HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Clerk of the House.

STATE OF MAINE

HOUSE OF REPRESENTATIVES

130TH LEGISLATURE

FIRST SPECIAL SESSION

COMMITTEE AMENDMENT “      ” to H.P. 12, L.D. 46, “An Act To Further Protect Consumers from Surprise Medical Bills”

Amend the bill by striking out all of section 2 and inserting the following:

"Sec. 2.  24-A MRSA §4303-E, sub-§1, ¶G, as enacted by PL 2019, c. 668, §3, is repealed."

"Sec. 3.  24-A MRSA §4303-E, sub-§1, ¶I is enacted to read:

I. Following a determination by an independent dispute resolution entity of a reasonable fee for a particular health care service, an out-of-network provider may not initiate the dispute resolution process under this subsection for that same health care service for a period of 90 days.’"

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

SUMMARY

This amendment eliminates the provision requiring a health insurance carrier to reimburse an out-of-network provider for the provider's charge if the difference between the provider's charge and carrier's median network rate is less than $750 with respect to surprise medical bills or bills for covered emergency services rendered by an out-of-network provider. The bill amends the provision. The amendment prohibits an out-of-network provider from initiating the dispute resolution process for a health care service for a period of 90 days following a determination by an independent dispute resolution entity of a fee for that same health care service.