

# MAINE STATE LEGISLATURE

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# 132nd MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2025

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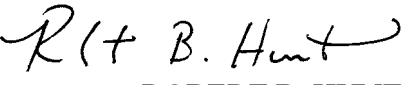
H.P. 996

House of Representatives, April 8, 2025

### **An Act to Protect Patients from Health Care Discrimination and Guarantee Access to the Lowest Available Cost for Care**

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

  
ROBERT B. HUNT  
Clerk

Presented by Representative MORRIS of Turner.

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

2 Sec. 1. 22 MRSA §1718-K is enacted to read:

3 **§1718-K. Billing practices**

4 **1. Definition of health care entity.** As used in this section, "health care entity" has  
5 the same meaning as in section 1718-B, subsection 1, paragraph B.

6 **2. Discrimination based on method of payment prohibited.** A health care entity  
7 may not deny a health care service or treatment, or refuse to continue to provide a health  
8 care service or treatment, to a patient based on a determination or assumption by the health  
9 care entity about the patient's insured status or method of payment, including but not limited  
10 to whether the patient is a self-pay patient, is uninsured, is insured under an individual  
11 policy, is insured under a group policy or is covered under an employer's self-insured health  
12 plan.

13 **3. Disclosure of discounted cash price option.** A health care entity shall disclose the  
14 discounted cash price for a health care service or treatment to a patient upon request and  
15 shall permit the patient to pay the discounted cash price for any health care service or  
16 treatment provided to the patient. For the purposes of this subsection, "discounted cash  
17 price" means:

18 A. With respect to a hospital, the discounted cash price as defined in 45 Code of  
19 Federal Regulations, Section 180.20 if the hospital has a discounted cash price and  
20 does not mean the amount charged to individuals who are eligible for free care or are  
21 eligible for the amounts charged pursuant to a hospital's financial assistance policy; or

22 B. With respect to a health care entity that is not a hospital, the charge that applies to  
23 an enrollee who is paying for a health care service without filing a claim with a carrier.

24 **4. Itemized bill requirement.** A health care entity shall, without charge, provide to  
25 a patient upon request an itemized bill disclosing in detail all amounts charged with respect  
26 to a health care service or treatment provided by the health care entity, including a health  
27 care service or treatment provided in conjunction with the scheduled health care service or  
28 treatment by another health care entity, no later than 30 business days after providing the  
29 health care service or treatment.

30 **5. Lower price requirement.** In the case of an uninsured patient being provided or  
31 seeking to be provided a health care service or treatment by a health care entity, including  
32 a health care service or treatment that is reasonably expected to be provided in conjunction  
33 with the scheduled health care service or treatment and the health care service or treatment  
34 reasonably expected to be so provided by another health care entity, the health care entity  
35 may not charge for providing the health care service or treatment more than the lesser of:

36 A. The amount payable to the health care entity by Medicare for the health care service  
37 or treatment; and

38 B. The lowest amount payable to the health care entity under any of its contractual  
39 arrangements with group health plans, group or individual insurance coverage offered  
40 by a health insurance issuer or federal health care programs.

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## **SUMMARY**

This bill provides that a health care provider may not discriminate against a patient based on the patient's method of payment. It also requires the disclosure of a discounted cash price option upon request, free itemized bills and, for an uninsured patient's health care service or treatment, a price that is the lesser of what Medicare would pay and the lowest amount payable under any of the health care provider's contracts.