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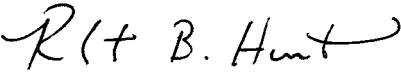
H.P. 952

House of Representatives, April 5, 2023

**An Act to Strengthen Medicare by Preventing Providers from
Adding Excess Charges**

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.


ROBERT B. HUNT
Clerk

Presented by Representative COLLINGS of Portland.
Cosponsored by Senator DUSON of Cumberland.

1 **Emergency preamble.** Whereas, acts and resolves of the Legislature do not
2 become effective until 90 days after adjournment unless enacted as emergencies; and

3 **Whereas,** currently Maine does not have a law that prohibits health care providers
4 from adding excess charges to a Medicare beneficiary's bill; and

5 **Whereas,** 8 states have enacted such a law, including Massachusetts, Connecticut,
6 Rhode Island and Vermont; and

7 **Whereas,** such additional charges can be financially devastating for Medicare
8 beneficiaries on fixed incomes; and

9 **Whereas,** for the benefit of Medicare beneficiaries in this State, this bill prohibits
10 health care providers from adding these excess charges; and

11 **Whereas,** in the judgment of the Legislature, these facts create an emergency within
12 the meaning of the Constitution of Maine and require the following legislation as
13 immediately necessary for the preservation of the public peace, health and safety; now,
14 therefore,

15 **Be it enacted by the People of the State of Maine as follows:**

16 **Sec. 1. 22 MRSA §1718-H** is enacted to read:

17 **§1718-H. Balance billing of Medicare beneficiaries prohibited**

18 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
19 following terms have the following meanings.

20 A. "Balance bill" means to charge to or collect from a Medicare beneficiary any
21 amount in excess of the reasonable charge for a service, procedure or treatment paid to
22 a provider under the Medicare program.

23 B. "Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the
24 federal Social Security Amendments of 1965, Public Law 89-97, as amended.

25 C. "Medicare beneficiary" means a person who is a beneficiary of health insurance
26 under Medicare.

27 D. "Provider" has the same meaning as in Title 24-A, section 4301-A, subsection 16.

28 **2. Balance billing prohibited.** A provider may not balance bill a Medicare
29 beneficiary for any service, procedure or treatment provided to the Medicare beneficiary.

30 **3. Reimbursement for excess charges.** If a provider receives payment from a
31 Medicare beneficiary for which the Medicare beneficiary is not responsible pursuant to this
32 section, the provider shall reimburse the Medicare beneficiary within 30 calendar days after
33 the earlier of the date that the provider received notice of the overpayment and the date the
34 provider became aware of the overpayment. A provider that fails to reimburse a Medicare
35 beneficiary for any overpayment as required by this subsection shall pay interest on the
36 overpayment at the rate of 10% per annum beginning on the earlier of the date the provider
37 received notice of the overpayment and the date the provider became aware of the
38 overpayment. A Medicare beneficiary is not required to request the accrued interest from
39 the provider in order to receive interest with the reimbursement amount.

