

	FIRST REGULAR SESS	SION
	ONE HUNDRED AND ELEVENTH L	EGISLATURE
Legislativ	ve Document	No. 631
S.P. 210		In Senate, February 7, 1983
the Comm	ved by the Secretary of the Senate on Fe hittee on Health and Institutional Service to Joint Rule 14.	
	JOY J. O'BR	RIEN, Secretary of the Senate
	by Senator Dow of Kennebec. onsor: Representative Conary of Oaklan	d.
	STATE OF MAINE	
	IN THE YEAR OF OUR NINETEEN HUNDRED AND EIG	
	AN ACT to Prohibit Hospita Price Discriminati	
Be it e follows	enacted by the People of the :	e State of Maine as
Sec	. 1. 22 MRSA c. 405-A is e	enacted to read:
	CHAPTER 405-A	
HC	SPITAL SERVICES PRICE DISCR	IMINATION ACT
§1851.	Short title	
<u>Thi</u> vices P	s chapter may be cited as rice Discrimination Act."	the "Hospital Ser-
§1852.	Purposes	

1 The Legislature finds that the welfare of Maine 2 citizens will be enhanced by increased competition in 3 the pricing of hospital services. This competition 4 will be furthered by prohibiting hospitals from 5 granting, and 3rd-party payors from receiving, 6 unjustified price differentials and by requiring that 7 similarly situated 3rd-party payors be similarly treated with respect to their purchases of hospital 8 services. It is the intent of the Legislature, that 9 this Act promote competition, both in the pricing for 10 11 hospital services and between 3rd-party payors 12 through facilitation of arms-length negotiations between hospitals and 3rd-party payors. 13

14 §1853. Definitions

15 As used in this chapter, unless the context 16 otherwise indicates, the following terms have the 17 following meanings.

18 <u>1. Act. "Act" means the Hospital Services Price</u> 19 <u>Discrimination Act.</u>

20 2. Continue any contract. "Continue any contract"
21 means to keep any contract in effect after a date on
22 which it may be terminated by any party to it without
23 breach.

24 3. Discount. "Discount" means any direct or indi 25 rect reduction in a hospital's charge or rate of pay 26 ment for hospital services to a payor.

4. Hospital services. "Hospital services" means
all services and items or use thereof regularly provided by a hospital as a part of its inpatient services and health-related community service programs
and includes salaries paid to physicians, but does
not include physicians' fees for service.

33 <u>5. Patient. "Patient" means a natural person</u>
 34 receiving services in or from a hospital.

6. Person. "Person" means a natural person; cor poration, including associations, joint stock compa nies, insurance companies and nonprofit corporations;
 or association.

7. Third-party payor. "Third-party payor" means a 1 person who makes payments on behalf of a patient 2 under compulsion of law or contract or who is engaged 3 in insuring any policy or contract of individual or 4 5 group insurance or of hospital or medical service 6 benefits, but does not include the federal, state or 7 any local government unit, authority or agency 8 thereof.

9 §1854. Discrimination in price

10 It is unlawful for any hospital or group or asso-11 ciation of hospitals to enter into, renew or continue 12 any contract which, directly or indirectly, discrimi-13 nates in the price of hospital services between dif-14 ferent 3rd-party payors where the intent or the effect of that discrimination may be to lessen compe-15 16 tition or to restrain trade or to tend to create а 17 monopoly in any line of commerce, or to injure, destroy present competition with any 3rd-party payor 18 19 of hospital services who receives the benefit of that 20 discrimination, provided that nothing contained in 21 this section may prevent price differentials which 22 make only due allowance for differences in the cost 23 of hospital services resulting from differing payment 24 methods used or services provided to the hospital, or 25 hospitals, by those 3rd-party payors.

## 26 §1855. Equity among 3rd-party payors

27 It is unlawful for any hospital or group or asso-28 ciation of hospitals to discriminate in price, as 29 provided in section 1854, with respect to any 3rd-party payor or hospital services because 30 of the 31 payment method, or methods, used or the services provided by the 3rd-party payor, unless all 3rd-party payors ready, willing and able to provide the same or 32 33 34 similar payment methods or services are permitted to 35 pay for the same hospital services at the same or similar reduced rate or price differential. 36

37 §1856. Knowingly inducing or receiving a price dis-38 crimination

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40								r rece			
41	crimi	nation	inj	price	which	n is	proh	ibited	by	this	Act.

## 1 §1857. Remedies

2	The Superior Courts of this State are invested
3	with jurisdiction to prevent, restrain or enjoin
4	violations of this Act, and any 3rd-party payor for
5	hospital services shall be entitled to sue for and
6	have injunctive relief in any court of competent
7	jurisdiction to prevent any violation of this Act.
8	The court in such an action may enjoin any violations
9	of this Act and may grant any other relief it finds
10	appropriate, including, but not limited to, mandatory
11	injunction, and may assess the costs of suit, includ-
12	ing attorneys' fees, against the defendant if it
13	finds for the plaintiff. In such an action, it is
14	not necessary that actual damages to the plaintiff be
15	alleged or proved, but where alleged and proved, the
16	plaintiff, in addition to the injunctive or other
17	relief and costs of suit, may recover from the defen-
18	dant the amount of actual damages sustained by the
19	plaintiff.

20 Sec. 2. Effective date. This Act shall take 21 effect January 1, 1984.

## STATEMENT OF FACT

23 The Health Facilities Costs Review Board in its study and recommendations on hospital costs contain-24 ment in Maine, considered the problem of "cost shift-25 ing." In its report the board said: "The cost shift-26 ing caused by the short falls from one or more pay-27 ment sources, then, force hospital charges to rise, independent of any change in the rate of increase of hospital costs." Absent major changes in the method 28 29 30 31 of hospital financing in the State, at the very 32 least, it is vital that this cost shifting be termi-33 nated. While this cannot be accomplished with this bill as far as Medicare and Medicaid is concerned, 34 substantial equity will be achieved by prohibiting 35 36 price discrimination among nongovernmental payors.

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