Surprise medical bills and Medicare for All

Americans assume that health insurance protects us from debilitating medical bills. But when we actually need to use our insurance, we discover that it's no better than an "umbrella that melts in the rain." We play by an insurance company's rules, but still get stuck with huge surprise bills after receiving care from a facility or provider outside of their covered network.

What are *common surprise bill scenarios*?

1. a patient is rushed to the nearest facility during a medical emergency;
2. a patient receives planned care at an in-network facility but also requires the services of an out-of-network specialist (e.g., an anesthesiologist) within the facility;
3. a patient selects a provider based on the insurer's incorrect network directory.

Key facts about surprise bills

- 40% of privately insured patients faced surprise medical bills after visiting emergency rooms or getting admitted to hospitals in 2016. ([Source](#))
- The average surprise bill for emergency department care was $628 in 2016, up from $220 in 2010. The average surprise bill for inpatient hospital admission was $2,040 in 2016, up from $804 in 2010. ([Source](#))
- People experiencing a health crisis are at an especially high risk for surprise bills: Among those with employer-based insurance, out-of-network charges were 50% higher for heart-attack victims than for other diagnoses; 21% of women undergoing mastectomies experienced out-of-network charges. ([Source](#))
- Two-thirds of Americans say they are either "very worried" (38%) or "somewhat worried" (29%) about paying for unexpected medical bills. ([Source](#))
- Half of Americans would have to borrow money or go into debt to pay a $500 medical bill, or wouldn't be able to pay it at all. ([Source)](#)
- About 60% of bankruptcy filers cite medical bills and illness as the primary cause of their financial ruin, and the vast majority of them had commercial insurance. ([Source](#))

How would Medicare for All solve surprise bills?

Surprise out-of-network bills would vanish under Medicare for All, because Medicare for All *eliminates both networks and bills*. It replaces the complex web of public and private insurance plans with a single, streamlined system where a single payer — Medicare — pays all providers and facilities directly. Patients would never see a medical bill again and would not have to worry about going out of network because virtually every doctor and hospital in the nation would be part of the system. It really is that simple!

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