

all providers in a hospital to be in-network was the cleanest solution.

"On surprise billing, all three approaches are equal in that first and foremost they protect the consumer," said Sean Cavanaugh, chief administrative officer for Aledade, a company that matches primary care physicians with accountable care organizations.

There was also broad support among the witnesses for some of the legislation's transparency measures, especially the creation of a nongovernmental nonprofit organization to collect claims data from private health plans, Medicare and some states to create what's called an all-payer claims database. That could help policymakers better understand the true cost of care, these experts told the committee.

Sen. Susan Collins (R-Maine) expressed trepidation about the all-payer claims database, noting that increased transparency could hurt rural hospitals, which typically charge higher prices than those in cities because their patient base is small and they need to bring in enough revenue to cover fixed costs.

The witnesses also offered support for eliminating "gag clauses" between doctors and health plans. These stipulations often prevent

**About this story:**

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providers from telling patients the cost of a procedure or service.

"Patients and families absolutely have skin in the game ... but they are in a completely untenable and unfair situation. They have no information," said Mitchell, from the Pacific Business Group on Health. "We're talking about providers not being allowed to share information. ... Transparency is necessary so people can have active involvement."

If one thing is clear, it's that Alexander doesn't want this summer to be a rehash of last year, when it appeared he had a bipartisan deal to address problems in the federal health law's marketplaces before the effort fell apart.

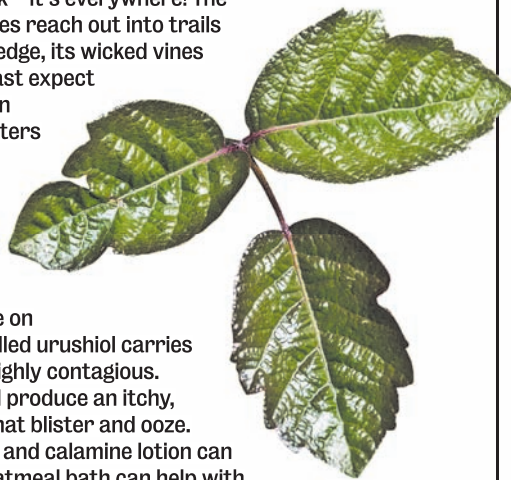
"For the last decade, Congress had been locked in an argument about the individual health care market," said Alexander at Tuesday's hearing. "That is not this discussion. This is a different discussion. We'll never lower the cost of health insurance until we lower the cost of health care." □

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