

May 7, 2026

The Honorable Roger Marshall, MD
U.S. Senate
479A Russell Senate Building
Washington, DC 20510

The Honorable Michael Bennet
U.S. Senate
261 Russell Senate Building
Washington, DC 20510

The Honorable Greg Murphy, MD
U.S. House of Representatives
407 Cannon House Office Building
Washington, DC 20515

The Honorable Jimmy Panetta
United States House of Representatives
200 Cannon House Office Building
Washington, DC 20515

The Honorable John Joyce, MD
U.S. House of Representatives
2102 Rayburn House Office Building
Washington, DC 20515

The Honorable Kim Schrier, MD
U.S. House of Representatives
1110 Longworth House Office Building
Washington, DC 20515

The Honorable Bob Onder, MD, JD
U.S. House of Representatives
1113 Longworth House Office Building
Washington, DC 20510

The Honorable Raul Ruiz, MD
U.S. House of Representatives
2342 Rayburn House Office Building
Washington, DC 20510

Dear Senators Marshall and Bennet and Representatives Murphy, Panetta, Joyce, Schrier, Onder, and Ruiz:

The undersigned physician organizations representing national medical specialty societies and state medical associations write to express our support for (H.R. 4710/S. 2420), the “No Surprises Act Enforcement Act,” and to urge prompt action on this important legislation.

Our organizations remain fully committed to the core purpose of the No Surprises Act: protecting patients from surprise medical bills while ensuring physicians and other health care providers receive fair and timely payment for the medical services they provide. We remain deeply invested in this law’s successful implementation and in achieving the balanced framework Congress intended.

Stakeholders continue to raise concerns about implementation challenges related to the Independent Dispute Resolution (IDR) process, and we are committed to working with regulators to increase transparency, strengthen enforcement, and enhance guidance to improve the process. For example, to address concerns about ineligible claims entering IDR, we have supported proposals to clearly identify eligibility in initial remittance advice to physicians and in initial payment offers. To reduce reliance on the IDR process and the volume of disputes, we have advocated for the formalization of, and mandatory participation in the open negotiations process. We also continue to urge greater data transparency and targeted audits so regulators can issue clearer guidance to address persistent enforcement issues.

However, process improvement efforts are rendered meaningless if IDR decisions are simply ignored by the losing parties, as incentives for disputing parties to meaningfully engage are lost. Unfortunately, physicians continue to report that health plans are failing to make payments within the statutory 30-day timeframe following an IDR determination in the physician’s favor. In some cases, physicians report receiving no payment at all despite the law’s clear requirement that such determinations “shall be binding upon the parties involved.” This means that physician practices are forced to absorb unpaid costs, finance delays, and shoulder uncertainty while insurers retain funds they are legally obligated to pay.

We are therefore grateful for your targeted legislation to address this enforcement gap. Specifically, the No Surprises Act Enforcement Act would authorize penalties on any party that does not adhere to statutory timelines for payment after an IDR entity has made a final and binding determination. By granting the Administration clear authority to enforce IDR decisions, the No Surprises Act Enforcement Act would restore the balance achieved by the statute and ensure accountability.

The success of the No Surprises Act depends on all parties participating in good faith and complying with the dispute resolution process. We appreciate your leadership in recognizing that meaningful enforcement authority is essential to implementing the law in the balanced way Congress intended, and we look forward to working with you to secure enactment of this important legislation.

Sincerely,

American Medical Association