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PARK RIDGE, Ill. (AANA)—The U.S. Congress passed a year-end agreement on Dec. 21 that includes a fix to the issue of surprise medical billing. Known as the “No Surprises Act,” the agreement helps prevent patients from receiving surprise medical bills and establishes a framework to resolve bills between providers and payers.

The full statement below is attributable to the American Association of Nurse Anesthetists (AANA) President Steven M. Sertich, CRNA, MAE, JD, Esq.:

In a study reported in the Journal of the American Medical Association (JAMA), nearly one in five commercially insured patients received a ‘surprise bill’ for out-of-network services. The AANA is pleased that the U.S. Congress has taken action regarding surprise medical bills while helping to ensure patient choice and access to care.

This legislation strikes an important balance between patients, providers, and insurers. By removing patients from billing disputes, the surprise billing agreement safeguards them from unexpected financial hardship for receiving healthcare, which is especially important during a global pandemic. The agreement holds patients harmless from surprise medical bills by ensuring they are only responsible for the in-network cost-sharing amounts, including deductibles. It also provides a fair and equitable system for dispute resolution between providers and insurers that incentivizes reasonable reimbursement while providing for a fair system to challenge unfair practices.

The agreement also addresses one of the underlying causes of surprise bills: a lack of competition in the U.S. healthcare system that leads to higher costs, limited patient choice, and less access to care for patients. The critical nondiscrimination provision of the legislation helps to solve this issue by prohibiting health plans from discriminating against qualified licensed healthcare professionals, such as Certified Registered Nurse Anesthetists (CRNAs) and other non-physician providers, solely based on their licensure. Specifically, the agreement calls on the Departments of Health and Human Services, Labor, and Treasury to promulgate a rule by January 1, 2022, implementing protections against provider discrimination by insurers.

Patients benefit the greatest from a healthcare system where they receive easily accessible care from an appropriate choice of safe, high-quality, and cost-effective providers, such as CRNAs and other non-physician providers. By agreeing to address surprise billing, Congress protects care for the most vulnerable by strengthening network adequacy to ensure all patients have access to quality care from the provider of their choice.