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When Congress passed the *No Surprises Act*, the public was told it would end the horror stories about out-of-network doctors and five-figure ER bills. But that was the headline version, the feel-good story. The fine print told a different tale: this was never a patient-protection law. It was an insurer-protection law, designed to legitimize their ability to squeeze reimbursement rates under the banner of consumer fairness.

By kicking higher-paid providers out of network, insurers could lower the so-called "average contracted rate." That lower average then became the benchmark they used to cram down payments to everyone, in-network or not. It was regulatory arbitrage disguised as virtue.

The problem? The law built in a safety valve, the independent dispute resolution process, as a Potemkin Village of balance, one insurers didn't expect doctors to be able to use effectively. Now, insurers are discovering that when the playing field is even slightly level, physicians can win. And win big.

According to a *Washington Post* report, more than 1.2 million claims have gone through the IDR process, and some physician groups have learned the ropes well enough to secure awards averaging four times the in-network rates. Georgetown analysts estimate the "extra cost" to insurers, between *$2 billion and $2.5 billion a year*, is driving the current industry panic.

"Extra cost"? That's a funny term, isn't it? In what world is paying a fair, *arbitrated* amount for services a "cost" in any sense other than bearing one's own responsibility? And, why should in-network rates be the basis for determining what's "extra" or for what's fair?

Insurers call it “gaming the system.” But after years of network manipulation, delayed reimbursements, and unilateral rate cuts, what they’re really experiencing is *accountability*. In other words, just desserts. And, these are yummy, like chocolate cake.

Now the same industry that engineered the No Surprises Act is lobbying Congress to rewrite the rules, demanding tougher eligibility screens, up-front arbitration fees, and limits on arbitrators. Translation: they want the “independent” taken out of independent dispute resolution.

The irony is delicious. The law designed to cage providers has, for the moment, turned on its creators. The only surprise here is that insurers are surprised.

Ask yourself this question, why does the *No Surprises Act* exist? If you don’t have a contract with an insurer, why should you be required to accept *any* discounted payment from it? Why should the government have the right to use you as a beast of burden for an insurer, especially one making a giant profit and paying its CEO tens of millions? Because that’s what the law turns you into, a serf. Flipping that script completely is what physicians should be lobbying for, or, second best, for the complete repeal of the *No Surprises Act*.

Waiting for one of your colleagues or for one of your professional associations to do anything meaningful on this is simply waiting for Congress to be lobbied more by UnitedHealthcare or Aetna or Blue Cross or, well, you fill in the blank. How’s that worked out for you so far?

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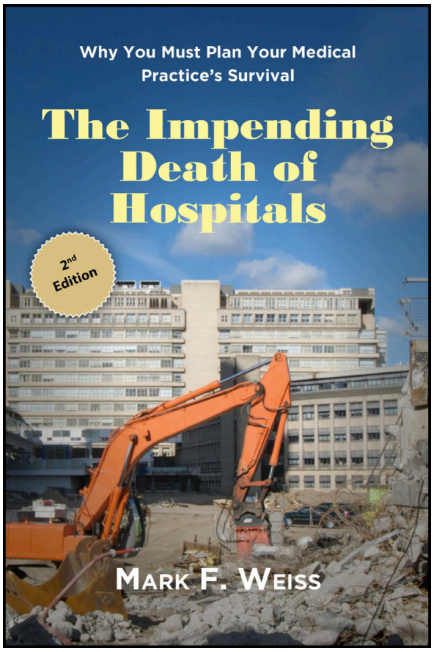

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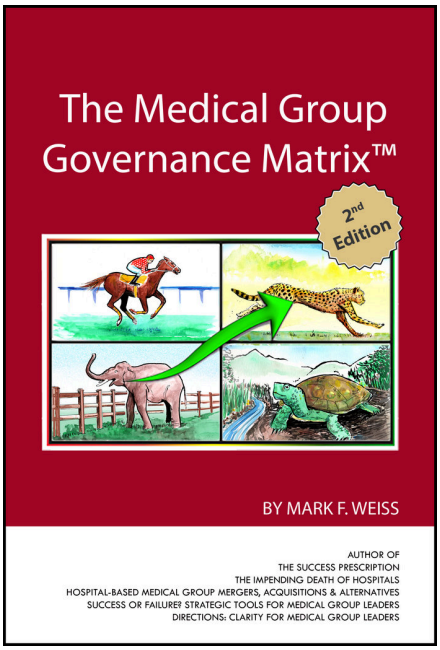

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