

MAINE STATE LEGISLATURE

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ROS

L.D. 1937

Date: 6/13/25

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STATE OF MAINE
SENATE
132ND LEGISLATURE
FIRST SPECIAL SESSION

SENATE AMENDMENT "A" to COMMITTEE AMENDMENT "A" to S.P. 755,
L.D. 1937, "An Act to Require Hospitals and Hospital-affiliated Providers to Provide
Financial Assistance Programs for Medical Care"

Amend the amendment on page 1 by striking out all of lines 12 to 23 and inserting the
following:

'Amend the bill by striking out all of section 3 and inserting the following:

'Sec. 3. 22 MRSA §1716-A is enacted to read:

§1716-A. Charity care and financial assistance programs provided by hospitals

This section applies to financial assistance programs provided by hospitals to
qualifying patients, including program requirements specific to charity care.

1. Definitions. As used in this section, unless the context otherwise indicates, the
following terms have the following meanings.

A. "Charity care" means free health care services provided by hospitals to patients in
accordance with the requirements under subsection 2.

B. "Family income" means the cumulative income of a patient and the patient's family.
"Family income" does not include the income of any individual residing in a patient's
household who is not a member of the patient's family. For the purposes of this
paragraph, "family" means a group of 2 or more persons related by birth, marriage,
civil union, domestic partnership or adoption who reside together and among whom
there are legal responsibilities for support. All such related persons are considered one
family.

C. "Federal poverty level" has the same meaning as in section 3762, subsection 1,
paragraph C.

D. "Financial assistance program" means a program administered by a hospital to
provide patients with free or reduced-cost health care services and includes, but is not
limited to, charity care.

E. "Income" means modified adjusted gross income as determined using the
methodology described in 42 Code of Federal Regulations, Section 435.603(e).

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F. "State resident" has the same meaning as in 42 Code of Federal Regulations, Section 435.403(d).

2. Hospital to provide charity care. A hospital shall, in accordance with rules adopted by the department, provide free health care services to eligible patients who are state residents in accordance with this section. Upon admission of a patient, or in cases of emergency admission before discharge of a patient, a hospital shall investigate the coverage of the patient by any insurance or state or federal programs of medical assistance. A hospital shall provide free, medically necessary services for patients whose family income is equal to or less than 150% of the federal poverty level or 200% of the federal poverty level if the patient is uninsured.

The income of a secondary or postsecondary student in the State must be determined by including the student's parents' or caregivers' income.

3. Applications and eligibility requirements for financial assistance programs generally. The following requirements apply to financial assistance programs provided by a hospital, including charity care except as otherwise provided in subsection 4. A hospital, in accordance with rules adopted by the department:

A. May use an application form developed by the department pursuant to subsection 12;

B. May not require notarization of any application materials or supporting documents required for an application. However, a hospital may include on an application for a financial assistance program:

(1) A requirement for an applicant to attest to the accuracy of the information submitted;

(2) A statement that any information submitted that is determined to be false will result in a denial of financial assistance and that the applicant will bear financial responsibility for charges for services provided by the hospital; and

(3) A statement informing the applicant that knowingly submitting false information is unlawful;

C. Shall accept documentation specified by the department by rule that may be used as proof that the applicant is a state resident;

D. Shall determine eligibility based upon the applicant's family income at the time the application is submitted; and

E. Shall, within 30 days of receiving an application, notify the applicant to clearly explain what additional information or documentation, if any, is necessary to complete the application. The hospital shall provide the patient with a reasonable amount of time that is no less than 30 days following notification to the patient of any information needed to complete the application before denying the application based on incomplete information. The hospital shall determine eligibility and inform the patient of the eligibility determination within 45 days from the date a completed application is submitted.

Notwithstanding any provision of this subsection to the contrary, a person who is determined to be eligible for assistance under a hospital's financial assistance program must notify the hospital if any change has occurred that may impact the person's eligibility for

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1 assistance at the time a service is scheduled or delivered. Failure to notify the hospital if
2 any change has occurred that may impact the person's eligibility for assistance will cause
3 the person to be ineligible for free care pursuant to this section.

4 **4. Applications and eligibility requirements specific to charity care.** In addition to
5 the requirements of subsection 3, and notwithstanding any provision of subsection 3 to the
6 contrary, the following requirements apply to charity care. A hospital, in accordance with
7 rules adopted by the department:

8 A. May not solicit from an applicant for charity care provided in accordance with this
9 section information regarding any assets or income that are not used to calculate
10 modified adjusted gross income as described in 42 Code of Federal Regulations,
11 Section 435.603(e), except that a hospital may solicit from an applicant information
12 regarding assets or income not included under 42 Code of Federal Regulations, Section
13 435.603(e) that is subject to Maine individual income taxation;

14 B. Shall provide versions of the charity care application and the summary described in
15 subsection 5, paragraph A translated into any language spoken by 5% of the community
16 served by the hospital or 1,000 people in the community served by the hospital,
17 whichever is less;

18 C. Shall determine that an applicant is unable to pay for hospital services and is eligible
19 for charity care when the family income of the patient, as calculated by either of the
20 methods described in subparagraphs (1) and (2), is equal to or less than 150% of the
21 federal poverty level if the applicant is insured or 200% of the federal poverty level if
22 the applicant is uninsured. Eligibility may be calculated by:

23 (1) Multiplying by 4 the patient's family income for the 3 months preceding the
24 determination of eligibility; or

25 (2) Using the patient's actual family income for the 12 months preceding the
26 determination of eligibility.

27 If one method of calculation is inapplicable, the other method must be applied prior to
28 determining an applicant's eligibility for charity care.

29 The income of a secondary or postsecondary student in the State must be determined
30 by including the student's parents' or caregivers' income;

31 D. Shall provide each applicant who requests charity care and is denied it, in whole or
32 in part, a written and dated statement of the reasons for the denial when the denial is
33 made; and

34 E. Shall provide to an applicant who is denied charity care, in whole or in part,
35 information regarding the right to request a fair hearing from the department regarding
36 the patient's eligibility for charity care.

37 **5. Notice and publication requirements.** In accordance with rules adopted by the
38 department, a hospital shall widely publicize its financial assistance programs within the
39 community served by the hospital, including by:

40 A. Publishing a summary of the financial assistance programs written in plain
41 language, including a summary of services not covered by financial assistance
42 programs;

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1 B. Providing, in conspicuous locations within the hospital, including admission,
2 registration and waiting areas, information regarding how patients can access physical
3 copies of the plain language summary under paragraph A, the financial assistance
4 program application and any application instructions;

5 C. Posting a full and downloadable version of the financial assistance program
6 application on the hospital's publicly accessible website;

7 D. Including on all plain language summaries and financial assistance program
8 application instructions, excluding billing statements except as otherwise provided in
9 paragraph E and subsection 6, information regarding the hospital's financial assistance
10 program and information regarding the availability of no-cost assistance with applying
11 for financial assistance and health coverage programs through the Health Insurance
12 Consumer Assistance Program established in Title 24-A, section 4326; and

13 E. Providing on all billing statements sent to a patient information on the availability
14 of financial assistance, including how to apply for the financial assistance program, the
15 address of a publicly accessible website from which a patient may download a copy of
16 the application and a telephone number that a patient may call to request a paper copy
17 of the application.

18 6. Individual written notice of charity care availability. A hospital shall provide a
19 patient with individual written notice of the availability of charity care according to the
20 following.

21 A. With respect to inpatient services, the hospital shall provide individual written
22 notice of the availability of charity care to each patient upon admission, or in the case
23 of emergency admission before discharge.

24 B. With respect to outpatient services, the hospital shall either include with the patient's
25 bill a copy of an individual notice of the availability of charity care or provide a copy
26 of the individual notice at the time service is provided.

27 The individual notice provided pursuant to this subsection must include the information
28 required pursuant to subsection 5, paragraph D, a telephone number to request a paper
29 charity care application, the income guidelines to qualify for charity care and any other
30 information specified by the department by rule.

31 7. Patient notified of noncovered services; consequences for failing to notify. In
32 accordance with rules adopted by the department, a hospital shall inform a patient who is
33 determined to be eligible for financial assistance if any part of a medical service, treatment,
34 procedure or test provided or administered to the patient in the hospital is not covered by
35 the hospital's financial assistance programs. A hospital may bill a patient's health insurance
36 carrier for a medical service, treatment, procedure or test for which the hospital is
37 prohibited from billing the patient under this subsection.

38 8. Reasonable payment plans; maximum out-of-pocket payments. In accordance
39 with rules adopted by the department, a hospital shall offer a patient with a documented
40 family income that does not exceed 300% of the federal poverty level a payment plan that
41 requires monthly out-of-pocket payments that do not exceed 4% of the patient's monthly
42 family income that is not exempt from attachment or garnishment under state law.

43 A hospital is not required to offer a patient a payment plan for a debt less than \$1,000.

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1 9. Bill disputes. A hospital shall include on a billing statement sent to a patient
2 information regarding how to dispute a charge. If the contact information for disputing a
3 charge is distinct from the contact information for paying or otherwise settling a bill, the
4 contact information for the individual or entity charged with handling disputed charges
5 must be provided.

6 10. Employer failure to provide insurance or workers' compensation. If a person
7 is employed and the person's employer fails to provide health insurance or workers'
8 compensation insurance as required by state or federal law and the insurance or workers'
9 compensation would have covered the treatment received by the person, the person's
10 employer is responsible for the cost of the treatment received by that person.

11 11. Enforcement. This subsection governs enforcement of this section.

12 A. The department shall:

13 (1) Establish a process for a patient to submit a complaint of hospital
14 noncompliance with this section;

15 (2) Conduct a review within 30 days of receiving a complaint from a patient
16 regarding noncompliance with this section; and

17 (3) Require a corrective action of a hospital, if the department determines that the
18 hospital is not in compliance with this section, which may include:

19 (a) Measures to inform the patient about the noncompliance; and

20 (b) Adjusting any amount billed to the patient in violation of this section.

21 B. If the department determines that a hospital knowingly or willfully violated this
22 section or engaged in a pattern of noncompliance with this section, the department may,
23 through the Office of the Attorney General, bring a civil action against the hospital for
24 a penalty not to exceed \$1,000.

25 12. Application developed by department. The department shall develop an
26 application for patients to apply for financial assistance programs, including charity care,
27 consistent with the requirements of subsections 3 and 4, as applicable. The department
28 shall translate any application it develops into any language spoken by 5% of the population
29 of the State or 1,000 people in the State, whichever is less.

30 13. Rulemaking. The department shall adopt rules to carry out the purposes of this
31 section. Rules adopted pursuant to this subsection must be consistent with the requirements
32 of the United States Internal Revenue Code of 1986, Section 501(r) and any federal
33 regulations implementing those requirements. Rules adopted pursuant to this subsection
34 are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.'

35 Amend the amendment by relettering or renumbering any nonconsecutive Part letter or
36 section number to read consecutively.

37 SUMMARY

38 This amendment does the following.

39 1. It amends the definition of "family income" to include income from persons related
40 by civil union or domestic partnership and clarifies that a secondary or postsecondary
41 student's income includes the student's parents' income.

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2. It amends the definition of "state resident" to match the one used in 42 Code of Federal Regulations, Section 435.403(d).

3. It clarifies that if a person is employed and the person's employer fails to provide health insurance or workers' compensation insurance as required by state or federal law and the insurance or workers' compensation would have covered the treatment received by the person, the person's employer is responsible for the cost of the treatment received by that person.

4. It clarifies that the expansion of the mandatory charity care threshold from 150% of the federal poverty level to 200% applies only to uninsured persons.

5. It requires the recipient of charity care to notify the hospital of any change that might affect the recipient's eligibility to receive charity care.

6. It changes the completeness review deadline from 15 days to 30 days.

7. It removes the requirement that a hospital must provide interpretation services to patients with limited English proficiency and patients who are deaf or hard of hearing.

8. It exempts hospitals from providing payment plans for debts less than \$1,000.

SPONSORED BY: Marianne Moore

(Senator MOORE, M.)

COUNTY: Washington