An Act To Prohibit Insurers and Third-party Payors from Adjusting Their Fee Schedules for In-network Providers Unless the Adjustments Apply to All Specialties

Received by the Clerk of the House on January 11, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

Presented by Representative DOORE of Augusta.
Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24-A MRSA §4303, sub-$24 is enacted to read:

24. Reimbursement; nondiscrimination. A carrier may not make any change to a reimbursement rate or fee schedule applying to any provider who participates in the carrier's network, as long as the provider is acting within the lawful scope of that provider's license in the delivery of the covered service or procedure, unless the change in reimbursement rate or fee schedule is applied in the same manner to all participating providers for a health care service or procedure covered by the carrier. A carrier may not discriminate based on a provider's license or specialty in a manner that denies payment to a provider for an increase in reimbursement to account for a cost-of-living adjustment.

SUMMARY

This bill prohibits a carrier from making any change in reimbursement rates or fee schedules applying to any providers participating in the carrier's network unless the changes are applied in the same manner to all participating providers able to provide a health care service or procedure within the lawful scope of the providers' individual licenses. The bill also prohibits a carrier from discriminating against a provider based on the provider's license or specialty in a manner that denies payment to the provider for an increase in reimbursement to account for a cost-of-living adjustment.