The “No Surprises” Act

The “No Surprises” Act took effect on January 1, 2022, establishing patient protections against surprise medical bills. The Departments of Health and Human Services, Treasury, and Labor are tasked with issuing regulations and guidance. The Act prohibits providers from charging more for out-of-network services.

What is a surprise medical bill?
When a patient with a group health plan or health insurance coverage gets care from an out-of-network provider, the plan usually does not cover the entire out-of-network cost, leaving patients with higher costs than if they had been seen by an in-network provider. In many cases, the out-of-network provider can bill the patient for the difference between the billed charge and the amount paid by that person’s plan or insurance. This is known as “balance billing.” An unexpected balance bill is a “surprise bill.”

How does this impact Indian Country?
The rule does not apply to patients with coverage through Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE because these programs already protect patients by prohibiting balance billing. Because Tribal health care providers generally are not billing for services, the Act does not apply to these providers in these circumstances.

However, if a Tribal provider elects to serve nonbeneficiaries and therefore bills those patients for services, the provider/facility must abide by this Act.

NIHB will update this fact sheet if there are any developments that impact Indian Country and/or any further clarification from agency leadership. If you have any questions or concerns about the “No Surprises” Act, please contact NIHB Policy Center Director Chris Chavis at cchavis@nihb.org or 202-750-3402.