Summary of the No Surprises Act

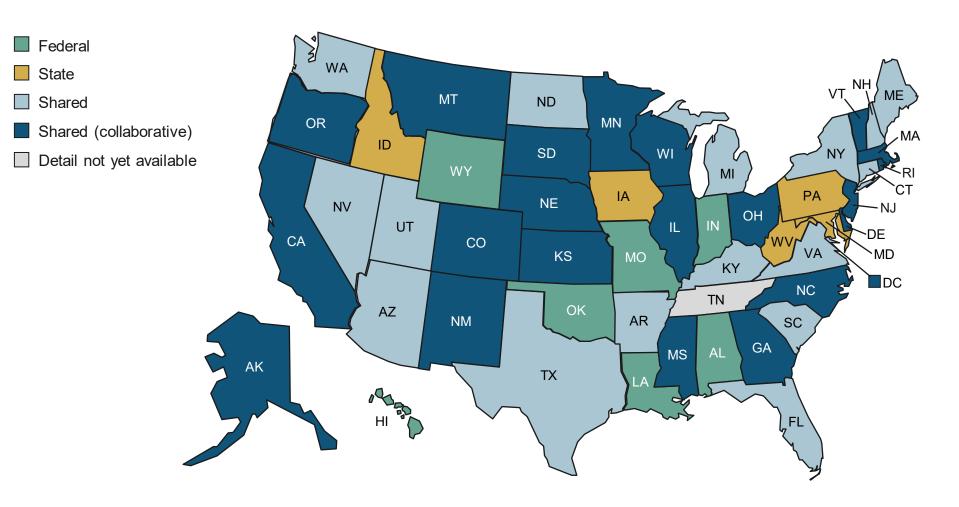
Topic	Provision	
Types of care settings covered	Emergency and poststabilization care and nonemergency care in in-network facilities; applies to fully insured and self-funded plans. Includes air ambulance services, but not ground ambulance services.	
Consumer cost sharing	Holds consumers harmless by limiting their costs to in-network cost sharing and requiring use of in-network deductibles and out-of-pocket maximums.	
Provider balance billing	Prohibits providers and facilities from billing consumers for any payment balance other than in-network cost sharing.	
Payment standard	None, although the median in-network rate is used to determine cost sharing.	
Dispute resolution process	Independent dispute resolution process if parties do not reach a voluntary agreement in a 30-day negotiation period. Each party submits their best offer to the independent arbitrator, who must choose one or the other (arbitrator cannot split the difference). Loser pays the cost of the arbitration.	
Factors considered by the arbitrator in dispute resolution	Factors allowed: median in-network rate; information submitted by the parties; training, education, experience, and quality of the provider; patient acuity and complexity of services; market share for the provider or the insurer; good faith efforts to join network; prior contracted rates.	
	Factors prohibited: usual and customary or billed charges; rates paid in public sector programs, such as Medicare and Medicaid.	
Interaction with state laws	Defers to state payment standard or dispute resolution process (if state has established one) when state law is applicable to the plan and service.	
Enforcement	States have primary enforcement role; federal enforcement in states that lack authority or fail to substantially enforce the law. Federal enforcement uses civil monetary penalties.	

Data: Authors' analysis.



EXHIBIT 2

States' Strategies for Enforcing the No Surprises Act

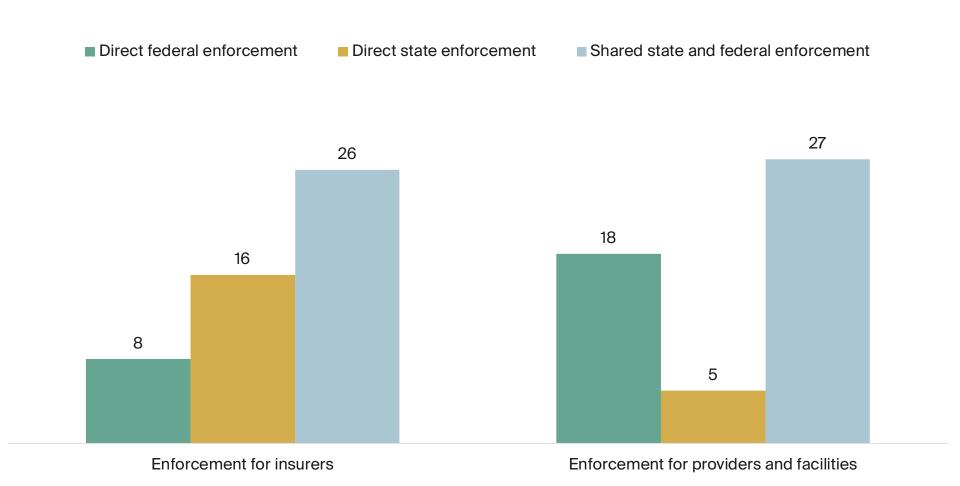


Notes: Coding on this map reflects each state's enforcement strategy across issuers, providers, and air ambulance providers. The scope includes provisions of the law that are narrowly relevant to surprise medical billing, not other related provisions of the No Surprises Act. Sections of the law included are 2799A-1(a) and 2799A-1(b) (both relating to requirements on issuers), 2799B-1 and 2799B-2 (both relating to requirements on providers), and 2799A-2(a) and 2799B-5 (both relating to air ambulances). Detail not yet available for Tennessee.

Data: Madeline O'Brien, "Map: No Surprises Act Enforcement," Commonwealth Fund, Mar. 14, 2022.



Enforcement for the Core Provisions of the No Surprises Act



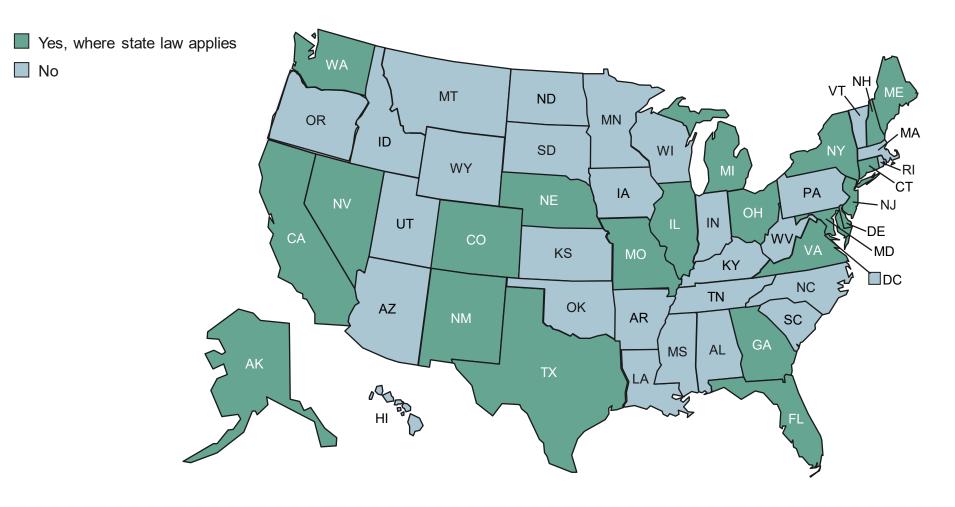
Note: Detail not yet available for Tennessee.

 $\hbox{ Data: Madeline O'Brien, "$\underline{\text{Map: No Surprises Act Enforcement,"}}$ Commonwealth Fund, Mar. 14, 2022. }$



EXHIBIT 4

States with a Specified State Law for Determining Payments to Out-of-Network Providers



Notes: Coding on this map reflects whether the state has a specified state law.

Data: Madeline O'Brien, "Map: No Surprises Act Enforcement," Commonwealth Fund, Mar. 14, 2022.



EXHIBIT 5

Potential Inflationary Effects of Payment Determination Process in States with Specified State Laws

Is there a likely inflationary impact?	States	What is considered in determining payment?
No, approach is generally cost- containing	California, Colorado, Maine, Maryland, Michigan, Nevada, New Mexico	Law specifies consideration of in-network rate or Medicare rate and does not specify billed charges or usual and customary rates
Varies based on arbitration results	Delaware, Georgia, Nebraska, New Hampshire, Virginia, Washington	Law is not specific on what is considered
Yes, approach is generally inflationary	Alaska, Connecticut, Florida, Illinois, Missouri, New Jersey, New York, Ohio, Texas	Law specifies a role for billed charges or usual and customary rates

Note: State processes do not apply to all services. In particular, some state processes apply only to emergency services or to nonemergency services.

Data: Authors' analysis.

