United States Senate
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
WASHINGTON, DC 20510–6300

July 25, 2025

VIA ELECTRONIC TRANSMISSION

The Honorable Robert F. Kennedy, Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Lori Chavez-DeRemer
Secretary
Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

The Honorable Scott Bessent
Secretary
Department of the Treasury
1500 Pennsylvania Avenue, N.W.
Washington, D.C. 20220

Dear Secretary Kennedy, Secretary Chavez-DeRemer, and Secretary Bessent:

Nearly five years ago, President Trump signed the No Surprises Act (P.L. 116-260) into law. This historic, bipartisan legislation protects patients from surprise medical bills and ensures that they know the cost of care before receiving it. The Departments of Health and Human Services, Labor, and the Treasury (collectively, "the Departments") each play an instrumental role in the law's implementation. To date, the law has protected American patients from more than 25 million surprise medical bills.[1] This success would not be possible without the continued work of the Departments. We write today to emphasize the need to build on these successful efforts by fully implementing the patient protections enacted under the No Surprises Act.

Many of the provisions enacted under the No Surprises Act have been implemented, however, two critical patient protections – known as the good-faith estimate and the advanced explanation of benefits – remain outstanding. When drafting this legislation, we continually heard from our constituents about not receiving an estimate of out-of-pocket costs before a scheduled medical service or procedure. The No Surprises Act provided a solution: a requirement that providers, facilities, and payers give patients personalized estimates of their out-of-pocket expenses in advance of scheduled care. Under this requirement, an uninsured patient receives this good-faith estimate directly from providers and facilities. For a covered individual, providers and facilities must provide the good-faith estimate to the individual's health plan or issuer of coverage, which in turn, must use the estimate to provide an advanced explanation of benefits that is delivered

[1] Sheela Ranganathan & Zachry L Baron, *No Surprises Act Litigation: Where We Are and What Comes Next*, O'Neill Institute for National and Global Health Law, Georgetown University Law Center (Mar. 7, 2024), https://oneill.law.georgetown.edu/no-surprises-act-litigation-where-we-are-and-what-comes-next/.

directly to the enrollee. The good-faith estimate and advanced explanation of benefits are essential in providing patients with transparency into the cost of scheduled services.

While the Departments have implemented the good-faith estimate requirements for uninsured and self-pay patients, the good-faith estimate and the advanced explanation of benefits have not yet been fully implemented for patients with private health insurance.[2] This has led to reports of cases where patients receive a low or incomplete estimate of their out-of-pocket costs for a scheduled service, only to later receive an unexpected bill over five times the expected amount after the procedure or test.[3]

We understand and appreciate the Departments' efforts to take all of the necessary steps to ensure smooth implementation of the entire law. In 2022, the Departments issued a request for information to gather feedback on how providers and payers can implement the No Surprises Act advanced explanation of benefits and good-faith estimate requirements for covered individuals. The Centers for Medicare & Medicaid Services has also issued periodic updates on progress toward implementation, most recently in December of last year.[4]

Ensuring that patients have transparent, personalized cost estimates for their health care is a bipartisan priority. Full implementation of both the good faith estimate and advanced explanation of benefits are critical to providing patients with the entirety of protections enacted under the No Surprises Act. As such, we encourage the Departments to promulgate rulemaking for these critical provisions.

We commend President Trump's commitment to price transparency and stand ready to assist to ensure a successful and complete implementation of the No Surprises Act.

Sincerely,

Bill Cassidy, M.D.
Chairman
U.S. Senate Committee on Health,
Education, Labor, and Pensions

Margaret Wood Hassan
United States Senator

Roger W. Marshall

Roger Marshall, M.D.
United States Senator

[2] Federal requirements addressing surprise billing generally apply to the following plans: individual market plans, fully insured small-group and large-group plans, self-insured plans, Federal Employees Health Benefits (FEHB) plans, and grandfathered plans. See: https://www.crs.gov/Reports/R46856#_Toc78274477.
[3] Elisabeth Rosenthal, *The Surprise Medical Bills Just Keep Coming*, The Washington Post (July 8, 2025), https://www.washingtonpost.com/opinions/2025/07/08/no-surprises-act-medical-bills/.
[4] *Progress Toward Advanced Explanation of Benefits (AEOB) Rulemaking and Implementation (December 2024 Update)*, Centers for Medicare and Medicaid Services (Dec. 13, 2024), https://www.cms.gov/files/document/progress-aeob-rulemaking-december-2024-update1pm.pdf.