



130th MAINE LEGISLATURE

FIRST SPECIAL SESSION-2021

Legislative Document

No. 1481

H.P. 1096

House of Representatives, April 14, 2021

An Act To Clarify Surprise Billing Restrictions

Received by the Clerk of the House on April 12, 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.

R. B. Hunt
ROBERT B. HUNT
Clerk

Presented by Representative MORRIS of Turner.

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

Sec. 1. 24-A MRSA §4303-C, sub-§2, ¶B, as amended by PL 2019, c. 668, §2, is further amended by amending subparagraph (2) to read:

(2) The median network rate paid by all carriers for that health care service by a similar provider in the enrollee's geographic area as determined by the all-payer claims database maintained by the Maine Health Data Organization or, if Maine Health Data Organization claims data is insufficient or otherwise inapplicable, another independent medical claims database a carrier shall reimburse the out-of-network provider or enrollee, as applicable, at the carrier's median network rate as provided in subparagraph (1);

Sec. 2. 24-A MRSA §4303-C, sub-§2, ¶E, as enacted by PL 2019, c. 668, §2, is amended to read:

E. If an out-of-network provider disagrees with a carrier's payment amount for a surprise bill for emergency services or for covered emergency services as determined in accordance with paragraph B, the carrier and the out-of-network provider have 30 calendar days to negotiate an agreement on the payment amount in good faith. If the carrier and the out-of-network provider do not reach agreement on the payment amount within 30 calendar days, the out-of-network provider may submit a dispute regarding the payment and receive another payment from the carrier determined in accordance with the dispute resolution process in section 4303-E, ~~including any payment made pursuant to section 4303-E, subsection 1, paragraph G; and~~

Sec. 3. 24-A MRSA §4303-E, sub-§1, ¶C, as enacted by PL 2019, c. 668, §3, is amended by amending subparagraph (3) to read:

(3) The median network rate for the particular health care service performed by a provider in the same or similar specialty, as determined by the all-payer claims database maintained by the Maine Health Data Organization or, if Maine Health Data Organization claims data is insufficient or otherwise inapplicable, another independent medical claims database. If authorized by rule, the superintendent may enter into an agreement to obtain data from an independent medical claims database to carry out the functions of this subparagraph.

Sec. 4. 24-A MRSA §4303-E, sub-§1, ¶G, as enacted by PL 2019, c. 668, §3, is repealed.

SUMMARY

This bill eliminates the use of independent medical claims databases in the laws governing surprise medical bills and bills for out-of-network emergency services.