NSA Implementation Issues Are Failing Patients & Providers

National Survey Exposes Continued Insurer Abuse

Contracts are terminated, payments are slashed, and patients are suffering.

Background

Americans for Fair Health Care recently conducted its third annual **No Surprises Act Impact Analysis** to assess whether insurer abuse continued in 2024 and, if so, its consequences for health care in America. Regrettably, the survey 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 more than 50,000 physicians and advanced practice clinicians, AFHC annually documents if fair health insurance coverage is being restored – or if abuse is continuing. Consistent with AFHC's Impact Alerts, AFHC's national Impact Analysis reveals **corporate health insurer abuse is continuing**. 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.

Payers Continue Shredding Patient Access

- **1-in-5** providers reported being subjected to contract termination in 2024.
- Last year, **19%** of providers received take-it-or-leave unilateral contract amendments.

Care Payments Continue to be Undermined

- Payments were cut by **32%** in 2024 after insurers terminated in-network contracts.
- **93%** of providers received initial payments at or below antiquated Medicare rates.
- Insurers failed to honor **11%** of IDRE determined claims, making $0 payments instead.

Payers Continue Blocking NSA Resolutions

- Only **1%** of disputes, on average, were resolved during Open Negotiations.
- Insurers made a counter offer during Open Negotiations only **30%** of the time.

Payer Abuse Continues to Plague Patients

- **87%** of respondents reported that insurers increased patient cost sharing **7,258 times**.
- **86%** of providers also disclosed that payers denied NSA-covered services to a patient.
- Shockingly, this unlawful action is reported to have occurred **42,404 times** in 2024.

Washington Must Take Action to Put an End to Insurer Abuse

As documented by the AFHC 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.

Improved Implementation is Needed to Uphold NSA's Safeguards

AMERICANS FOR FAIR HEALTH CARE