



June 21, 2022

U.S. Senator Patty Murray, Chair
Health, Education, Labor & Pensions Committee
Appropriations Subcommittee on Labor & Health
154 Russell Senate Office Building
Washington, DC 20510

U.S. Representative Lloyd Doggett, Chair
House Ways & Means Subcommittee on Health
2307 Rayburn House Office Building
Washington, DC 20515

U.S. Representative Rosa DeLauro, Chair
Appropriations Subcommittee on Labor & Health
2413 Rayburn House Office Building
Washington, DC 20515

U.S. Senator Richard Burr, Ranking Member
Health, Education, Labor & Pensions Committee
217 Russell Senate Office Building
Washington, DC 20510

U.S. Senator Roy Blunt, Ranking Member
Appropriations Subcommittee on Labor & Health
260 Russell Senate Office Building
Washington, DC 20510

U.S. Representative Vern Buchanan, Ranking Member
House Ways & Means Subcommittee on Health
2110 Rayburn House Office Building
Washington, DC 20515

U.S. Representative Tom Cole, Ranking Member
Appropriations Subcommittee on Labor & Health
2207 Rayburn House Office Building
Washington, DC 20515

Dear Honorable U.S. Senators and Representatives,

On behalf of the health care provider groups listed below, we support the No Surprises Act (NSA) and its goal of removing patients from the middle of billing disputes between providers and insurers. Unfortunately, the law is not working as intended, and as a result, access to emergency care in rural America is threatened.

85 million Americans are living in communities without a hospital or trauma center nearby and must travel long distances in an emergency. Since 2010, more than 130 rural hospitals have closed and an additional 600 are at risk of closing. Emergency air medical services are filling in those gaps and providing lifesaving care to large portions of the country.

Unfortunately, it's becoming harder and harder for air medical providers to continue providing that care. Since the NSA went into effect in January, we are hearing reports of insurance companies withholding and significantly delaying claims; not providing qualified payment amount (QPA) information; significantly underpaying for service or simply not paying; and sometimes refusing to respond to providers at all. If providers are not reimbursed timely or properly, many air medical bases do not have the financial runway to continue operations and millions of Americans will lose access to this lifesaving service. As a result of how the NSA is being implemented, just last month, an air ambulance base in New Mexico was forced to close, causing the community of Roswell to lose access to this lifesaving service.

In Q1 of 2022, insurance companies saw record profits. Meanwhile, air medical providers are being forced to take out loans to pay their medics and pilots. This is dangerous for rural America, and it is unsustainable. It is also avoidable.

We urge you to communicate to the Administration that it needs to adjust NSA implementation by offering additional guidance and support, especially in the early stages of the claims process. We hope you will join us in asking CMS to amend the regulatory guidance and require arbiters to treat air ambulance providers like all other providers by weighting the QPA equally with all other important considerations for establishing reimbursement. Additionally, we request that CMS hold health plans accountable by establishing reasonable timelines for responding to a claim and requiring transparency in how a QPA is calculated. These crucial steps will ensure good faith negotiations between providers and insurers and allow air medical providers to continue to serve rural America.

Sincerely,

SOAR Campaign
Brain Injury Association of America
Florida Chapter of American Academy of Pediatrics
Florida Rural Health Association
International College of Advanced Practice Paramedics
National Rural Health Association
Rural Minds
Society of Trauma Nurses