you support or oppose doing Freshman Orientation sessions with Republicans and Democrats together and making them available electronically afterwards? *
Strongly oppose
Oppose
Support
Strongly support