

LEGAL UPDATE

Congress Passes Surprise Medical Bill Ban as Part of Stimulus Bill

On Dec. 21, 2020, Congress passed [H.R. 133](#), a \$900 billion stimulus bill that includes emergency economic relief, government funding and tax cuts. The bill also includes the No Surprises Act, a ban on surprise medical bills, which will take effect beginning in 2022. The bill is expected to be signed into law by President Donald Trump.

Surprise Medical Bills

Surprise medical bills occur when patients unexpectedly receive care from out-of-network health care providers. For example, a patient may go to an in-network hospital for treatment, such as surgery or emergency care, but an out-of-network doctor may be involved in the patient's care.

Patients often cannot determine the network status of these providers, such as emergency room doctors or anesthesiologists, in order to avoid the additional charges. In many cases, the patient is not involved in the choice of provider at all.

No Surprises Act

The Act applies to surprise bills from doctors, hospitals and air ambulances. It prohibits these providers from billing patients who have health coverage for unpaid balances. Rather, providers will have to work with the group health plan or health insurance issuer to determine the appropriate amount to be paid by the plan or issuer, under the methodology provided in the Act.

The Dept. of Health and Human Services will work with the Depts. of Labor and the Treasury to issue regulations regarding this methodology and other requirements of the Act.

TechServe Alliance will continue to keep you updated as information becomes available on the details of the law.

Important Dates

Dec. 21, 2020

H.R. 133 was passed by Congress.

July 1, 2021

Implementing regulations are required to be issued.

Jan. 1, 2022

The provisions of the No Surprises Act apply to plan or policy years beginning on or after Jan. 1, 2022.

Providers will have to agree with health plans and issuers on a payment amount instead of billing patients for unpaid balances.

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