

### Support:

- Transparency in medical billing
- Patient choice of whom they receive medical care from based on complete, accurate information
- Holding insurers accountable for maintaining [adequate networks of physicians](#)

### Oppose:

- Misleading or incomplete patient billing information
- Holding patients financially responsible when they receive out-of-network care at in-network facilities

Both physicians and patients have an interest in ensuring transparency in medical billing. Physicians are limited in their ability to help patients avoid unanticipated costs—known as “surprise bills”—because they are unable to accurately predict who will be involved in any episode of care or a patient’s contract status with specific insurance plans. Patients should be able to make informed decisions about who is providing their care based on their own cost-sharing obligations, which should be based on an in-network provider payment.

**To help control the cost of premiums for consumers, health insurance carriers have chosen to use restrictive networks rather than allow more robust participation by providers and facilities.** Many patients may not realize the limitations of their insurance plan(s) or be aware which providers and facilities are in their network. Insurers should be required to accurately and consistently update their provider directories so that patients can make informed decisions on who provides their health care and at what cost.

**Even with a legislative fix at the federal level, states with patient protections in place should be able to continue with solutions that work.** Any public policy solution should take into account the interaction between federal and state laws. Many states have undertaken efforts to protect patients from surprise billing but continued federal action<sup>i</sup> is necessary to protect patients in self-insured employer-sponsored plans regulated under the Employee Retirement Income Security Act, which cover the majority of privately insured individuals.<sup>ii</sup> Any federal solution should provide a default to state laws that meet the federal minimum for consumer protections.

*Approved by the ASDSA Board of Directors: April 2020  
Updated October 2024*

---

<sup>i</sup> *Overview of rules & fact sheets.* CMS.gov. <https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets>

<sup>ii</sup> *Research & policy.* National Conference of State Legislatures. <https://www.ncsl.org/research/health/counteracting-surprise-medical-billing.aspx>