# What Does the No Surprises Act Mean for Dentists?

The Consolidated Appropriations Act of 2021 was enacted on December 27, 2020 to help protect consumers from unanticipated healthcare bills, including the No Surprises Act under Title I, which went into effect on January 1, 2022.

## Background and Context of this Act

Under the No Surprises Act, patients have billing protections when getting emergency care or non-emergency care from out-of-network providers treating patients at in-network facilities. Before the No Surprises Act, if a patient had healthcare coverage and received care from an out-of-network provider, their healthcare coverage would generally not cover the out-of-network cost. This left patients with the dilemma of higher costs than if an in-network provider had treated them. In emergencies where choosing the provider might not be feasible, patients may end up receiving care in an in-network facility from an out-of-network provider, leaving them with unexpected and higher costs because of "balance billing," now also known as a "surprise bill."

## How This Act Impacts Dentists

Does this new law affect dental care in a private dental office? Currently, the protections provided by this new law, specifically those against balance billing, primarily DO NOT affect private dental practices. Because dental benefits are considered "expected benefits" under the law—the new law concerns those enrolled in group health plans or individual and group insurance. It is currently not applicable to "expected benefit" plans (expected benefits are defined as health benefits that are limited in scope enough that they are exempt from the requirements of the Patient Protection and Affordable Care Act.) It also does not apply to those patients covered under Medicare, Medicaid, the Indian Health Service, or Veterans Affairs Health Care.

However, under the new law, there is a particular requirement for "transparency of healthcare costs and the requirements related to patient-provider dispute resolution processes," which do apply to uninsured (or self-pay) dental patients who visit a private dental office. As stated by the ADA, "Good faith estimates are now required to be given to those uninsured (or self-pay) consumers who request the estimate or schedule a service, according to the Centers for Medicare & Medicaid Services." (For more information on good faith estimates, check out this CMS resource.)

## Talk to Trusted Partners for More Guidance

We recommend you discuss with your attorney or office management consultant regarding this new obligation and its applicability to your practice.

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