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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
130TH LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 12, L.D. 46, “An Act To Further Protect Consumers from Surprise Medical Bills”

Amend the bill by striking out all of section 2 and inserting the following:

'Sec. 2. 24-A MRSA §4303-E, sub-§1, ¶G, as enacted by PL 2019, c. 668, §3, is repealed.

Sec. 3. 24-A MRSA §4303-E, sub-§1, ¶I is enacted to read:

I. Following a determination by an independent dispute resolution entity of a reasonable fee for a particular health care service, an out-of-network provider may not initiate the dispute resolution process under this subsection for that same health care service for a period of 90 days.'

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment eliminates the provision requiring a health insurance carrier to reimburse an out-of-network provider for the provider's charge if the difference between the provider's charge and carrier's median network rate is less than \$750 with respect to surprise medical bills or bills for covered emergency services rendered by an out-of-network provider. The bill amends the provision. The amendment prohibits an out-of-network provider from initiating the dispute resolution process for a health care service for a period of 90 days following a determination by an independent dispute resolution entity of a fee for that same health care service.