

LD 530, An Act To Consolidate Patient Bills by Directing Health Insurers To Collect Copayments and Deductibles

SUMMARY:

This bill clarifies that cost-sharing amounts in health plans that are owed by enrollees must be collected by carriers by issuing one consolidated bill for each episode of care.

The bill requires carriers to make guidelines for cost-sharing collection available to enrollees, including posting on its publicly accessible website.

The bill prohibits carriers from inducing or incentivizing a provider to collect or an enrollee to pay cost-sharing amounts directly and prohibits carriers from discontinuing coverage for failure to pay any cost-sharing amount.

The bill states that carriers are not required to collect cost-sharing amounts applicable to health care services delivered by a pharmacy provider in an outpatient setting.

The bill applies to health plans issued or renewed in this State on or after January 1, 2023.

TESTIMONY: Written testimony can be found at this [link](#)

LD 530, An Act To Consolidate Patient Bills by Directing Health Insurers To Collect Copayments and Deductibles

ISSUES FOR CONSIDERATION:

1. As drafted, bill's requirements apply to fully-insured individual and group health plans and other plans regulated by the State, e.g. multiple-employer welfare plans. Consider that provisions do not apply to Medicare, MaineCare, self-insured plans and others? Provisions also do not apply to workers' compensation insurers or automobile insurers making payments for health care services.
2. As drafted, intent is to require patients to pay only one bill. How would this benefit providers and patients?
3. How does this impact carriers? What additional administrative costs and changes to information systems would be required? Will this affect reimbursement rates to providers?
4. Consider any impact on insurance premiums? Does this shift responsibility for bad debt from uncollectable bills to insurers from hospitals and other providers?
5. Consider whether terms used in bill like "episode of care" need further clarification?
6. Consider whether applies to all providers or just network providers?
7. How will this impact patients that may be eligible for charity care through hospitals?

FISCAL INFORMATION:

Not yet determined