April XX, 2026

The Honorable Scott Bessent
Secretary
Department of the Treasury
1500 Pennsylvania Avenue NW
Washington, DC 20220

The Honorable Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue NW
Washington, DC 20201

The Honorable Lori Chavez-DeRemer
Secretary
Department of Labor
200 Constitution Avenue NW
Washington, DC 20201

Dear Secretaries, Bessent, Chavez-DeRemer, and Kennedy:

The undersigned physician organizations representing national medical specialty societies and state medical associations write to express our growing concern that some health plans are undermining the careful balance achieved in the No Surprises Act (NSA). The NSA was designed to protect patients from surprise medical bills, as well as to promote fair contracting incentives between payers and physicians through a meaningful independent dispute resolution (IDR) process. Unfortunately, health plans are finding ways to circumvent the statute with harmful policies that shift costs onto patients and undercut independent physician practices, jeopardizing access to care in their communities. We strongly urge the Departments to increase enforcement efforts and require greater transparency in the IDR process. Below, we offer several examples of problematic conduct and recommend actions needed to protect patients and physicians.

I. Inappropriate Cost-Shifting onto Patients

We understand that some payers are increasing patient cost-sharing amounts after an IDR decision in the physicians' favor—a practice that is clearly in violation of the spirit, if not the language of the NSA. For example, rather than paying the physician the difference between their offer and the initial payment, some health plans are reprocessing claims and sending the patient a revised explanation of benefits that results in the patient paying the difference. Alarmingly, in a 2024 study of emergency physicians, 50 percent of respondents report that health plans increased the patient's cost sharing amount after an IDR entity determination. We ask the Departments to immediately step in and prevent health plans from passing costs onto patients in violation of the NSA.

II. Misusing Technical Guidance to Reopen Closed IDR Cases

Some health plans appear to be exploiting June 2025 technical guidance intended to allow IDR cases to be reopened in a narrow set of circumstances, and instead are relying on this guidance to reopen final IDR decisions as a way to withhold payment from physicians despite the guidance expressly stipulating that payment should proceed. This is largely happening without scrutiny of plans that re-open IDR claims without sufficient evidence or reason. Our organizations urge the Departments to revise the June 2025

technical guidance to clarify a narrower scope and prohibit the re-opening of settled IDR determinations without sufficient cause, as defined by the Departments.

III. Ineligible Claims in IDR

Ineligible claims are making their way into the process. Eligibility is often challenging for physicians to determine, including determining the appropriate regulator. Payers possess plan information that makes them best suited to identify eligibility for the NSA process, yet they fail to provide this information with initial payment or notices of denial. Payers also have an opportunity to challenge eligibility in the initial phases of the IDR process, yet are frequently failing to meaningfully participate in either open negotiations or the IDR process. According to 2025 Congressional Research Service Report to Congress, an increase in providers prevailing in IDR from 2023-2024 (80-85 percent) was largely attributable to default decisions. The most effective way to reduce the volume of ineligible claims is to ensure all parties meaningfully participate in the IDR process and to increase the transparency of information pertaining to claim eligibility. Accordingly, we urge the Departments to require the entire IDR process, including open negotiations, be conducted through the IDR portal to increase health plan participation. Additionally, the Departments should require health plans to use Remittance Advice Remark Codes, as well as any other relevant information regarding eligibility with the initial payment or notice of denial.

IV. Lack of Transparency into Qualified Payment Amount (QPA) Calculations

We have received feedback from physicians that QPAs do not reflect the market rates for services, as intended under the NSA. Given the important role that the QPA plays in determining patient cost-sharing, determining initial payments and influencing the dispute resolution process, more transparency in how they are calculated should be required. Unfortunately, there are no requirements to substantiate QPA calculations or oversight to ensure rate calculations abide by statutory requirements. We encourage the Departments to require that information about QPA calculations, including methodologies and data used, be provided with the initial payment or notice of denial and available more broadly. In addition, CMS should exert its statutory authority to conduct rigorous audits on health plans' QPA calculations, with penalties for improper calculations.

V. Lack of Timely and Complete Payments

It seems nothing could undermine the success of the NSA more than having IDR decisions ignored, yet we continue to hear that health plans are failing to reconcile payment outside of the statutory 30-day window, paying only a portion of what they owe, or are not paying at all, often repeatedly and without consequence. A survey of clinicians across 45 states found that 22 percent of IDR awards owed to physicians and other providers in 2023 and 11 percent of awards in 2024 had not been paid. Of the payments made in 2024, 50 percent were not remitted within the requisite 30-day timeframe, and 15 percent were made in an incorrect amount. These situations are simply unsustainable for many physician practices. As such, we urge the Departments to enforce payment after IDR decisions under the statutory timelines and assess penalties for repeat offenders.

Our organizations understand that implementation of such a novel patient protection statute is a complex undertaking. Fortunately, we believe that these issues can be addressed largely with increased

enforcement and transparency. We look forward to working with you to address these concerns to ensure that the NSA continues to protect patients from surprise medical bills while preserving the sustainability of independent physician practices.

Sincerely,