

How to fix surprise medical bills?

Medicare for All vs. the public option

Sources of surprise bills	Medicare for All	Public option
Emergency care provided at the closest hospital, which may be out-of-network	<p>✓ PROBLEM SOLVED</p> <p>All facilities in all communities are covered. Patients are never billed directly for services.</p>	<p>× NO CHANGE</p> <p>Private insurance companies can refuse to cover out-of-network hospitals, even for emergencies.</p>
In-network hospital that includes out-of-network physicians	<p>✓ PROBLEM SOLVED</p> <p>No more “networks;” all hospitals and all providers are covered. Patients are never billed directly for services.</p>	<p>× NO CHANGE</p> <p>Private insurance companies can refuse to cover bills from out-of-network providers in network hospitals.</p>
Insurance company maintains confusing and often incorrect directory of in-network providers and facilities, which change each year	<p>✓ PROBLEM SOLVED</p> <p>No directories needed; all hospitals and all providers are covered. Patients are never billed directly for services.</p>	<p>× NO CHANGE</p> <p>Private insurance companies change networks each year; patients’ preferred doctors and hospitals may no longer be covered.</p>
Insurance company only pays a portion of an out-of-network provider’s bill, leaving the patient to pay the “balance”	<p>✓ PROBLEM SOLVED</p> <p>Patients are never billed directly for medically necessary services from any provider.</p>	<p>× NO CHANGE</p> <p>Private insurance companies can refuse to pay any or all of the cost for an out-of-network provider.</p>