Maine Medical Association

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LD 2111—An Act To Establish Patient Protections in Billing for Health Care

Notice of Cost for Health Care Services or Procedures

Within 5 days of the date a health care service or procedure is scheduled or a referral or recommendation for a health care service or procedure is made AND if the service or procedure is one of the 25 highest cost services *, the provider must disclose the following information, gathered from the MHDO website, to the patient:

- The average cost of the health care service or procedure in the State
- The provider with the highest cost of the service or procedure in the State and the cost
- The provider with the lowest cost of the service or procedure in the State and the cost
- The average cost of the service or procedure at the facility that will provide the care

**25 highest in the State or 25 highest by the provider?*

Facility Fees

A health care entity shall disclose to a patient that a *facility use fee* will be charged and identify the health care *facility use fee* separately on any bill or billing statement.

Health Care Facility Use Fee is defined as, "any fee charged for health care services or procedures provided on an outpatient basis in a hospital, other health care facility or health system that is intended to compensate the hospital, health care facility or health system for operational expenses for the hospital, health care facility or health system and that is separate and distinct from a charge for health care services or procedures."

Prohibition on billing for late billing statements

A health care provider will be prohibited from charging a patient if they haven't provided a billing statement to the patient within 6 months of the date of services rendered.

Disclosure related to observation status for Medicare patients

A provider will be required to inform a Medicare patient whether they are observation or inpatient status and the following information related to their status and inform the patient that due to the patient being on observation status, there may be an increase in the patient's out-of-pocket costs. They must also provide an estimate of that patient's potential increased out-of-pocket costs.

Referral to an out-of-network provider

Carriers will be directed to require a provider receiving a referral to disclose to the patient whether they are an out-of-network provider

Prohibition on "New Patient Fees"

Carriers may not require any fee or payment from any patient or provider for patient transfer between providers or for medical records between providers unless the fee is disclosed to the patient or provider and it is directly related to costs associated with establishing the patient or the transfer of medical records.