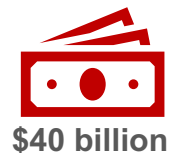


COALITION **AGAINST** SURPRISE MEDICAL BILLING

Then vs. Now: The Impact of the *No Surprises Act*

Before the *No Surprises Act*:

- **1 in 5 patients** admitted to the hospital on an in-patient basis received a bill from an out-of-network physician.
- In 2018, Americans made about **130 million** visits to the emergency room. At least **1 in 6 patients** who had health insurance received a surprise medical bill from a provider or specialist who treated them.
- One study estimated out-of-network bills from a subset of specialty physicians result in **\$40 billion** in additional spending in employer-provided coverage alone.



After the *No Surprises Act*:

- The *No Surprises Act* was written and implemented to protect patients from the financial harm of surprise medical bills.
 - In the first **9 months** of implementation, **9 million surprise medical bills** were prevented – about 1 million surprise medical bills a month.
- Despite the Centers for Medicare and Medicaid Services (CMS) expecting fewer than 18,000 IDR claims to be filed in 2022, **over 90,000 claims** were filed in less than 6 months – 25,000 of those were initiated in Texas.
- While providers have sent more claims to arbitration than expected 9 million surprise bills prevented with 90,000 claims sent to IDR show the *No Surprises Act* works **99%** of the time.
- Certified IDR entities found nearly 16,000 – about 7 in 10 -- of the closed disputes were ineligible for the federal IDR process, highlighting another strategy by certain providers to misuse or abuse the IDR process.
- As a result of process misuse, CMS announced the administrative fee for initiating IDR will increase in 2023 from **\$50** to **\$350** per dispute, resulting in higher costs for patients.



9 million bills prevented

