

HEALTH ISSUES

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Federal Agencies Issue Final Interim Rulemaking on Surprise Medical Billing

On Thursday, the U.S. Departments of Health and Human Services (HHS), Labor, Treasury, and the Office of Personnel Management, [issued](#) the interim final rule "Requirements Related to Surprise Billing; Part I." The rulemaking, related to the "No Surprises Act" (enacted as part of the [Consolidated Appropriations Act of 2021](#), H.R. 133; Division BB—Private Health Insurance and Public Health Provisions), will restrict excessive out-of-pocket costs to consumers from surprise billing and balance billing. The rule will extend similar protections to individuals insured through employer-sponsored and commercial health plans.

The rule implements many of the No Surprises Act's requirements for group health plans, health insurance issuers, carriers under the Federal Employees Health Benefits Program, health care providers and facilities, and air ambulance service providers. Among other provisions, the interim final rule bans surprise billing for emergency services and stipulates that emergency services must be treated on an in-network basis, bans high out-of-network cost-sharing for emergency and non-emergency services, and bans other out-of-network charges without advance notice.

Last week the American Academy of Actuaries Health Practice Council's Individual and Small Group Markets Committee and the Active Benefits Subcommittee submitted [comments](#) to the Departments of HHS, Labor, and Treasury as those agencies worked to develop proposed rules related to the No Surprises Act.

If you have any questions regarding this *Academy Alert*, please contact Matthew Williams, senior health policy analyst (williams@actuary.org; 202-868-7001).

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