

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FOUR

—
S.P. 987 - L.D. 2271

**An Act to Implement the Recommendations of the Task Force to Evaluate
the Impact of Facility Fees on Patients to Improve Facility Fee Transparency
and Notification**

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

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

A-1. "Facility fee" means a fee charged or billed by a health care entity for outpatient services provided in a hospital-based facility that is:

- (1) Intended to compensate the hospital or health system for the operational expenses of the hospital or health system; and
- (2) Separate and distinct from a professional fee.

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

C. "Hospital-based facility" means a facility that is owned or operated, in whole or in part, by a hospital or health system where hospital services or professional medical services are provided.

Sec. 3. 22 MRSA §1718-B, sub-§1, ¶D is enacted to read:

D. "Professional fee" means a fee charged or billed by a health care entity for professional medical services provided in a hospital-based facility.

Sec. 4. 22 MRSA §1718-B, sub-§2, ¶E is enacted to read:

E. A health care entity shall prominently display in a location that is readily accessible to a patient, including a patient waiting area, and on the health care entity's publicly accessible website the following information:

- (1) Whether the health care entity is a hospital-based facility and, if so, the name of the hospital or health system and whether the health care entity charges a facility fee; and
- (2) How to access the publicly accessible website of the Maine Health Data Organization established pursuant to chapter 1683 for educational materials about

facility fees and whether and under what circumstances depending on payor and type of service a facility fee may be charged.

Sec. 5. 22 MRSA §8712, sub-§2-A, as enacted by PL 2023, c. 410, §1, is amended to read:

2-A. Facility fees charged by health care providers. By January 1, 2024, and annually thereafter, the organization shall produce and post on its publicly accessible website a report on the payments for facility fees made by payors to the extent that payment information is already reported to the organization. The organization shall submit the report required by this subsection to the Office of Affordable Health Care established in Title 5, section 3122 and the joint standing committee of the Legislature having jurisdiction over health data reporting and health insurance matters. The joint standing committee may report out legislation based on the report to a first regular or second regular session of the Legislature, depending on the year in which the report is submitted. The organization shall produce and post on its publicly accessible website information designed to educate the public about facility fees and whether and under what circumstances depending on payor and type of service a facility fee may be charged.

For the purposes of this subsection, unless the context otherwise indicates, the following terms have the following meanings.

A. "Facility fee" means any fee charged or billed by a health care provider for outpatient services provided in a hospital-based facility or freestanding emergency facility that is intended to compensate the health care provider for the operational expenses of the health care provider, separate and distinct from a professional fee, and charged or billed regardless of how a health care service is provided.

B. "Health care provider" means a person, whether for profit or nonprofit, that furnishes bills or is paid for health care service delivery in the normal course of business. "Health care provider" includes, but is not limited to, a health system, hospital, hospital-based facility, freestanding emergency facility or urgent care clinic.