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## TESTIMONY OF THE MAINE HOSPITAL ASSOCIATION

In Support Of

[LD 1](#) - *An Act To Establish the COVID-19 Patient Bill of Rights*

February 23, 2021

Senator Sanborn, Representative Tepler and members of the Health Coverage and Insurance and Financial Services Committee, my name is Jeffrey Austin and I am here on behalf of the Maine Hospital Association to provide testimony in support of LD 1.

The Maine Hospital Association (MHA) represents all 36 community-governed hospitals including 33 non-profit general acute care hospitals, 2 private psychiatric hospitals, and 1 acute rehabilitation hospital.

We appreciate this legislation and the attempt it is making to assist patients during the pandemic.

Part A. We believe much of Part A is good public policy and we can support it.

We do have concerns about some of the wording in Section A-2 as proposed in the amendment.

Some of the requests appear redundant, other we don't quite understand.

Much of the work being required is "administrative" in nature and not included in the rate for providers giving a test or a vaccine. There is no corresponding requirement in the bill that carriers increase their current rates to cover this additional patient counselling.

Again, we believe the general purpose of the section – giving information to patients – is reasonable and with some rewording we can support. Please see below.

**§1718-G. Notice of Costs for COVID-19 Screening and Testing**

**1. Notice of Costs for COVID-19 Screening and Testing.**

*A provider shall, before providing screening or testing services for coronavirus diseases 2019, SARS-CoV-2 or a virus mutating therefrom, referred to in this section as "COVID-19":*

*A. Provide notice of any payment or upfront charge that will be due from the individual for the services, including charges or payments which the individual will need to submit to their insurance carrier or to the Department of Health and Human Services ("DHHS") for reimbursement;*

*B. Disclose the total cost for the services and visit and an explanation of what each charge is for;*

*C. Provide instructions for how the individual can submit that charge to their insurance carrier, if the individual is insured, or provide the form for requesting coverage from DHHS through Emergency MaineCare, if the individual is uninsured; and*

*D. Inform any individual that will be required to make an upfront payment of locations where screening and testing services are provided without such payments.*

Below is how we would rewrite the section.

**§1718-G. Notice of Costs for COVID-19 Screening and Testing**

**1. Notice of Costs for COVID-19 Screening and Testing.**

*A provider shall, before providing screening or testing services for coronavirus diseases 2019, SARS-CoV-2 or a virus mutating therefrom, referred to in this section as "COVID-19":*

*A. Provide notice of any payment or upfront charge, and the amount of that charge, that will be due from the individual for the services, including charges or payments and whether the provider will submit a claim on the individual's behalf or whether which the individual will need to submit to their insurance carrier or to the Department of Health and Human Services ("DHHS") for reimbursement;*

*~~B. Disclose the total cost for the services and visit and an explanation of what each charge is for;~~*

*~~C. Provide instructions for how the individual can submit that charge to their insurance carrier, if the individual is insured, or provide the form for requesting coverage from DHHS through Emergency MaineCare, if the individual is uninsured; and~~*

*D. Inform any individual that will be required to make an upfront payment ~~of that~~ locations where screening and testing services are provided without such payments exist and can be found on the state website.*

**Comment [JA1]:** Section 1(B): It is not clear what this adds in addition to subsection A.  
  
Subsection A uses the terms "payment or charge" whereas this section uses the term "cost" which presumably is something different than charge.  
  
Cost is a vague term in the healthcare context. Does this mean the amount being charged to the patient?  
  
There may be costs not being charged to the patient. Is that what you want disclosed? Why?.

**Comment [JA2]:** Section 1(C): This is unreasonable. We can certainly disclose as part of sub-section A that a claim may need to be submitted to their carrier.  
  
And if the provider is not submitting that claim to carrier, that the patient may need to call their carrier for assistance.  
  
We will not have "instructions" on how to submit claims for every person and every carrier at every location testing occurs.  
  
Most of the interaction occurs online during the registration process.  
  
Furthermore, this too is a bit redundant to sub-section A where we have to tell the individual that they may need to submit a claim to their carrier.

**Comment [JA3]:** Section 1(D): Again, I think providers may disclose "that" locations exist that do free testing and where to find a list, but to expect that we provide "where" is a bit much.

A second concern relates to our perceived ambiguity regarding proposed §1718-G(2).

**2. Prohibition of Costs for COVID-19.** *A provider may not charge an uninsured individual any amount for administering a COVID-19 vaccine, and may not charge any associated costs such as processing fees and clinical evaluations for a vaccine appointment.*

The second phrase beginning with the words: “*and may not charge...*” is this intended to only cover the uninsured or is it intended to cover all persons. Obviously, if it covers all persons, we would oppose.

We would encourage rewording this sentence to make it clear that its provisions only apply to uninsured persons. Our suggestion is below:

*“A provider may not charge an uninsured individual any amount for administering a COVID-19 vaccine, ~~and may not charge~~ or any associated costs such as processing fees and clinical evaluations for a vaccine appointment.”*

We would also encourage you to include a reference to the uninsured in the caption to this section (“**2. Prohibition of Costs to Uninsured for COVID-19 Vaccination.**”)

Finally, we are interpreting the reference to COVID-19 as meaning this is intended to be temporary and related to this pandemic. Future coronaviruses will technically not be “COVID-19.” We think it would be better to make that explicitly clear and limit the application of this law to 2021 or the period of the state of emergency first declared in March 2020 and subsequently renewed.

Thank you.