People with Cancer Need Protection from Surprise Medical Bills

American Cancer Society Cancer Action Network
fightcancer.org

Surprise billing is when an insured patient is unknowingly treated by an out-of-network provider and is then billed the difference between the amount the provider charged, and what the insurer paid. Surprise bills can be significantly higher than the consumer's standard in-network cost sharing.

Prior to 2020, surprise billing affected millions of consumers each year, including cancer patients.[1] When ACS CAN surveyed cancer patients and survivors in October 2019 as part of our Survivor Views survey,[2] nearly a quarter (24%) of survey respondents reported having received a surprise medical bill. Sixty one percent of the surprise bills were for over $500, and 21% were $3,000 or more. Receiving surprise bills negatively impacted respondents' behavior, making them more likely to experience anxiety about receiving another surprise bill or paying for treatment, less likely to follow up with a recommended specialist who may be out of network, and less likely to call an ambulance or visit the emergency room when experiencing a serious health issue related to their cancer.

In December 2020, Congress passed the No Surprises Act (NSA),[3] which protects patients from receiving surprise bills when getting emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers. It has been estimated that since its implementation, the law has prevented 50 million surprise bills from reaching patients.[4] The NSA creates an independent dispute resolution process to resolve payment disputes between providers and payers in situations where the provider would have previously resolved the issue by billing the patient. Recent analyses show that this process has caused healthcare spending to escalate – costing $22.4 billion from 2022-2025 – driven by an unexpectedly high volume of disputes and high payout amounts.[5]

ACS CAN Position

The American Cancer Society Cancer Action Network (ACS CAN) strongly supported passage and implementation of the No Surprise Act,[6,7] and continues to support legislative and regulatory policies at the state and federal level that protect patients from receiving surprise bills. ACS CAN supports policies that:

- ***Hold Patients Harmless****:* Any policy addressing surprise billing must ensure that patients are held financially harmless. When patients receive services from an out-of-network provider for which they have the reasonable expectation that the service was performed in-network (for example, services performed at an in-network facility, or services ordered by an in-network provider), the patient should incur no greater cost sharing than if the service was performed by an in-network provider. Any such cost sharing should accrue to in-network deductibles and out-of-pocket caps.
- ***Apply Protections to All Insurance Plans****:* Surprise billing protections should apply to all commercial health insurance plans, including individual, small group, large group plans, and self-insured plans as applicable.
- ***Apply Protections to All Surprise Bills:*** Protections should apply to all surprise bills, regardless of the amount of the bill. Cancer patients and their families face so many expenses that any surprise bill can be challenging.
- ***Apply Protections to All Care Settings****:* Surprise billing protections should be applicable regardless of provider type or care setting. Policies should not limit these protections to only emergency services, hospital services, or to certain types of specialists.

- ***Resolve Provider/Payer Disputes Without Raising Healthcare Costs or Premiums:*** In protecting patients directly from surprise bills, it is also important that the system created to resolve payment disputes between providers and payers does not increase healthcare spending overall, or cause health insurance premiums to rise. The dispute resolution process should provide certainty for all stakeholders and promote fair payments that discourage gaming of the system, prevent excessive reimbursement, and preserve the law's core protections against surprise medical bills.
- ***Conduct Additional Research****:* Surprise billing can occur for a variety of reasons, including the inadequacy of a plan's provider network. Policymakers should also consider requiring data collection on the incidents causing surprise out-of-network care to determine whether additional policy changes are warranted (for example, enactment of more robust network adequacy requirements).
- ***Strengthen State Protections, Instead of Weakening Them:*** While the NSA establishes minimum federal standards for surprise billing protections, states can pass laws to provide additional protection, including by applying prohibitions to additional provider or service types, or to post-stabilization services.[8] Any further federal protections against surprise billing should not pre-empt stronger state-level protections where these rules apply.

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[1] Sun, E. C., Mello, M. M., Rishel, C. A., Borsa, A., Pantell, M. S., & Asch, S. M. (2019). Assessment of out-of-network billing for privately insured patients receiving care in in-network hospitals. *JAMA Internal Medicine, 179*(11), 1543-1550. https://doi.org/10.1001/jamainternmed.2019.3451

[2] American Cancer Society Cancer Action Network. (2019, October). *Survivor views: Surprise billing and prescription cost and coverage: Survey findings summary*. https://www.fightcancer.org/sites/default/files/National%20Documents/Survivor%20Views.Surprise%20Billing_Prescription%20Drugs%20Polling%20Memo%20FINAL.pdf

[3] Contained within Consolidated Appropriations Act, 2021, H.R. 133, 116th Cong. (2020). https://www.congress.gov/bill/116th-congress/house-bill/133/text

[4] Families USA. (2026, August). *States spotlight promising fixes to the No Surprises Act*. https://www.familiesusa.org/wp-content/uploads/2026/09/State-IDR-Processes_Final.pdf

[5] Hoadley, J., & Watts, K. (2026, August 26). Spending on IDR process pushes No Surprises Act costs to more than $22.4 billion over just four years. *Health Affairs Forefront*. https://www.healthaffairs.org/content/forefront/spending-idr-process-pushes-no-surprises-act-costs-more-than-22-4-billion-over-just

[6] See: American Cancer Society Cancer Action Network. (2021, September 7). *Comments re: CMS-9909-IFC: Requirements related to surprise billing, Part I*. ACS CAN Comments on Surprise Medical Bills IFC FINAL 9-7-21.pdf.

[7] See: American Cancer Society Cancer Action Network. (2023, August 2). *Amicus curiae brief, No. 22-3054, U.S. Court of Appeals for the Second Circuit*. haller_v_hhs_amicus_brief_of_acs_can_final.pdf.

[8] See: The Commonwealth Fund. (2023, March 16). *States act to strengthen surprise billing protections even after passage of No Surprises Act*. https://www.commonwealthfund.org/blog/2023/states-act-strengthen-surprise-billing-protections-even-after-passage-no-surprises-act