Surprise billing & protecting consumers

As of January 1, 2022, consumers have new billing protections when getting emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers. Through new rules aimed to protect consumers, excessive out-of-pocket costs are restricted, and emergency services must continue to be covered without any prior authorization, and regardless of whether or not a provider or facility is in-network.

Previously, if consumers had health coverage and got care from an out-of-network provider, their health plan usually wouldn't cover the entire out-of-network cost. This left many with higher costs than if they'd been seen by an in-network provider. This is especially common in an emergency situation, where consumers might not be able to choose the provider. Even if a consumer goes to an in-network hospital, they might get care from out-of-network providers at that facility.

In many cases, the out-of-network provider could bill consumers for the difference between the charges the provider billed, and the amount paid by the consumer's health plan. This is known as balance billing. An unexpected balance bill is called a surprise bill.

The Consolidated Appropriations Act of 2021 was enacted on December 27, 2020 and contains many provisions to help protect consumers from surprise bills, including the No Surprises Act under title I and Transparency under title II. Learn more about protections for consumers, understanding costs in advance to avoid surprise bills, and what happens when payment disagreements arise after receiving medical care.