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H.P. 1119

House of Representatives, April 20, 2023

An Act to Support an Insured Patient's Access to Affordable Health Care with Timely Access to Health Care Prices

Reference to the Committee on Health and Human Services suggested and ordered printed.

R(+ B. Hunt

ROBERT B. HUNT Clerk

Presented by Representative ARFORD of Brunswick. Cosponsored by Senator BAILEY of York and Representatives: BELL of Yarmouth, CYRWAY of Albion, DODGE of Belfast, MADIGAN of Waterville, PERRY of Calais, SHAGOURY of Hallowell, WILLIAMS of Bar Harbor, Senator: BRAKEY of Androscoggin. 1 Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §1718-B, sub-§2, ¶B, as enacted by PL 2013, c. 515, §2, is
amended to read:

- B. A <u>By posting a notice on prominent display to patients, a</u> health care entity shall inform patients about the availability of prices for the most frequently provided health care services and procedures <u>and the ability of a patient to request a good faith estimate</u> of the price of medical services pursuant to section 1718-C.
- 8 Sec. 2. 22 MRSA §1718-C, as enacted by PL 2013, c. 560, §2, is repealed and the 9 following enacted in its place:

10 §1718-C. Estimate of total price of single medical encounter for patient

11 1. Uninsured patient. Upon the request of an uninsured patient, a health care entity, 12 as defined in section 1718-B, subsection 1, paragraph B, shall provide within a reasonable time of the request a good faith estimate of the total price of medical services to be rendered 13 14 directly by that health care entity during a single medical encounter. If the health care entity 15 is unable to provide an accurate estimate of the total price of a specific medical service 16 because the amount of the medical service to be consumed during the medical encounter is 17 unknown in advance, the health care entity shall provide a brief description of the basis for 18 determining the total price of that particular medical service. If a single medical encounter 19 will involve medical services to be rendered by one or more 3rd-party health care entities, 20 the health care entity shall identify each 3rd-party health care entity to enable the uninsured 21 patient to seek an estimate of the total price of medical services to be rendered directly by 22 each health care entity to that patient. When providing an estimate as required by this 23 subsection, a health care entity shall also notify the uninsured patient of any charity care 24 policy adopted by the health care entity and the availability of public or private health care 25 coverage.

2. Insured patient. Upon the request of an insured patient, a health care entity, as 26 27 defined in section 1718-B, subsection 1, paragraph B, shall provide within 3 business days of the request a good faith estimate of the allowed amount under that patient's insurance 28 29 coverage to be paid by an insurer for the medical services to be rendered directly by that 30 health care entity during a single medical encounter. If a single medical encounter will 31 involve medical services to be rendered by one or more 3rd-party health care entities, the 32 health care entity shall identify each 3rd-party health care entity to enable the patient to 33 seek an estimate of the allowed amount for medical services to be rendered directly by each 34 health care entity to that patient. When providing the information required by this 35 subsection, a health care entity shall also notify the insured patient of any charity care 36 policy adopted by the health care entity and the availability of other public or private health 37 insurance coverage. A health care entity shall provide the good faith estimate requested by 38 the patient to the patient and to the patient's health insurance carrier.

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Sec. 3. 24 MRSA §2905, sub-§4 is enacted to read:

40 <u>4. Notice of right to request information about price of medical services.</u> Any
41 written document provided by a health care entity, as defined in Title 22, section 1718-B,
42 subsection 1, paragraph B, to a patient prior to rendering health care treatment for the
43 purpose of obtaining informed consent to that treatment must include a notice of the

1 2 3	patient's right to request a good faith estimate of the price of medical services pursuant to <u>Title 22, section 1718-C.</u> Sec. 4. 24-A MRSA §4303, sub-§13-A is enacted to read:
4 5 6 7	13-A. Advanced explanation of benefits. Upon receipt of a good faith estimate provided to the enrollee by a health care entity in accordance with Title 22, section 1718-C, subsection 2, a carrier shall provide within 3 business days of the request an advanced explanation of benefits in clear and understandable language that complies with the federal
8	No Surprises Act, Public Law 116-260, and its implementing regulations.
9	SUMMARY
10 11 12 13 14 15 16 17 18 19 20 21 22 23	Under current law, health care entities are required to provide an estimate of the total price of medical services to be rendered directly by that health care entity during a single medical encounter within a reasonable time of a request from an uninsured patient. This bill requires health care entities to provide a good faith estimate of the allowed amount under an insured patient's health insurance coverage to be paid by an insurer for the medical services to be rendered directly by that health care entity during a single medical encounter. This bill requires the information to be provided within 3 business days of a request from an insured patient to the patient and to the patient's health insurance carrier. This bill also requires health care entities to post notice of a patient's right to request this information in their offices and include such notice in a patient's written consent to treatment form that must be signed prior to receiving health care treatment or services. The bill requires health insurance carriers to provide an insured patient with an advanced explanation of benefits within 3 business days of receiving a good faith estimate from a health care entity for medical services.