



BRIAN E. FROSH, MARYLAND ATTORNEY GENERAL

PRESS RELEASE

Attorney General Frosh Hails the Federal No Surprises Act as a Victory for Consumers

Federal Law Offers New Consumer Protections from Surprise Medical Bills

BALTIMORE, MD (January 3, 2022) – Maryland Attorney General Brian E. Frosh is advising Marylanders of new federal protections from surprise medical bills. The No Surprises Act, which became effective January 1, protects consumers from surprise billing (balance billing) when they receive out-of-network emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center.

The Attorney General’s Health Education and Advocacy Unit (HEAU) has received complaints about surprise medical bills for years. One Marylander, when being wheeled into the operating room for an emergency appendectomy, was met by an on-call surgeon who told her he was an out-of-network provider and that she would be responsible for his \$15,000 bill. She was later balance billed \$16,156. In another case, a new mother reached out to the HEAU when she was faced with a \$36,000 bill for neonatology services provided to her newborn infant while in an in-network hospital.

“Our office has received complaints for many years from consumers faced with unfair and financially devastating surprise medical bills,” said Attorney General Frosh. “The No Surprises Act ensures consumers can obtain medical care without the fear of getting a surprise bill through no fault of their own.”

What is a surprise bill?

A surprise bill is an unexpected balance bill, often from a provider a patient didn’t choose, after the patient receives care from an out-of-network provider or at an out-of-network facility, such as a laboratory or hospital. **Balance billing** occurs when a provider bills a patient for the difference between the amount the provider charges and the amount that the patient’s health plan pays. It can happen for both emergency and non-emergency care. Typically, patients don’t know the provider or facility is out-of-network until they receive the bill.

Surprise Billing Protections under the No Surprises Act:

- **Emergency services:** If a patient has an emergency medical condition and receives emergency services from an out-of-network provider or facility (including air ambulances), the provider or facility may not bill the patient for more than the in-network cost-sharing amount (deductible, copayment, and coinsurance) of the patient’s health

plan. Patients can't be balance billed for these emergency services. This prohibition includes services patients may receive after they are in stable condition, unless they give written consent and give up their protections not to be balanced billed for these post-stabilization services.

- **Certain services at an in-network hospital or ambulatory surgical center:** When a patient receives services from an in-network hospital or ambulatory surgical center, certain providers at the facility may be out-of-network. In these cases, the most those providers may bill the patient is their health plan's in-network cost-sharing amount. This prohibition applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill the patient and may not ask the patient to give up their protections not to be balance billed. If patients receive other services at these in-network facilities, out-of-network providers can't balance bill the patients, unless the patients give written consent and give up their protections.
- Patients are never required to give up protections from balance billing and aren't required to get care out-of-network. Patients can choose a provider or facility in their plan's network.
- Maryland law offers additional protections for members of Health Maintenance Organizations (HMOs), as well as PPO and EPO members treated by some hospital-based and on-call physicians, and patients who use ground ambulance services operated by a local government.

The rules don't apply to people with coverage through programs like Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE because these programs have other protections against high medical bills.

Good Faith Estimates

For consumers who don't have insurance, or are self-pay, the No Surprises Act also requires providers and facilities to inform those consumers, through a good faith estimate in advance, how much their health care will cost them. The No Surprises Act offers a new federal patient-provider dispute resolution (PPDR) process to uninsured or self-pay patients who get a bill that is at least \$400 more than the total expected charges for that provider or facility on the good faith estimate. But there are deadlines for using this process: patients must file a request for help within 120 calendar days (about 4 months) of the date on their first bill.

We urge consumers to contact HEAU if they receive surprise a medical bill that they believe is incorrect. Consumers should also be aware that it can be very costly for them if they agree in writing to give up their surprise billing protections. Consumers may also contact the HEAU if they receive a bill that is higher than the good faith estimate given to them before their planned treatment.

Health Education and Advocacy Unit

Consumer Protection

Office of the Attorney General

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TTY: Dial 7-1-1 or 800-735-2258
Fax: (410) 576-6571

heau@oag.state.md.us

Website: www.marylandcares.org

Consumers can file a complaint here:

<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>

<https://www.marylandattorneygeneral.gov/press/2022/010322.pdf>