

# MAINE STATE LEGISLATURE

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JS

L.D. 750

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MINORITY  
HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
130TH LEGISLATURE  
FIRST SPECIAL SESSION

COMMITTEE AMENDMENT "A" to H.P. 555, L.D. 750, "An Act To Increase Transparency of and Lower Health Care Costs"

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

Sec. 1. 24-A MRSA §4318-A, first ¶, as enacted by PL 2017, c. 232, §8, is amended to read:

Beginning January 1, 2019, a carrier offering a health plan in this State shall establish, at a minimum, for all small group health plans as defined in section 2808-B, subsection 1, paragraph G ~~compatible with a health savings account authorized under federal law~~, a health plan design in which enrollees are directly incentivized to shop for low-cost, high-quality participating providers for comparable health care services. Incentives may include, but are not limited to, cash payments, gift cards or credits or reductions of premiums, copayments or deductibles. A small group health plan design created under this section must remain available to enrollees for at least 2 consecutive years, except that any changes made to the program after 2 years, including, but not limited to, ending the incentive, may not be construed as a change to the small group health plan design for the purpose of guaranteed renewability under section 2808-B, subsection 4 or section 2850-B. Incentives must be equal to or greater than 25% of the difference between the price of the service from the provider selected and the statewide average for the same covered health care service based on data reported on the publicly accessible health care costs website of the Maine Health Data Organization. A carrier may use the average price paid to a network provider for the covered comparable health care service under the enrollee's health plan in lieu of the statewide average price on the Maine Health Data Organization's publicly accessible website as long as the carrier uses a reasonable method to calculate the average price paid. A multiple-employer welfare arrangement is not considered a carrier for the purposes of this section.

Sec. 2. 24-A MRSA §4318-A, sub-§1, ¶A, as enacted by PL 2017, c. 232, §8, is amended to read:

COMMITTEE AMENDMENT

ROS 2

1 A. "Comparable health care service" means nonemergency, outpatient health care  
2 services in the following categories:

- 3 (1) Physical and occupational therapy services;
- 4 (2) Radiology and imaging services;
- 5 (3) Laboratory services; and
- 6 (4) Infusion therapy services; and
- 7 (5) Surgical procedures.

8 **Sec. 3. 24-A MRSA §4318-A, sub-§8**, as enacted by PL 2017, c. 232, §8, is  
9 repealed.

10 **Sec. 4. 24-A MRSA §4318-B, sub-§1**, as enacted by PL 2017, c. 232, §9, is  
11 amended to read:

12 **1. Services from out-of-network provider; lower prices.** Beginning January 1,  
13 2019, if an enrollee covered under a health plan ~~other than a health maintenance~~  
14 ~~organization plan~~ elects to obtain a covered comparable health care service as defined in  
15 section 4318-A, subsection 1, paragraph A from an out-of-network provider at a price that  
16 is the same or less than the statewide average for the same covered health care service based  
17 on data reported on the publicly accessible health care costs website of the Maine Health  
18 Data Organization, the carrier shall allow the enrollee to obtain the service from the out-  
19 of-network provider at the provider's charge and, upon request by the enrollee, shall apply  
20 the payments made by the enrollee for that comparable health care service toward the  
21 enrollee's deductible and out-of-pocket maximum as specified in the enrollee's health plan  
22 as if the health care services had been provided by an in-network provider. A carrier may  
23 use the average price paid to a network provider for the covered comparable health care  
24 service under the enrollee's health plan in lieu of the statewide average price on the Maine  
25 Health Data Organization's publicly accessible website as long as the carrier uses a  
26 reasonable method to calculate the average price paid and the information is available to  
27 enrollees through a website accessible to the enrollee and a toll-free telephone number that  
28 provide, at a minimum, information relating to comparable health care services. The  
29 enrollee is responsible for demonstrating to the carrier that payments made by the enrollee  
30 to the out-of-network provider should be applied toward the enrollee's deductible or out-  
31 of-pocket maximum pursuant to this section. The carrier shall provide a downloadable or  
32 interactive online form to the enrollee for the purpose of making such a demonstration and  
33 may require that copies of bills and proof of payment be submitted by the enrollee. ~~For the~~  
34 ~~purposes of this section, "out of network provider" means a provider located in~~  
35 ~~Massachusetts, New Hampshire or this State that is enrolled in the MaineCare program and~~  
36 ~~participates in Medicare.~~

37 **Sec. 5. 24-A MRSA §4318-B, sub-§3**, as enacted by PL 2017, c. 232, §9, is  
38 repealed.'

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

41 **SUMMARY**

42 This amendment replaces the bill, which is a concept draft.

ROS

1           The amendment makes the following changes to the law relating to the comparable  
2 health care incentive program.

3           1. It removes the requirement that the small group health plan design be compatible  
4 with a health savings account.

5           2. It requires that the incentives be equal to or greater than 25% of the difference  
6 between the price of the service from the provider selected and the statewide average for  
7 the same covered health care service based on data reported on the publicly accessible  
8 health care costs website of the Maine Health Data Organization.

9           3. It adds surgical procedures to the categories of health care services included in the  
10 definition of "comparable health care service."

11           4. It repeals the sunset date of the comparable health care service incentive program,  
12 which is January 1, 2024.

13           Under current law, if an enrollee covered under a health plan other than a health  
14 maintenance organization plan elects to obtain a covered comparable health care service  
15 from an out-of-network provider at a price that is the same or less than the statewide  
16 average for the same covered health care service, the carrier is required to allow the enrollee  
17 to obtain the service from the out-of-network provider at the provider's charge and, upon  
18 request by the enrollee, to apply the payments made by the enrollee for that comparable  
19 health care service toward the enrollee's deductible and out-of-pocket maximum as  
20 specified in the enrollee's health plan as if the health care services had been provided by an  
21 in-network provider. This amendment removes the exception that the provision does not  
22 apply to a health maintenance organization plan and the limitation defining an out-of-  
23 network provider as a provider located in Massachusetts, New Hampshire or this State that  
24 is enrolled in the MaineCare program and participates in Medicare. The amendment also  
25 removes the sunset date of the provision of law regarding access to lower-priced services,  
26 which is January 1, 2024.