



131st MAINE LEGISLATURE

FIRST SPECIAL SESSION-2023

Legislative Document	No. 1795

S.P. 720

In Senate, April 25, 2023

An Act to Protect Patients by Prohibiting Certain Medical Facility Fees

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed.

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DAREK M. GRANT Secretary of the Senate

Presented by President JACKSON of Aroostook. Cosponsored by Speaker TALBOT ROSS of Portland and Senators: BALDACCI of Penobscot, DAUGHTRY of Cumberland, HICKMAN of Kennebec, INGWERSEN of York, NANGLE of Cumberland, TIPPING of Penobscot, VITELLI of Sagadahoc.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §1718-H is enacted to read:
3	<u>§1718-H. Hospital facility fees</u>
4 5	1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.
6 7 8 9 10 11	A. "Campus" means the main buildings of a hospital; the physical area immediately adjacent to a hospital's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings; and any other area that has been determined on a case-by-case basis by the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services to be part of a hospital's campus.
12 13 14 15 16	B. "Facility fee" means any fee charged or billed by a health care provider for outpatient services provided in a hospital-based facility or freestanding emergency facility that is intended to compensate the health care provider for the operational expenses of the health care provider, separate and distinct from a professional fee, and charged or billed regardless of how a health care service is provided.
17 18 19	C. "Freestanding emergency facility" means an emergency medical care facility that is licensed under section 1811. "Freestanding emergency facility" does not include an urgent care clinic.
20 21 22 23	D. "Health care provider" means a person, whether for profit or nonprofit, that furnishes bills or is paid for health care service delivery in the normal course of business. "Health care provider" includes, but is not limited to, a health system, hospital, hospital-based facility, freestanding emergency facility or urgent care clinic.
24	E. "Health system" means:
25	(1) A parent corporation of one or more hospitals;
26 27	(2) Any entity affiliated with the parent corporation through ownership, governance, membership or other means; or
28 29	(3) A hospital and any entity affiliated with the hospital through ownership, governance, membership or other means.
30	F. "Hospital" means a hospital licensed under section 1811.
31 32	<u>G.</u> "Hospital-based facility" means a facility that is owned or operated, in whole or in part, by a hospital where hospital or professional medical services are provided.
33 34	H. "Professional fee" means any fee charged or billed by a health care provider for professional medical services provided in a hospital-based facility.
35	2. Limits on facility fees. This subsection governs limits on facility fees.
36	A. A health care provider may not charge, bill or collect a facility fee, except for:
37	(1) Services provided on a campus;
38 39	(2) Services provided at a facility that includes a hospital's emergency department; or
40	(3) Emergency services provided at a freestanding emergency facility.

1 2	<u>B. Notwithstanding paragraph A, a health care provider, regardless of the location of services, may not charge, bill or collect a facility fee for:</u>
3	(1) Outpatient evaluation or management services; or
4 5	(2) Any other outpatient, diagnostic or imaging services identified by the department pursuant to subsection 3.
6 7 8	3. Identification of services. The department shall annually identify services subject to the limitations on facility fees provided in subsection 2, paragraph B that may reliably be provided safely and effectively in settings other than hospitals.
9 10 11 12 13	4. Annual report. A hospital, health system and freestanding emergency facility shall submit a report annually to the department relating to facility fees charged or billed during the preceding calendar year. The department shall publish the information reported pursuant to this subsection on its publicly accessible website. The report must be in a format as prescribed by the department and must include:
14 15 16	A. The name and full address of every facility owned or operated by the hospital, health system or freestanding emergency facility that provides services for which a facility fee is charged or billed;
17 18	B. The number of patient visits at a hospital-based facility or freestanding emergency facility for which a facility fee was charged or billed;
19 20 21	<u>C.</u> The number, total amount and range of allowable facility fees paid at a hospital- based facility or freestanding emergency facility by Medicare, the MaineCare program or private health insurance;
22 23 24	D. For each hospital-based facility, hospital, health system or freestanding emergency facility, the total amount of facility fees charged or billed and the total revenue received from facility fees;
25 26 27 28 29 30	E. The top 10 procedures or services, identified by procedural terminology codes used by the American Medical Association, provided by the hospital, health system or freestanding emergency facility that generated the greatest amount of gross revenue from facility fees, the number of patients charged or billed for each of the 10 procedures or services, the gross and net revenue totals for each procedure or service and the total net amount of revenue received that was derived from facility fees;
31 32 33 34 35	F. The top 10 procedures or services, identified by procedural terminology codes used by the American Medical Association, provided by the hospital, health system or freestanding emergency facility overall for which facility fees are charged or billed based on the number of patients charged or billed for the 10 procedures or services, including the gross and net revenue totals received for each procedure or service; and
36 37 38 39	 G. Any other information related to facility fees required by the department. 5. Rules. The department may adopt rules necessary to implement this section, including, but not limited to, specifying the format and content of reports and imposing penalties for noncompliance consistent with the department's authority under this chapter.
40	6. Enforcement. This subsection governs enforcement of this section.
41 42	<u>A. A violation of this section is an unfair practice in the conduct of any trade or commerce pursuant to Title 5, section 207.</u>

1	B. A health care provider that violates any provision of this section or any rules adopted
2	pursuant to this section is subject to an administrative penalty of not more than \$1,000
3	per violation.
4	C. The department or its designee may audit a health care provider for compliance
5	with the requirements of this section. The department or its designee may request
6	copies of any books, documents, records or data that are necessary for the purposes of
7	completing the audit. A health care provider shall make those records available and
8	maintain records for 4 years after providing a service for which a facility fee was
9	charged, billed or collected.
10	SUMMARY

- This bill prohibits certain health care providers from charging, billing or collecting a facility fee in certain situations and requires annual reporting on the amount of facility fees charged or billed. 11 12
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