§1718-D. Prohibition on balance billing for surprise bills

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Enrollee" has the same meaning as in Title 24-A, section 4301-A, subsection 5. [PL 2017, c. 218, §1 (NEW); PL 2017, c. 218, §3 (AFF).]

B. "Health plan" has the same meaning as in Title 24-A, section 4301-A, subsection 7. [PL 2017, c. 218, §1 (NEW); PL 2017, c. 218, §3 (AFF).]

C. "Provider" has the same meaning as in Title 24-A, section 4301-A, subsection 16. [PL 2017, c. 218, §1 (NEW); PL 2017, c. 218, §3 (AFF).]

D. "Surprise bill" has the same meaning as in Title 24-A, section 4303-C, subsection 1. [PL 2017, c. 218, §1 (NEW); PL 2017, c. 218, §3 (AFF).]

2. Prohibition on balance billing. An out-of-network provider reimbursed for a surprise bill under Title 24-A, section 4303-C, subsection 2, paragraph B may not bill an enrollee for health care services beyond the applicable coinsurance, copayment, deductible or other out-of-pocket cost expense that would be imposed for the health care services if the services were rendered by a network provider under the enrollee's health plan. [PL 2017, c. 218, §1 (NEW); PL 2017, c. 218, §3 (AFF).]

SECTION HISTORY