

MAINE STATE LEGISLATURE

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STATE OF MAINE
128TH LEGISLATURE
FIRST REGULAR SESSION



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

**JOINT STANDING COMMITTEE ON INSURANCE AND
FINANCIAL SERVICES**

August 2017

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STATE OF MAINE

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LEGISLATIVE DIGEST OF BILL SUMMARIES AND ENACTED LAWS

This *Legislative Digest of Bill Summaries and Enacted Laws* contains summaries of all LDs and adopted amendments and all laws enacted or finally passed during the First Regular Session of the 128th Maine Legislature.

The *Digest* is arranged alphabetically by committee and 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. An appendix provides a summary of relevant session statistics.

Final action on each LD is noted to the right of the LD title. The following describes the various final actions.

CARRIED OVER..... carried over to a subsequent session of the Legislature
CON RES XXX..... chapter # of constitutional resolution passed by both houses
CONF CMTE UNABLE TO AGREE..... Committee of Conference unable to agree; legislation died
DIED BETWEEN HOUSES..... House & Senate disagreed; legislation died
DIED IN CONCURRENCE..... defeated in each house, but on different motions; legislation died
DIED ON ADJOURNMENT..... action incomplete when session ended; legislation died
EMERGENCY..... enacted 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
P&S XXX..... chapter # of enacted private & special law
PUBLIC XXX..... chapter # of enacted public law
RESOLVE XXX..... chapter # of finally passed resolve
VETO SUSTAINED..... Legislature failed to override Governor's veto

The effective date for non-emergency legislation enacted in the First Regular Session of the 128th Legislature is Wednesday, November 1, 2017. 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

LD 1557

An Act To Protect Maine Consumers from Unexpected Medical Bills

PUBLIC 218

| <u>Sponsor(s)</u> | <u>Committee Report</u> | <u>Amendments Adopted</u> |
|---------------------------|-------------------------|---------------------------|
| GROHMAN M WHITTEMORE R | OTP-AM | H-459 |

This bill requires that when health care services are provided to a covered person by a nonparticipating facility-based provider at a participating facility and the covered person was unaware or could not reasonably be expected to have been aware that the services were being provided by a nonparticipating facility-based provider, the covered person may not be billed for those health care services. The bill requires the implementation of associated notification and mediation processes. The bill also requires health carriers to make available provider directories.

Committee Amendment "A" (H-459)

This amendment replaces the bill. The amendment provides that a carrier shall require an enrollee that receives a surprise bill from an out-of-network provider to pay only the applicable cost-sharing coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed for the health care services if the services were rendered by a network provider. The amendment also sets the reimbursement rate for that out-of-network provider at the network rate under the enrollee's health plan unless the carrier and out-of-network provider agree otherwise. If an out-of-network provider is reimbursed by the carrier, the provider may not bill the enrollee for any amount beyond the enrollee's applicable cost sharing. Under the amendment, "surprise bill" means a bill for health care services, other than emergency services, received by an enrollee for services rendered by an out-of-network provider, when the services were rendered by the out-of-network provider at a network provider, during a service or procedure performed by a network provider or during a service or procedure previously approved or authorized by the carrier and the enrollee did not knowingly elect to obtain such services from the out-of-network provider.

Like the bill, the amendment requires health carriers to make available provider directories. The amendment provides discretion to the Superintendent of Insurance to determine if rulemaking is necessary.

The amendment adds an effective date of January 1, 2018.

Enacted Law Summary

Public Law 2017, chapter 218 provides that a carrier shall require an enrollee that receives a surprise bill from an out-of-network provider to pay only the applicable cost-sharing coinsurance, copayment, deductible or other out-of-pocket expense that would be imposed for the health care services if the services were rendered by a network provider. The law also sets the reimbursement rate for that out-of-network provider at the network rate under the enrollee's health plan unless the carrier and out-of-network provider agree otherwise. If an out-of-network provider is reimbursed by the carrier, the provider may not bill the enrollee for any amount beyond the enrollee's applicable cost sharing. Under the law, "surprise bill" means a bill for health care services, other than emergency services, received by an enrollee for services rendered by an out-of-network provider, when the services were rendered by the out-of-network provider at a network provider, during a service or procedure performed by a network provider or during a service or procedure previously approved or authorized by the carrier and the enrollee did not knowingly elect to obtain such services from the out-of-network provider.

Public Law 2017, chapter 218 also requires health carriers to make available provider directories.

The provisions of Public Law 2017, chapter 218 take effect January 1, 2018.