

GOP Lawmakers, Providers Push NSA Enforcement Bill Amid Arbitration Fight

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GOP lawmakers and physician advocates are urging Congress to advance legislation aimed at strengthening enforcement of the No Surprises Act (NSA), arguing insurers are failing to comply with arbitration rulings and patient protections as concerns grow over the law's rapidly expanding dispute resolution system.

During a health care summit hosted May 15 by Rep. Aaron Bean (R-FL), providers and insurers clashed over whether the NSA's independent dispute resolution (IDR) process is functioning as Congress intended. Physician groups accused insurers of delaying or refusing payments while employer and insurer representatives warned arbitration awards are driving up overall health care costs.

The summit, which was the third part of Bean's "Path to Consensus" series, focused on health care billing disputes and prior authorization delays. Early in the event, Bean acknowledged that while Congress believed it had addressed surprise medical billing through the NSA, implementation issues are continuing to surface within the law's dispute resolution framework.

"The No Surprise bill has a surprise -- it's not working in many instances, in terms of the dispute resolution," Bean said.

Rep. Greg Murphy (R-NC), sponsor of the No Surprises Act Enforcement Act (H.R. 4710), said during the summit that both insurers and some providers have contributed to problems within the system. He said Congress needs to strengthen accountability mechanisms, especially around enforcement.

Murphy specifically pointed to situations where insurers allegedly fail to pay providers after arbitration rulings. He also criticized certain providers for attempting to game the system by remaining out of network and pursuing inflated arbitration awards.

"The whole purpose of all of this is to bring everybody into the network. You shouldn't have people out of network," Murphy added. "We shouldn't have insurance companies [not] paying for care appropriately. We should not have people charging too much for care."

Some provider advocates at the event specifically highlighted Murphy's bill, which would establish stronger penalties for insurers that fail to comply with arbitration outcomes or NSA patient protection requirements.

Patrick Velliky, chief external affairs officer at HaloMD, called the bill one of the clearest legislative vehicles currently available to address enforcement concerns. During the session, he said the law currently lacks meaningful penalties for insurers that fail to properly implement patient protections or pay arbitration awards.

"There is one piece of legislation with the NSA that's been introduced. It's the ... NSA Enforcement Act, and it has brought bipartisan support," Velliky said. "That is one piece of legislation that absolutely should be on the agenda to move as quickly as possible, because again, primarily, it closes the gap in enforcement related to the patient-facing arm, and then also creates superior liability for payers who refuse to pay at fault."

Adam Bruggeman, chairman of IndeMed, also expressed support for what the bill intends to do.

"What Rep. Murphy is trying to get at is we need to balance this scale a little bit in multiple ways ... creating some form of enforcement," Bruggeman said during the session. "There shouldn't be penalties on one side of this scale while failing to enact penalties on the other side of the scale."

Still, not all of the panelists were aligned on the legislation. Garrett Hohimer, vice president of policy and advocacy at the Business Group on Health, said during the session that employer groups believe the larger issue is how arbitration incentives are currently structured under the NSA.

"At this point, we think that Dr. Murphy's bill is premature and would cause other problems and other complications for how the stakeholders would interact with the existing system," Hohimer said. "So, we want to have that conversation, but don't think it is ready to go as it stands today."

The debate shows there are growing tensions surrounding the federal IDR process as dispute volumes continue climbing well beyond the original projections Congress made when enacting the NSA in 2020. CMS data analyzed earlier this year by the Niskanen Center showed more than 1 million new disputes were initiated during the first half of 2025, roughly double the volume from the same period a year earlier, while providers won 88% of resolved disputes.

At the summit, some argued those trends are contributing to rising employer health care costs and creating incentives for some providers to remain out of network.

Ariel Bayewitz, vice president of health economics at Elevance Health, said arbitration awards are frequently exceeding typical in-network payment rates by wide margins.

According to Bayewitz, insurers are seeing arbitration awards more than eight times higher than standard in-network payments, with some disputes involving procedures where providers seek tens or even hundreds of thousands of dollars above what commercial insurers or Medicare typically reimburse.

Bayewitz also said the system is creating what he described as a “gold rush,” where providers and third-party vendors increasingly use arbitration as a primary payment strategy rather than as a limited backstop for rare disputes.

Provider representatives, however, pushed back heavily on those claims and argued insurers are failing to negotiate in good faith or comply with arbitration outcomes.

Bruggeman noted during the session that many providers are continuing to face delayed or unpaid claims even after winning in arbitration, and he also criticized the law’s 90-day “cooling off” period, which he argued insurers are using to delay payments further.

Still, despite the disagreements over arbitration and enforcement, the goal of the series is to come to a consensus, and the panelists at least did agree the NSA has largely succeeded in its original goal of shielding patients from surprise medical bills. Multiple speakers acknowledged patients are now far less likely to receive unexpected out-of-network charges after emergency treatment or care received at in-network facilities.

But it remains to be seen what reforms Congress decides to make to the law as its effects become increasingly clear. -- *Jalen Brown* (jbrown@iwpnews.com)