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As you know, our nation has been working hard to protect patients from "Surprise Medical Bills" while at the same time ensuring access to healthcare for patients, and appropriate reimbursement for clinical services. The United States Congress passed the *No Surprise Act* (NSA) in late December 2020. The law became effective on January 1, 2022.

After the NSA was passed by Congress, various government departments issued implementation guidelines (in the form of Interim Final Rules). In the process, these departments gave practical guidelines to providers, hospitals, and payors. Unfortunately, however, they also introduced new and different guidance that was not consistent with the law that was passed. Some of the concepts that were added had not been approved by Congress previously and altered key sections of the NSA related to independent dispute resolution between clinical providers and payors. This administrative rule created a very significant imbalance that was unfavorable to clinicians, and very *favorable* to payors. The NSA as passed by Congress did not intend to create this imbalance.

Despite a year's worth of letter writing, discussions with government departments, direct advocacy, and grass roots efforts across our industry, there was no response. Numerous parties resorted to litigation as a last resort in order to correct these wrongs (including the Texas Medical Association, American Medical Association, American Hospital Association, ACEP, ASR, ASA, and others). Six separate lawsuits have been filed in various district courts around the country.

On February 24, 2022, the federal judge presiding over one of the lawsuits (brought forth by the Texas Medical Association), issued a ruling in favor of health care providers. The Court agreed that the plaintiff clinicians had appropriate standing to bring this action and that the administrative rule overstepped its bounds and conflicted with unambiguous terms in the law. The Court also ruled that the government improperly bypassed "notice and comment" requirements in implementing the rule, that the Qualifying Payment Amount (or QPA – the median amount determined and paid by the health plan for in network services) should not be given extra weight by an arbiter, compared to the other considerations specifically cited in the law. The Court recommended that the inappropriate portions of the law be vacated.

While it's unfortunate the courts had to get involved, we along with others across the industry are encouraged that this ruling is a step forward in enabling a more balanced approach to our health care system. It's what we have advocated for all along. And it's the law Congress passed.

We will continue to pursue our advocacy efforts on behalf of our patients and those who care for them. We appreciate your help in this ongoing effort. We continue to experience many downward pressures on reimbursement for clinical services. Nonetheless, we will continue to work fervently to implement a balanced, fair, and sustainable system that respects the unique needs of every medical community and supports excellent care for our patients and their families.

Randy Pilgrim, MD, FACEP
Enterprise Chief Medical Officer