



Press Release

Assessing the Deal to End Surprise Medical Bills

ANDREW EVANS | DECEMBER 15, 2020

Late last week, after years of deadlock, lawmakers announced an agreement on draft legislation to end surprise medical bills, protecting patients and accomplishing a key objective of federal policymakers. The deal is broadly in line with most prior legislative proposals and state laws up to this point. Notably, on three points of dispute between lawmakers, the agreement moves toward providers' favored positions, writes AAF's Director of Health Care Policy Christopher Holt in an analysis of the bill.

An excerpt:

The No Surprises Act is a compromise proposal seeking to bridge the differences between the revised, but unreleased, H.R. 5800 proposal, seen as more friendly to insurers, and the provider-backed H.R. 5826. Many of the provisions are similar if not identical between the bills, and reconciling the various reporting requirements, patient protections, and assorted other provisions of H.R. 5800, H.R. 5826, and S. 1531 does not seem particularly controversial. The protections for patients are largely the same across the various proposals, reflecting widespread agreement on that point.

The most significant points of disagreement between the revised H.R. 5800 proposal and the Ways and Means Committee's H.R. 5826 were around the requirement of an interim payment, whether to have a dollar threshold below which claims would not be eligible for independent dispute resolution process (IDRP), and the criteria to be used by the mediator during IDRP. In each of these areas, the No Surprises Act moves in the direction of H.R. 5826 and providers.

[Read the Analysis](#)