Next in the surprise billing wars

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UnitedHealthcare is hoping to capitalize on “growing” bipartisan interest in reforming a surprise billing law — which insurers claim providers are abusing to secure higher payments, Kelly reports.

During a Thursday briefing with reporters, **Dan Kueter**, CEO of UnitedHealthcare’s commercial business, said he spoke about the issue this week with lawmakers of both parties, including ones on key committees with jurisdiction over health care, though he declined to specify who he met with.

“We've been having a host of conversations — bipartisan, bicameral — and there is growing interest, because lawmakers are hearing about it from people in their districts,” Kueter said. “They're not just hearing about it from us; they are appreciative of the way that the costs flow down to the employers and the impact that it's having on premiums.”

Why it matters: So far, there’s been seemingly little interest on Capitol Hill to address the mounting issues insurers have cited with the arbitration process of the No Surprises Act — a 2020 law intended to protect patients from unexpected medical bills. The process, known as independent dispute resolution, settles out-of-network payment disputes between insurers and providers.

Since the law went into effect in 2022, the resolution system has been flooded with disputes that far exceeded federal estimates. Four provider groups and provider representatives — mostly backed by private equity — initiated most disputes in the first half of 2025. During that time, providers won about 88 percent of disputes with insurers, with payment amounts often far exceeding median market rates.

Kueter noted that UnitedHealthcare, the nation’s largest health insurer, is dealing with 100,000 IDR disputes a month. The IDR process is driving a 2 to 6 percent incremental increase in total premium expenses within the company’s commercial business, he added.

This week, new federal data, reported first by The Wall Street Journal, showed total payouts to providers reached nearly $15 billion in 2025, up from roughly $4 billion in 2024. The Centers for Medicare and Medicaid Services told the Journal that “the system is being gamed to get higher prices,” and the agency “is actively working to clean it up.”

“Their public statement is a statement to be heard by all,” said Kueter about CMS. “It's a recognition that they have heard about this from multiple constituencies.”

Key context: Both insurers and providers have filed lawsuits against one another over the arbitration process. Insurers allege providers flood the system with ineligible claims

to force payments above market rates, while providers allege health plans delay payment of arbitration awards. Both sides' legal efforts have been largely unsuccessful.