



# 129th MAINE LEGISLATURE

## SECOND REGULAR SESSION-2020

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Legislative Document

No. 2111

S.P. 756

In Senate, February 18, 2020

### **An Act To Establish Patient Protections in Billing for Health Care**

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Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

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'.

DAREK M. GRANT  
Secretary of the Senate

Presented by Senator CLAXTON of Androscoggin.  
Cosponsored by Representative TEPLER of Topsham and  
Senators: BELLOWS of Kennebec, CARPENTER of Aroostook, HERBIG of Waldo,  
President JACKSON of Aroostook, LIBBY of Androscoggin, SANBORN, H. of Cumberland,  
VITELLI of Sagadahoc, Representative: Speaker GIDEON of Freeport.

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

2 **Sec. 1. 22 MRSA §1718-B, sub-§2, ¶E** is enacted to read:

3 E. Within 5 days of the date a health care service or procedure is scheduled or a  
4 referral or recommendation for a health care service or procedure is made, if the  
5 health care service or procedure is one of the 25 highest cost health care services or  
6 procedures, a health care entity shall disclose to a patient, using information from the  
7 price transparency tools available on the publicly accessible website of the Maine  
8 Health Data Organization established pursuant to chapter 1683:

9 (1) The average cost of the health care service or procedure in the State;

10 (2) The health care entity that has the highest cost of the health care service or  
11 procedure in the State and the cost of that health care service or procedure;

12 (3) The health care entity that has the lowest cost of the health care service or  
13 procedure in the State and the cost of that health care service or procedure; and

14 (4) The average cost of the health care service or procedure at the health care  
15 facility that will provide the health care service or procedure.

16 **Sec. 2. 22 MRSA §1718-B, sub-§2, ¶F** is enacted to read:

17 F. If a health care entity charges for use of a hospital, other health care facility or  
18 health system in addition to a charge for health care services or procedures, the health  
19 care entity shall disclose to a patient that a health care facility use fee will be charged  
20 and identify the health care facility use fee separately on any bill or billing statement.  
21 For the purposes of this paragraph, "health care facility use fee" means any fee  
22 charged for health care services or procedures provided on an outpatient basis in a  
23 hospital, other health care facility or health system that is intended to compensate the  
24 hospital, health care facility or health system for operational expenses for the  
25 hospital, health care facility or health system and that is separate and distinct from a  
26 charge for health care services or procedures.

27 **Sec. 3. 22 MRSA §1718-E** is enacted to read:

28 **§1718-E. Prohibition on billing for late billing statements**

29 A health care entity, as defined in section 1718-B, subsection 1, paragraph B, is  
30 prohibited from charging a patient for health care services it provided when a billing  
31 statement has not been provided to the patient within 6 months of the date health care  
32 services were rendered to the patient.

33 **Sec. 4. 22 MRSA §1718-F** is enacted to read:

34 **§1718-F. Disclosure related to observation status for Medicare patients**

35 A health care entity, as defined in section 1718-B, subsection 1, paragraph B, shall  
36 disclose to a patient who is covered by the federal Medicare program and who is on  
37 observation status and not an admitted patient at the health care entity the following  
38 information:



1           6. The bill prohibits a health insurance carrier from charging any fee for the transfer  
2 of a patient between providers or for the transfer of patient records between providers  
3 unless the fee is disclosed and directly related to the costs associated with making that  
4 transfer of the patient or the patient's medical records.