



SECURING HEALTH FREEDOM FOR ALL

May 17, 2019

COPY

President Donald J. Trump
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500

Dear Mr. President,

Thank you for your dedication to protecting America's patients.

We have listened to your comments on surprise medical bills and would like to provide you with an **alternative perspective**. On May 9, you said in recorded video comments,

"We're determined to end surprise medical billing for American patients, and that's happening right now. . . . For too long surprise billings, which has been a tremendous problem in this country, has left some patients with thousands of dollars of unexpected and unjustified charges for services they did not know anything about and sometimes services they did not have any information on. They weren't told by the doctor. They weren't told by the hospitals in the areas they were going to. And they get what we call a 'surprise bill,' not a pleasant surprise, a very unpleasant surprise. So this must end. We're going to hold insurance companies and hospitals totally accountable."

You are correct about the surprise, but we propose a **different solution**—and a different focus—than the price controls that Congress is currently contemplating to end surprise medical bills.

Managed care corporations (health plans), and their restrictive networks, not doctors—are to blame. True insurance doesn't have networks. True insurance sets reimbursement levels and pays patients, allowing them to see any doctor anywhere. True insurance puts patients and doctors in charge at an affordable price. **There are no surprise medical bills in true insurance.**

But true insurance—affordable, catastrophic, major medical, indemnity policies—is **prohibited** by the Affordable Care Act (aka "Obamacare").

Therefore, for most Americans the only coverage option is an HMO (aka "health plan") and its limited-access network, forcing them into surprise billing situations when physicians wisely refuse to sign payment-restricting, care-controlling contracts with these plans to preserve their professional integrity and their right to fair compensation.

The proposed bipartisan "**Protecting Patients from Surprise Medical Bills Act**" would wrongly dictate to independent doctors what they can charge patients. These price controls on medical care would be like government telling car dealerships what they could charge for cars, and forcing them

into arbitration or negotiation with banks to get a payment beyond the government-set limit on car prices.

Furthermore, to ban surprise medical billing by enacting price controls is **unwise**. Price controls always lead to shortages, in this case of doctors willing to care for patients under price-controlled payments. Notably, a survey found 48% of more than 17,200 physicians are already considering a full or substantial exit from hands-on patient care. Price controls are also **unconstitutional**. The federal government has no authority to tell doctors what they can or cannot charge patients. If this bill passes, and if you sign it into law, it will :

- Forcibly “network” (socialize) all doctors, requiring them to accept prices similar to doctors whose prices are limited by health plan contracts (which these doctors have refused to sign due to low payments, outside controls on their practice, or burdensome bureaucratic rules).
- Put insurers in a powerful position—doctors have much less time, energy, and legal resources to go through the negotiation process.
- Deceive patients into believing every doctor is in their network and “covered” by their plan.
- Encourage physicians to leave the practice of medicine, and discourage potential physicians from choosing medicine as a career—exacerbating the impending physician shortage.

Mr. President, there is a better way.

Please consider the following solutions as alternatives to price controls:

- Pressure Congress to repeal the ACA ban on affordable indemnity medical insurance.
- Legislation to encourage health plans to convert to non-networked indemnity insurance.
- Refuse efforts to auto-enroll senior citizens into Medicare Advantage HMOs (networks).
- End costly EHR mandate so doctors can avoid selling practices to hospitals that raise prices.
- Allow Americans to exit Medicare, and buy lifelong true insurance (*our Nov. 7 letter*).

Citizens’ Council for Health Freedom (CCHF) does not support legislation that socializes any part of American medicine, or empowers government-favored health plans to control the practice of medicine and ration care. For example, the HHS OIG discovered health plans overturn 75% of their own denials when appealed—but only 1.1 percent of patients and doctors appeal (1.1 million appeals out of 101.1 million denials). The OIG also found that the process to appeal for necessary care “may be especially burdensome for beneficiaries with urgent health conditions.”

OUR REQUEST: If this legislation is enacted, we respectfully request that you veto the bill.

Please do not hesitate to contact me if you would like to discuss our concerns or need more information regarding our proposed solutions.

All my best,



Twila Brase, RN, PHN
President and Cofounder