## MAINE STATE LEGISLATURE

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## 130th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2021

**Legislative Document** 

No. 530

S.P. 217

In Senate, February 24, 2021

An Act To Consolidate Patient Bills by Directing Health Insurers To Collect Copayments and Deductibles

Received by the Secretary of the Senate on February 22, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed.

DAREK M. GRANT Secretary of the Senate

Presented by Senator CLAXTON of Androscoggin. Cosponsored by Representative TEPLER of Topsham.

## 1 Be it enacted by the People of the State of Maine as follows: 2 Sec. 1. 24-A MRSA §4303-F is enacted to read: 3 §4303-F. Carriers responsible for collection of cost-sharing amounts 4 1. Collection of cost-sharing amounts. A carrier offering a health plan that includes cost-sharing requirements for copayments, coinsurance or deductibles shall collect the 5 amount of any copayment, coinsurance or deductible due under the terms of a health plan 6 7 owed by an enrollee, or the party responsible for making payments on an enrollee's behalf, 8 by issuing one consolidated bill for the cost-sharing requirements related to health care services provided to an enrollee for each episode of care. 9 10 2. Cost-sharing collection policy. A carrier shall develop cost-sharing collection guidelines and make information about the guidelines available to each enrollee, including 11 the posting of the guidelines on its publicly accessible website. 12 13 3. No incentives permitted. Except as provided in subsection 7, a carrier may not induce, incentivize or otherwise require: 14 A. A provider to collect the amount of any copayment, coinsurance or deductible 15 directly from an enrollee or the party responsible for making payments on an enrollee's 16 17 behalf; or 18 B. An enrollee to pay the amount of any copayment, coinsurance or deductible directly 19 to a provider. 20 4. No discontinuance of coverage. A carrier may not discontinue coverage for an 21 enrollee under a health plan based on an enrollee's failure to pay the amount of any 22 copayment, coinsurance or deductible as required under the terms of a health plan. 23 5. Reimbursement of provider. A carrier that is obligated under the terms of a health plan to pay for health care services rendered to an enrollee shall reimburse the provider 24 25 directly in an amount equal to the rate specified in the provider's agreement with the carrier, including any copayment, coinsurance or deductible payable by an enrollee under the terms 26 27 of the plan. 28 6. No delay in payment. A carrier may not withhold or otherwise delay payment to 29 a provider because an enrollee has not paid the carrier any applicable copayment, 30 coinsurance or deductible. 31 7. Exception. This section does not require a carrier to collect any copayment, 32 coinsurance or deductible applicable to any health care services delivered by a pharmacy 33 provider in an outpatient setting. 34 Sec. 2. Application. The requirements of this Act apply to all health insurance 35 policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2023. For purposes of this Act, all contracts 36 37 are deemed to be renewed no later than the next yearly anniversary of the contract date.

**SUMMARY** 38

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This bill clarifies that cost-sharing amounts in health plans must be collected by carriers. The bill applies to health plans issued or renewed in this State on or after January 1, 2023.