



130th MAINE LEGISLATURE

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Legislative Document

No. 951

S.P. 303

In Senate, March 9, 2021

An Act To Improve Transparency of Medical Billing

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant", is positioned above the printed name of the Secretary of the Senate.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BENNETT of Oxford.

Cosponsored by Senator: STEWART of Aroostook, Representatives: ARFORD of Brunswick, MORRIS of Turner.

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

2 **Sec. 1. 22 MRSA §1718-C**, as enacted by PL 2013, c. 560, §2, is repealed and the
3 following enacted in its place:

4 **§1718-C. Estimate of total price of a single medical encounter for a patient; services**
5 **in medical offices or laboratories**

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

8 A. "Health care" has the same meaning as in section 1711-C, subsection 1, paragraph
9 C.

10 B. "Health care entity" has the same meaning as in section 1718-B, subsection 1,
11 paragraph B.

12 C. "Health care practitioner" has the same meaning as in section 1711-C, subsection
13 1, paragraph F.

14 D. "Medical office" means a location used by health care practitioners to examine and
15 consult with patients. "Medical office" does not include a facility licensed under
16 chapter 405, except to the extent the facility provides services to patients that do not
17 require hospitalization.

18 **2. Uninsured patients.** Upon the request of an uninsured patient, a health care entity
19 shall provide within a reasonable time of the request an estimate of the total price of medical
20 services to be rendered directly by that health care entity during a single medical encounter.
21 If the health care entity is unable to provide an accurate estimate of the total price of a
22 specific medical service because the amount of the medical service to be consumed during
23 the medical encounter is unknown in advance, the health care entity shall provide a brief
24 description of the basis for determining the total price of that particular medical service. If
25 a single medical encounter will involve medical services to be rendered by one or more
26 3rd-party health care entities, the health care entity shall identify each 3rd-party health care
27 entity to enable the uninsured patient to seek an estimate of the total price of medical
28 services to be rendered directly by each health care entity to that patient. When providing
29 an estimate as required by this subsection, a health care entity shall also notify the uninsured
30 patient of any charity care policy adopted by the health care entity.

31 **3. All patients; medical offices and laboratories.** Notwithstanding subsection 2,
32 prior to the provision of health care, including laboratory services, in a medical office or
33 by a laboratory, a health care practitioner or laboratory shall inform a patient of the cost of
34 such care or services. Health care and laboratory costs include but are not limited to
35 professional service fees, facility fees and any other fees or costs associated with the
36 provision of the health care or laboratory service to the patient.

37 **Sec. 2. 22 MRSA §1718-G** is enacted to read:

38 **§1718-G. Prohibition on late medical bills**

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

41 A. "Collection action" has the same meaning as in Title 32, section 11002, subsection
42 1-A.

B. "Health care entity" has the same meaning as in section 1718-B, subsection 1, paragraph B.

2. Prohibition on late billing. A health care entity may not bill a responsible party for the first time for a medical service that occurred more than one year earlier. A responsible party who receives a bill for the first time for a medical service that occurred more than one year earlier is not obligated to pay the bill. The health care entity may not initiate a collection action against the responsible party for a medical service that occurred more than one year earlier if the health care entity had not billed the responsible party within one year of the medical service in accordance with this section.

SUMMARY

This bill provides that:

1. A health care practitioner or laboratory providing health care or laboratory services in a medical office or laboratory must inform patients of the cost of such care or services prior to provision of that care or those services; and

2. A health care entity may not bill a responsible party for the first time for a medical service that occurred more than one year earlier. It provides that a responsible party who receives a bill for a medical service for the first time for a medical service that occurred more than one year earlier is not obligated to pay the bill. It further provides that a health care entity may not initiate a collection action against the responsible party if the health care entity had not billed the responsible party within one year of the medical service.