

**United States Senate**  
WASHINGTON, DC 20510-0908

December 4, 2020

**SENT VIA ELECTRONIC TRANSMISSION:**

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
S-230 Capitol  
Washington, DC 20510

The Honorable Lamar Alexander  
Chairman  
Committee on Health, Education, Labor and Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Charles Grassley  
Chairman  
Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Leader McConnell and Chairmen Alexander and Grassley:

As you work to complete the Senate's business before the end of the 116<sup>th</sup> Congress, we urge to you to ensure no spending or legislative package includes government mandated rate setting to address the challenge of surprise medical billing.

Surprise medical bills occur when a patient is taken to an emergency room that is not a part of their insurance network. More commonly, surprise billing occurs when a patient goes to an in-network hospital only to be cared for by a physician who is not in the same network. Both situations are unfair as the consumer is liable for payment that he or she was unaware of at the time of receiving services.

There is broad agreement that patients should be held harmless from surprise medical bills. However, a recent legislative proposal goes beyond holding these consumers harmless, and introduces a government-centric rate setting approach based on median in-network charges. Make no mistake -- rate setting in health care, particularly when the rates are ratcheted downward for future fiscal reasons, will result in fewer providers and therefore less access to health care by American patients. There is an active debate about bipartisan alternatives to

government rate setting as a way to eliminate surprise bills while protecting patients. Short circuiting the Senate's work on this topic by including rate setting in a must pass end-of-year legislative vehicle will leave patients with fewer choices, and will embolden those who believe the federal government should manage complex health care matters.

More work is necessary to develop the appropriate legislative solution to the surprise medical billing problem. Any surprise medical billing legislation that includes rate setting or artificial limits that act as rate setting should not be included in any spending or legislative package before the end of the 116th Congress.

Sincerely,

/s/ Marsha Blackburn  
United States Senator

/s/ Rand Paul  
United States Senator

/s/ Ron Johnson  
United States Senator

/s/ Mike Lee  
United States Senator

/s/ Roger F. Wicker  
United States Senator