MAINE STATE LEGISLATURE

The following document is provided by the LAW AND LEGISLATIVE DIGITAL LIBRARY at the Maine State Law and Legislative Reference Library http://legislature.maine.gov/lawlib



Reproduced from electronic originals (may include minor formatting differences from printed original)

STATE OF MAINE

126TH LEGISLATURE SECOND REGULAR SESSION



Summaries of bills, adopted amendments and laws enacted or finally passed

JOINT STANDING COMMITTEE ON INSURANCE AND FINANCIAL SERVICES

May 2014

MEMBERS:

SEN. GEOFFREY M. GRATWICK, CHAIR SEN. RICHARD G. WOODBURY SEN. RODNEY L. WHITTEMORE

REP. SHARON ANGLIN TREAT, CHAIR
REP. PAULETTE G. BEAUDOIN
REP. HENRY E. M. BECK
REP. TERRY K. MORRISON
REP. JANICE E. COOPER
REP. JANE P. PRINGLE
REP. JOYCE A. FITZPATRICK
REP. MICHAEL D. MCCLELLAN
REP. RAYMOND A. WALLACE
REP. PETER DOAK

STAFF:

COLLEEN MCCARTHY REID, LEGISLATIVE ANALYST OFFICE OF POLICY AND LEGAL ANALYSIS 13 STATE HOUSE STATION AUGUSTA, ME 04333 (207) 287-1670

STATE OF MAINE

126_{TH} LEGISLATURE SECOND REGULAR SESSION

LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

The *Digest* is arranged within each committee by Legislative Document (LD) number. The committee report(s), prime sponsor and lead co-sponsor(s), if designated, are listed below each LD title. All adopted amendments are summarized and listed by paper number. A subject index is included with each committee.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions. DIED IN CONCURRENCE defeated in each house, but on different motions; legislation died DIED ON ADJOURNMENT action incomplete when session ended; legislation died EMERGENCYenacted law takes effect sooner than 90 days after session adjournment FAILED, EMERGENCY ENACTMENT or FINAL PASSAGE.....emergency failed to receive required 2/3 vote FAILED, ENACTMENT or FINAL PASSAGE....... failed to receive final majority vote FAILED, MANDATE ENACTMENT.....legislation proposing local mandate failed required 2/3 vote HELD BY GOVERNOR...... Governor has not signed; final disposition to be determined at subsequent session LEAVE TO WITHDRAW.....sponsor's request to withdraw legislation granted NOT PROPERLY BEFORE THE BODY......ruled out of order by the presiding officer: legislation died INDEF PP.....indefinitely postponed; legislation died ONTP, ACCEPTED, MAJORITY, MINORITY or REPORT X... ought-not-to-pass report accepted; legislation died VETO SUSTAINED.....Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the Second Regular Session of the 126 Legislature is August 1, 2014. The effective date for legislation enacted as an emergency measure may be found in the enacted law summary for that legislation.

Joint Standing Committee on Insurance and Financial Services

receive one-year licenses and nonmortgage lenders receive two-year licenses.

- 2. It requires that each branch location license application to make supervised loans be accompanied by a surety bond in the amount of \$50,000.
- 3. It allows the Superintendent of Consumer Credit Protection to require a licensee to file quarterly reports.
- 4. It removes references to specific topics that must be covered in prelicensing education, testing and continuing education for mortgage loan originators. It also repeals rule making provisions related to continuing education.

LD 1760

An Act To Implement the Recommendations of the Commission To Study Transparency, Costs and Accountability of Health Care System Financing

PUBLIC 560

Sponsor(s)	Committee Report	Amendments Adopted
	OTP-AM	S-503

This bill implements the recommendations of the Commission To Study the Transparency, Costs and Accounting of Health Care System Financing.

- 1. The bill requires health care practitioners and health care facilities to provide clients, upon request, with an individualized cost estimate for anticipated health care services associated with that specific entity's services.
- 2. The bill directs health care practitioners to expand public awareness of the Maine Health Data Organization and its website by displaying at practitioners' offices information on the Maine Health Data Organization and how consumers can become more informed of the costs associated with health care procedures.
- 3. The bill amends the laws governing the information that hospitals and ambulatory surgical centers are required to make available to consumers by adding a requirement that these entities prominently display a notice informing consumers of their ability to request and receive information on the average charges for any inpatient service or outpatient procedure provided by the hospital or center upon request.
- 4. The bill amends the annual statutory reporting requirement for the Maine Health Data Organization to include language requiring the Maine Health Data Organization to include in its report an update on its collaborative efforts with other health data organizations to improve consumer access to information on health care quality and price and health care transparency initiatives in this State. The bill also amends the statutory provisions governing the Maine Health Data Organization annual report to require that the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters, in addition to the joint standing committee of the Legislature having jurisdiction over health and human services matters, be provided with the annual report.

Committee Amendment "A" (S-503)

This amendment does the following.

- 1. It adds language to section 1 of the bill requiring hospitals and ambulatory surgical centers to also identify each third-party health care practitioner or facility that will provide health care services or procedures to a consumer as part of a single medical encounter to enable the consumer to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.
- 2. It removes the provision of the bill that requires health care practitioners to prominently display information on price transparency tools to assist consumers to obtain estimates of health care costs, the substance of which has been enacted into law by other legislation and removes the provision of the bill requiring each health care practitioner

Joint Standing Committee on Insurance and Financial Services

and health care facility to provide an individualized cost estimate for a client's anticipated health care services and procedures.

3. It requires that health care practitioners and health care facilities provide uninsured patients, upon request, with an estimate of the total price of a single medical encounter and notification of any charity care policy adopted by the practitioner or facility. If the practitioner or facility is unable to provide an accurate estimate of the total price because the amount of a medical service to be consumed during the medical encounter is unknown in advance, the practitioner or facility must provide a brief description of the basis for determining the total price. If a single medical encounter will involve medical services to be rendered by one or more third-party health care practitioners or facilities, the practitioner or facility must identify each third-party practitioner or facility to enable the uninsured patient to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.

Enacted Law Summary

Public Law 2013, chapter 560 requires that health care practitioners and health care facilities provide uninsured patients, upon request, with an estimate of the total price of a single medical encounter, and notification of any charity care policy adopted by the practitioner or facility. If the practitioner or facility is unable to provide an accurate estimate of the total price because the amount of a medical service to be consumed during the medical encounter is unknown in advance, the practitioner or facility must provide a brief description of the basis for determining the total price. If a single medical encounter will involve medical services to be rendered by one or more third-party health care practitioners or facilities, the practitioner or facility must identify each third-party practitioner or facility to enable the uninsured patient to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.

The law amends the laws governing the information that hospitals and ambulatory surgical centers are required to make available to consumers by adding a requirement that these entities prominently display a notice informing consumers of their ability to request and receive information on the average charges for any inpatient service or outpatient procedure provided by the hospital or center upon request. In addition, if a single medical encounter will involve medical services to be rendered by one or more third-party health care practitioners or facilities, the hospital or ambulatory surgical center must identify each third-party practitioner or facility to enable an individual to seek an estimate of the total price of medical services to be rendered directly by each practitioner or facility.

The law amends the annual statutory reporting requirement for the Maine Health Data Organization to include language requiring the Maine Health Data Organization to include in its report an update on its collaborative efforts with other health data organizations to improve consumer access to information on health care quality and price and health care transparency initiatives in this State. The law also amends the statutory provisions governing the Maine Health Data Organization annual report to require that the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters, in addition to the joint standing committee of the Legislature having jurisdiction over health and human services matters, be provided with the annual report.