Protecting Consumers Against Surprise Medical Bills

Surprise billing happens when someone who has health insurance receives an unexpected medical bill for out-of-network care.

It can happen in an emergency.
The spouse of a 51-year-old man with comprehensive health coverage rushes him to the nearest hospital, where he undergoes emergency surgery for acute appendicitis. He recovers quickly, but later receives a bill for more than $20,000. Unfortunately, the nearest hospital was out of his health insurance plan’s network.

It can happen with a planned procedure.
A 64-year-old woman with coverage through her state’s health insurance Marketplace, undergoes a planned jaw surgery, carefully making sure that the facility and surgeon were in her health plan’s network. The bill she gets following the surgery: $8,000. Turns out the anesthesiologist was out-of-network.

The No Surprises Act protects consumers by:
- Preventing providers and facilities from issuing surprise billing for:
  - Emergency Services
  - Post-Stabilization Services
  - Nonemergency Services
  - Referrals for Out-of-network Services
- Removing consumers from payment disputes
- Providing consumers with information on the cost and status of all providers involved in care

Who is protected?
- Consumers with private health insurance, including:
  - Group health insurance coverage through an employer
  - Nongroup (individual) coverage through Health Insurance Marketplaces or off-Marketplace
  - Self-insured employer-based health insurance plans

Implementation will be key.
As of January 1, 2022 (the law’s effective date) 33 states have also adopted laws that protect consumers against surprise medical bills.

Stakeholders should monitor key areas:
- Coordination of state and federal laws
- Effective communication of new protections to consumers
- Access to meaningful complaint and appeals processes
- Removal of a consumer’s responsibility to enforce hold harmless protections
- Maintaining meaningful consumer access to care


www.AARP.org/surprisebilling