MAINE STATE LEGISLATURE

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131st MAINE LEGISLATURE

FIRST SPECIAL SESSION-2023

Legislative Document

No. 1740

H.P. 1119

House of Representatives, April 20, 2023

An Act to Support an Insured Patient's Access to Affordable Health Care with Timely Access to Health Care Prices

Reference to the Committee on Health and Human Services suggested and ordered printed.

ROBERT B. HUNT
Clerk

Presented by Representative ARFORD of Brunswick.

Cosponsored by Senator BAILEY of York and

Representatives: BELL of Yarmouth, CYRWAY of Albion, DODGE of Belfast, MADIGAN of Waterville, PERRY of Calais, SHAGOURY of Hallowell, WILLIAMS of Bar Harbor,

Senator: BRAKEY of Androscoggin.

Be it enacted by the People of the State of Maine as follows:

- **Sec. 1. 22 MRSA §1718-B, sub-§2, ¶B,** as enacted by PL 2013, c. 515, §2, is amended to read:
 - B. A By posting a notice on prominent display to patients, a health care entity shall inform patients about the availability of prices for the most frequently provided health care services and procedures and the ability of a patient to request a good faith estimate of the price of medical services pursuant to section 1718-C.
- **Sec. 2. 22 MRSA §1718-C,** as enacted by PL 2013, c. 560, §2, is repealed and the following enacted in its place:

§1718-C. Estimate of total price of single medical encounter for patient

- 1. Uninsured patient. Upon the request of an uninsured patient, a health care entity, as defined in section 1718-B, subsection 1, paragraph B, shall provide within a reasonable time of the request a good faith estimate of the total price of medical services to be rendered directly by that health care entity during a single medical encounter. If the health care entity is unable to provide an accurate estimate of the total price of a specific medical service because the amount of the medical service to be consumed during the medical encounter is unknown in advance, the health care entity shall provide a brief description of the basis for determining the total price of that particular medical service. If a single medical encounter will involve medical services to be rendered by one or more 3rd-party health care entities, the health care entity shall identify each 3rd-party health care entity to enable the uninsured patient to seek an estimate of the total price of medical services to be rendered directly by each health care entity to that patient. When providing an estimate as required by this subsection, a health care entity shall also notify the uninsured patient of any charity care policy adopted by the health care entity and the availability of public or private health care coverage.
- 2. Insured patient. Upon the request of an insured patient, a health care entity, as defined in section 1718-B, subsection 1, paragraph B, shall provide within 3 business days of the request a good faith estimate of the allowed amount under that patient's insurance coverage to be paid by an insurer for the medical services to be rendered directly by that health care entity during a single medical encounter. If a single medical encounter will involve medical services to be rendered by one or more 3rd-party health care entities, the health care entity shall identify each 3rd-party health care entity to enable the patient to seek an estimate of the allowed amount for medical services to be rendered directly by each health care entity to that patient. When providing the information required by this subsection, a health care entity shall also notify the insured patient of any charity care policy adopted by the health care entity and the availability of other public or private health insurance coverage. A health care entity shall provide the good faith estimate requested by the patient to the patient and to the patient's health insurance carrier.

Sec. 3. 24 MRSA §2905, sub-§4 is enacted to read:

4. Notice of right to request information about price of medical services. Any written document provided by a health care entity, as defined in Title 22, section 1718-B, subsection 1, paragraph B, to a patient prior to rendering health care treatment for the purpose of obtaining informed consent to that treatment must include a notice of the

patient's right to request a good faith estimate of the price of medical services pursuant to Title 22, section 1718-C.

Sec. 4. 24-A MRSA §4303, sub-§13-A is enacted to read:

13-A. Advanced explanation of benefits. Upon receipt of a good faith estimate provided to the enrollee by a health care entity in accordance with Title 22, section 1718-C, subsection 2, a carrier shall provide within 3 business days of the request an advanced explanation of benefits in clear and understandable language that complies with the federal No Surprises Act, Public Law 116-260, and its implementing regulations.

9 SUMMARY

Under current law, health care entities are required to provide an estimate of the total price of medical services to be rendered directly by that health care entity during a single medical encounter within a reasonable time of a request from an uninsured patient. This bill requires health care entities to provide a good faith estimate of the allowed amount under an insured patient's health insurance coverage to be paid by an insurer for the medical services to be rendered directly by that health care entity during a single medical encounter. This bill requires the information to be provided within 3 business days of a request from an insured patient to the patient and to the patient's health insurance carrier. This bill also requires health care entities to post notice of a patient's right to request this information in their offices and include such notice in a patient's written consent to treatment form that must be signed prior to receiving health care treatment or services. The bill requires health insurance carriers to provide an insured patient with an advanced explanation of benefits within 3 business days of receiving a good faith estimate from a health care entity for medical services.