



# The No Surprises Act at a Glance: Protecting Consumers Against Unexpected Medical Bills

This resource highlights some of the major protections of the No Surprises Act. For a more comprehensive overview of the protections, please refer to the [No Surprises Act: Overview of Key Consumer Protections](#) resource.

## The No Surprises Act

The No Surprises Act is a federal law that went into effect on January 1, 2022. It protects consumers from certain **unexpected out-of-network medical bills**, known as “surprise bills.” These include unexpected bills for the following, when out-of-network:

- Most emergency services, including post-stabilization services, from an out-of-network hospital or an independent, freestanding emergency department.
- Non-emergency care from an out-of-network medical provider related to a visit to an in-network hospital, hospital outpatient department, critical access hospital, or ambulatory surgical center.
- Air ambulance services.

### Who IS covered by the No Surprises Act?

The No Surprises Act protects consumers with group health plan coverage or group or individual health insurance. This includes coverage through:

- an employer or union,
- the Federal Employees Health Benefits program,
- the Health Insurance Marketplace<sup>1</sup>, or
- an individual plan purchased directly from an insurance company.

Provisions of the No Surprises Act that apply to group or individual health insurance coverage generally apply to [grandfathered health plans](#).



### Who is NOT covered by the No Surprises Act?

The No Surprises Act protections do not apply to consumers who only have coverage through (or receive services provided by) the following government programs:

- Medicare (including Medicare Advantage),
- Medicaid (including Medicaid managed care plans),
- Children’s Health Insurance Program,
- Indian Health Service,
- Veterans Affairs Health Care, and
- TRICARE.

These programs generally have separate protections against balance billing. See the [Overview of Key Consumer Protections](#) for more information on the plan types not subject to the No Surprises Act surprise billing protections, such as health care sharing ministries, farm bureau plans, and short-term, limited duration insurance.

<sup>1</sup> Health Insurance Marketplace<sup>®</sup> is a registered service mark of the U.S. Department of Health & Human Services.

*This document is intended to provide clarity to the public about requirements related to surprise billing. It does not have the force and effect of law.*

### Which bills are NOT considered surprise bills under the No Surprises Act?

The No Surprises Act does not protect consumers from surprise bills when:

- The bill was for **non-emergency** care provided at or related to a visit to:
  - an out-of-network facility, or
  - an in-network setting other than an in-network hospital, hospital outpatient department, critical access hospital, or ambulatory surgical center. For example, No Surprises Act surprise billing provisions generally would not apply to non-emergency services provided in a community health clinic or doctor's office.
- The consumer waived their surprise billing protections by signing a valid "notice and consent" form (see below).
- The care wouldn't have been covered by the consumer's insurance even if it had been provided in-network. For example, treatment that is not a covered benefit or that the insurance company deems experimental or "not medically necessary."
- The bill is for ground ambulance services.



### Notice and consent forms

If a consumer is scheduled for care at an in-network facility with an out-of-network provider, the consumer may be asked to sign a [notice and consent form](#). The provider or facility must use the standard notice and consent form issued by the federal government or their state, provided the state form meets federal requirements. They may not create their own notice and consent form. Signing this form means that the consumer agrees to receive care from an out-of-network provider and give up their protections from unexpected out-of-network bills. A consumer does not have to sign this consent form. A provider or facility can refuse to treat an individual who does not consent to waive their balance billing protections if doing so is allowed under state law. Thus, the consumer may need to reschedule care with an in-network provider at an alternate time. For more information on Notice and Consent, see [When the Notice and Consent Exception Applies and When it Doesn't: Guidelines for Use](#).

### State surprise billing laws

Some states have their own surprise billing laws. The No Surprises Act does not replace state surprise billing laws. Rather, the No Surprises Act creates a "floor" for consumer protections. As long as the specific provisions of a state's law provide at least the same level of protections as the No Surprises Act, the state law provisions generally apply. Some state laws may provide additional protections beyond the No Surprises Act. However, some state laws may only apply to certain types of coverage. Visit your [state's Department of Insurance](#) for more information.

### Consumers without insurance or not using insurance

Generally, the No Surprises Act requires health care providers and facilities to give a [good faith estimate](#) of the expected costs for items or services to consumers who are uninsured and those who do not intend to submit

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a claim to their health insurance coverage (these consumers are considered “self-pay”). Uninsured (or self-pay) consumers are entitled to a good faith estimate when they schedule an item or service 3 or more business days in advance or when they request information about the costs of an item or service. If the billed amount is at least \$400 more than the estimate provided by the provider or facility, the consumer may be able to dispute the bill using the [patient-provider dispute resolution \(PPDR\) process](#). People enrolled in Federal programs, including Medicare and Medicaid, are not entitled to a good faith estimate even if the service they are seeking is not covered or they don’t intend to use their coverage. However, these rules do apply to consumers with certain types of coverage, including short-term limited-duration plans, farm bureau plans, self-funded student health plans, and health care sharing ministries. In general, an individual enrolled in only these types of coverage is considered uninsured for purposes of the good faith estimate requirements.

### External review

External review is a process that allows consumers to challenge (or appeal) certain health plan or health insurance issuer decisions, such as a decision to deny payment of a submitted claim for care. The No Surprises Act expands the right to an external review to include consideration of whether a plan’s or issuer’s adverse benefit determination was made in compliance with the No Surprises Act. This means consumers may seek external review of health plan decisions they believe conflict with the No Surprises Act, such as if they are charged out-of-network cost sharing when they believe the No Surprises Act requires them to pay only in-network cost sharing.

### Where to get help

Contact the No Surprises Help Desk at 1-800-985-3059 to get answers to questions about the protections and requirements of the No Surprises Act and any assistance with filing a No Surprises Act complaint online. The Help Desk is open from 8:00am-8:00pm Eastern Time (ET) on weekdays and 10:00am-6:00pm ET on weekends. Consumer advocates may also help consumers submit a complaint online if they think the consumer received a surprise bill that violates the No Surprises Act. Consumer advocates should include their contact information (name, email, and phone number) when filing a complaint on behalf of a consumer.

State Consumer Assistance Programs (CAPs) may also help with surprise billing questions. To see if your state has a CAP, please visit this [state listing](#). Your state Department of Insurance or state Attorney General’s Office may also be able to help.

For more information on the No Surprises Act protections, visit the [Consumer Advocate Toolkit](#) website. It has in-depth resources on consumer protections, how to help consumers who receive surprise bills, how to take action to challenge surprise bills, information on state laws, sample documents, and reference materials.

Visit the CMS website for [tips on how to navigate medical billing issues](#).

