

# MAINE STATE LEGISLATURE

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L.D. 1

**MAJORITY**

Date: 3/10/21

(Filing No. S- 16 )

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE**

**SENATE**

**130TH LEGISLATURE**

**FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to S.P. 29, L.D. 1, "An Act To Establish the COVID-19 Patient Bill of Rights"

Amend the bill in the 4th paragraph after the title in the 4th line (page 1, line 11 in L.D.) by inserting after the following: "COVID-19" the following: 'screening.'

Amend the bill in the by striking out all of the 5th paragraph after the title (page 1, lines 13 to 15 in L.D.).

Amend the bill by striking out everything after the enacting clause and before the emergency clause and inserting the following:

**PART A**

**Sec. A-1. 22 MRSA §1718-D, sub-§2**, as amended by PL 2019, c. 668, §1, is further amended to read:

**2. Prohibition on balance billing.** An out-of-network provider reimbursed for a surprise bill or a bill for covered emergency services under Title 24-A, section 4303-C or, if there is a dispute, under Title 24-A, section 4303-E or a bill for COVID-19 screening and testing under Title 24-A, section 4320-P may not bill an enrollee for health care services beyond the applicable coinsurance, copayment, deductible or other out-of-pocket cost expense that would be imposed for the health care services if the services were rendered by a network provider under the enrollee's health plan. For an enrollee subject to coinsurance, the out-of-network provider shall calculate the coinsurance amount based on the median network rate for that health care service under the enrollee's health plan. An out-of-network provider is also subject to the following with respect to any overpayment made by an enrollee.

A. If an out-of-network provider provides health care services covered under an enrollee's health plan and the out-of-network provider receives payment from the enrollee for health care services for which the enrollee is not responsible pursuant to this subsection, the out-of-network provider shall reimburse the enrollee within 30

**COMMITTEE AMENDMENT**

1 calendar days after the earlier of the date that the provider received notice of the  
2 overpayment and the date the provider became aware of the overpayment.

3 B. An out-of-network provider that fails to reimburse an enrollee for an overpayment  
4 as required by paragraph A shall pay interest on the overpayment at the rate of 10%  
5 per annum beginning on the earlier of the date the provider received notice of the  
6 overpayment and the date the provider became aware of the overpayment. An enrollee  
7 is not required to request the accrued interest from the out-of-network provider in order  
8 to receive interest with the reimbursement amount.

9 **Sec. A-2. 22 MRSA §1718-G** is enacted to read:

10 **§1718-G. Requirements for notice to patients of costs for COVID-19 screening and**  
11 **testing and prohibited charges for COVID-19 vaccination for uninsured**  
12 **patients**

13 **1. COVID-19 defined.** For the purposes of this section, "COVID-19" has the same  
14 meaning as in Title 24-A, section 4320-P, subsection 1, paragraph A.

15 **2. Notice of costs for COVID-19 screening and testing.** A provider, as defined in  
16 Title 24-A, section 4301-A, subsection 16, shall, at the time a patient schedules or registers  
17 for screening or testing services and before providing screening or testing services for  
18 COVID-19:

19 **A. Provide notice of any payment or upfront charge and the amount of that payment or**  
20 **charge that will be due from the patient for the services, including payments or charges**  
21 **for which the provider will submit a claim on the patient's behalf or for which the**  
22 **patient will need to submit a claim for reimbursement to the patient's health insurance**  
23 **carrier or to the department;**

24 **B. To the extent applicable, provide the form for requesting coverage from the**  
25 **department through emergency MaineCare coverage; and**

26 **C. To the extent applicable, inform any patient who will be required to make a payment**  
27 **or upfront charge that there are locations where COVID-19 screening and testing**  
28 **services are provided without such payments and that those locations are identified on**  
29 **the State's publicly accessible website.**

30 **3. Charges to uninsured patients for COVID-19 vaccination prohibited.** A  
31 **provider, as defined in Title 24-A, section 4301-A, subsection 16, may not charge an**  
32 **uninsured patient any amount for administering a COVID-19 vaccine or any associated**  
33 **costs of administration.**

34 **4. Rules.** The department may adopt rules to implement and administer this section to  
35 **align with any applicable federal regulations. Rules adopted pursuant to this subsection are**  
36 **routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.**

37 **Sec. A-3. 24-A MRSA §4320-P** is enacted to read:

38 **§4320-P. Coverage for health care services for COVID-19**

39 **Notwithstanding any requirements of this Title to the contrary, a carrier offering a**  
40 **health plan in this State shall provide, at a minimum, coverage as required by this section**  
41 **for screening, testing and immunization for COVID-19.**

1 1. Definitions. For the purposes of this section, unless the context otherwise indicates,  
2 the following terms have the following meanings.

3 A. "COVID-19" means the coronavirus disease 2019 resulting from SARS-CoV-2,  
4 severe acute respiratory syndrome coronavirus 2, and any virus mutating from that  
5 virus.

6 B. "Surveillance testing program" means a structured program of asymptomatic testing  
7 at a community or population level to understand the incidence or prevalence of  
8 COVID-19 in a group. "Surveillance testing program" does not include a program of  
9 testing that occurs less often than once per month per individual.

10 2. Testing. A carrier shall provide coverage for screening and testing for COVID-19  
11 as follows.

12 A. A carrier shall provide coverage for screening and testing for COVID-19, except  
13 when such screening and testing is part of a surveillance testing program.

14 B. A carrier may not impose any deductible, copayment, coinsurance or other cost-  
15 sharing requirement for the costs of COVID-19 screening and testing, including all  
16 associated costs of administration.

17 C. A carrier may not make coverage without cost sharing as required by paragraph B  
18 dependent on any prior authorization requirement.

19 D. A carrier may not make coverage without cost sharing as required by paragraph B  
20 dependent on the use of a provider in a carrier's network unless an enrollee is offered  
21 screening and testing by a network provider without additional delay and the enrollee  
22 chooses instead to obtain screening from an out-of-network provider or to be tested by  
23 an out-of-network laboratory.

24 E. For the purposes of this subsection, with respect to COVID-19 screening and testing  
25 rendered by an out-of-network provider, a carrier shall reimburse the out-of-network  
26 provider in accordance with section 4303-C, subsection 2, paragraph B.

27 3. Immunization; COVID-19 vaccines. A carrier shall provide coverage for COVID-  
28 19 vaccines as follows.

29 A. A carrier shall provide coverage for any COVID-19 vaccine licensed or authorized  
30 under an emergency use authorization by the United States Food and Drug  
31 Administration that is recommended by the United States Centers for Disease Control  
32 and Prevention Advisory Committee on Immunization Practices, or successor  
33 organization, for administration to an enrollee.

34 B. A carrier may not impose any deductible, copayment, coinsurance or other cost-  
35 sharing requirement for the cost of COVID-19 vaccines, including all associated costs  
36 of administration.

37 C. A carrier may not make coverage without cost sharing as required by paragraph B  
38 dependent on any prior authorization requirement.

39 D. A carrier may not make coverage without cost sharing as required by paragraph B  
40 dependent on the use of a provider in a carrier's network unless an enrollee is offered  
41 immunization by a network provider without additional delay and the enrollee chooses  
42 instead to obtain immunization from an out-of-network provider.



1 accordance with the Maine Revised Statutes, Title 37-B, section 742 and Title 22, section  
2 801, subsection 4-A and section 802, subsection 2-A.

3 **2. Permitted delegation of COVID-19 vaccine administration.** Any on-site  
4 clinician in charge of a point-of-dispensing vaccine site with a memorandum of  
5 understanding that complies with the requirements of subsection 4 may delegate the  
6 administration of COVID-19 vaccines within the State to employees, staff, agents or  
7 volunteers as long as the on-site clinician in charge is currently licensed by the State as a  
8 physician, advanced practice registered nurse or physician assistant and any employee, staff  
9 member, agent or volunteer to whom such authority is delegated under this section is  
10 subject to the supervision and control of the point-of-dispensing vaccine site and any on-  
11 site clinician in charge and has completed the training and observation required in  
12 subsection 3. Any individual to whom vaccine administration is delegated under this  
13 section is authorized to administer any COVID-19 vaccine identified as a "covered  
14 countermeasure" in the 4th amendment to the declaration by the Secretary of the United  
15 States Department of Health and Human Services under the federal Public Readiness and  
16 Emergency Preparedness Act, referred to in this section as "the PREP Act," or in any  
17 subsequent declaration under that Act, and that meets the 42 United States Code, Section  
18 247d-6d(i)(1) definition of "covered countermeasure."

19 **3. Training and observation.** Prior to undertaking any vaccine administration,  
20 anyone to whom vaccine administration is delegated under subsection 2 must complete the  
21 United States Department of Health and Human Services, Centers for Disease Control and  
22 Prevention COVID-19 vaccine training modules; any applicable training required by the  
23 PREP Act or any declaration issued pursuant to that Act for medical countermeasures  
24 against COVID-19 or guidance from an authority having jurisdiction under such  
25 declaration; and any applicable observation period by a currently practicing health care  
26 professional adequately experienced in vaccination who confirms competency in  
27 preparation and administration of the particular COVID-19 vaccine or vaccines to be  
28 administered by the individual, if required by the PREP Act or in any declaration or  
29 guidance under that Act. The individual must provide documentation of any training and  
30 observation required by this section to the point-of-dispensing vaccine site and the on-site  
31 clinician in charge prior to any administration of a COVID-19 vaccine as authorized by this  
32 section.

33 **4. Requirements for the memorandum of understanding and other record**  
34 **keeping.** Any on-site clinician in charge of a point-of-dispensing vaccine site may make a  
35 delegation under subsection 2 only if the point-of-dispensing vaccine site's memorandum  
36 of understanding or addendum to that memorandum of understanding identifies the  
37 clinician in charge by name. The point-of-dispensing vaccine site and the Department of  
38 Health and Human Services, Maine Center for Disease Control and Prevention shall each  
39 retain a copy of the memorandum of understanding for a period of 3 years. The point-of-  
40 dispensing vaccine site and on-site clinician in charge are each responsible for retaining for  
41 a period of 3 years a record of the name of each individual to whom vaccine administration  
42 is delegated under subsection 2 and evidence of each individual's completion of the  
43 required training and observation.

44 **5. Delegation authority under other state law.** The authority to delegate the  
45 administration of COVID-19 vaccines granted in this section is in addition to any  
46 delegation authority that may otherwise exist under state law. Clinicians in charge who

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exercise delegation authority pursuant to other state law are not required to comply with the requirements of this section.'

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

**SUMMARY**

This amendment replaces the bill and is the majority report of the committee. The amendment does the following.

Part A requires health insurance carriers to provide coverage for COVID-19 screening, testing and immunization services and prohibits a carrier from imposing any cost-sharing requirements on consumers for those services. Part A makes it clear that out-of-network providers may not balance bill for those services. Part A also requires providers to provide prior notice to all patients of any payment or upfront charge and the amount of that payment or charge that will be due from the patient for COVID-19 screening and testing.

Part B authorizes a pharmacist to administer and order COVID-19 vaccines licensed by the United States Food and Drug Administration that are recommended by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for administration. Part B also requires that health insurance carriers cover a prescription drug prescribed and dispensed to a patient in a quantity sufficient for an extended period of time, not to exceed a 180-day supply, during a state of emergency declared by the Governor, except for certain contraceptive supplies or opioid medications.

Part C allows delegation of authority by an on-site clinician to certain persons for the administration of COVID-19 vaccines at point-of-dispensing vaccine sites.

**FISCAL NOTE REQUIRED**  
(See attached)



# 130th MAINE LEGISLATURE

LD 1

LR 653(02)

An Act To Establish the COVID-19 Patient Bill of Rights

Fiscal Note for Bill as Amended by Committee Amendment "A" (S-16)  
Committee: Health Coverage, Insurance and Financial Services

Fiscal Note Required: Yes

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## Fiscal Note

Minor cost increase - All Funds

### Fiscal Detail and Notes

The requirements in this bill may increase costs to the State Employee Health Plan by minor amounts. Any costs would likely be reflected through changes in premium amounts in future fiscal years.