

Eight Consumer and Patient Groups Condemn Texas District Court Ruling, Urge Agencies to Defend the No Surprises Act from Profit-Driven Attacks

WASHINGTON, D.C. – Our eight organizations, representing consumers and patients with serious health conditions, condemn the Texas District Court’s ruling in the *Texas Medical Association v. United States Department of Health and Human Services* case. While patients still cannot receive surprise bills that are prohibited by the No Surprises Act, the court’s order removes important guardrails from an implementing rule, which may force consumers and patients to pay more for out-of-network healthcare.

A single federal court judge in the Eastern District Court of Texas has now sided with providers four times in lawsuits brought by the same group of providers to challenge key provisions of the No Surprises Act. In this third lawsuit, the court struck down a rule concerning how to calculate the “qualifying paying amount” (QPA), a market-based rate that in most cases serves as the basis for determining how much a patient must pay in cost-sharing for out-of-network services. The QPA is also a factor in the independent dispute resolution (IDR) process to resolve payment disputes between providers and plans.

Our organizations were vocal supporters of The No Surprises Act as it was being debated in Congress, and we have continued to defend the Act against profit-driven attacks by filing amicus briefs. As our [brief](#) in this case explains, the Act was passed to achieve two important goals: 1) protect patients from surprise medical bills in the most common out-of-network cases and 2) lower or at least contain rising healthcare costs. The means of achieving these goals were highly contested, and the IDR process including the QPA was agreed on as a compromise to carry out the purposes of this bipartisan legislation.

We are deeply concerned that the decision issued on Thursday to strike down the QPA calculation rule puts the interests of a select group of providers, who seek to maintain the status quo of runaway healthcare costs, ahead of the needs of consumers and patients. While the No Surprises Act has prevented an estimated 20 million surprise bills and will continue to do so, Thursday’s ruling could mean patients will pay more when they receive out-of-network services in emergencies and other situations through no fault of their own.

We urge the responsible agencies to pursue all available options to vigorously defend the No Surprises Act and uphold its important role in protecting consumers and patients from surprise bills and inflationary healthcare costs.

CancerCare

Epilepsy Foundation

Families USA Action

Hemophilia Federation of America

National Patient Advocate Foundation

The ALS Association

The Leukemia & Lymphoma Society

U.S. PIRG