

NSA Implementation Issues Are Failing Patients & Providers

National Survey Reveals Ongoing Insurer Abuse

53% of providers threatened with termination, 24% terminated, and payments cut 51%

Background

Americans for Fair Health Care recently conducted its second annual [No Surprises Act Impact Analysis](#) to assess whether insurer abuse is continuing and, if so, its consequences for health care in America. Regrettably, the report reveals that abusive behavior by corporate health insurers continues to plague the health care delivery system, undermining the letter and spirit of the federal No Surprises Act (NSA), which Congress passed with strong provider support to protect patients from surprise bills and ensure their access to in-network care.

Representing 50,000 physicians and advanced practice clinicians, AFHC is well-positioned to determine if fair health insurance coverage has been restored – or if abuse continues. Consistent with AFHC's [Impact Alerts](#), the NSA Impact Analysis reveals that **insurer abuse is continuing across the nation**. In addition, the Impact Analysis contradicts insurers' claims that physicians are driving up costs through the Independent Dispute Resolution (IDR) process and that high provider win rates are somehow due to NSA manipulation. Instead, the Analysis reveals the real culprit is insurer abuse, which gives providers nowhere to go but the IDR process.

What the NSA Impact Analysis Reveals:

- **Insurers are eroding patient access** to in-network care by terminating provider contracts, slashing payments, imposing patient cost sharing, denying NSA-covered services, and dodging compliance with the IDR and Open Negotiations processes
- These actions **directly undermine Congress' intent** in passing the NSA.
- They are also enabling insurers to reap **huge profits and stock market gains**.

Evidence of 2023 Insurer Abuse includes:

- **More than half** of providers were threatened with contract termination, and **nearly 1-in-4** had at least 1 contract terminated.
- Payments to providers were **cut 51%** after insurers terminated their contracts.
- In **57% of IDR rulings**, insurers incorrectly paid the amount awarded to the provider or paid nothing at all.
- **Only 7% of disputes**, on average, were resolved during Open Negotiations.

Congress Must Take Action to Put an End to Insurer Abuse

As documented by the [NSA Impact Analysis](#), insurer abuse is continuing, placing a crushing burden on America's clinicians and creating a crisis for patient access to in-network care. As a result, ***Congress, Tell Insurers You Won't Tolerate Abuse or Profiteering at the Expense of Caregivers!***