

9-A MRSA §5-116-A, sub-§5, 32 MRSA §11013, sub-§12

This bill, also known as the Act to Prohibit Unfair Practices Related to the Collection of Medical Debt, aims to reform the methods by which medical debts are collected. The bill mandates that a healthcare provider cannot sell or transfer a patient's medical debt to a debt collector for less than the original sum unless the patient has first been given a chance to settle the debt at the reduced rate. The bill defines "medical debt" as debt from healthcare services or healthcare goods, excluding veterinary services, debts charged to general credit cards, or secured loans. The bill also prevents debt collectors from making false claims regarding the legal status of documents, their affiliation to consumer reporting agencies, or the accumulation of interest and fees on the debt. Debt collectors are also prohibited from falsely suggesting that they will pursue litigation to enforce payment. The bill also regulates the circumstances under which a debt collector can charge interest or fees in relation to medical debt, or to legally enforce the payment of such debts. A debt collector must provide proof that the debtor has been notified in writing and given at least 30 days to provide evidence that their household income does not exceed 300% of the federal poverty guidelines before litigation can be pursued.

24-A MRSA §4303-G

This bill, enacted by the State of Maine, prevents healthcare insurers from denying or reducing reimbursements to doctors, hospitals, or outpatient clinical practices due to their non-participation in a Maintenance of Certification Program. The Maintenance of Certification Program involves further participation beyond the ongoing medical education requirements currently established by the Board of Licensure in Medicine or Board of Osteopathic Licensure, or original board certifications from a national or regional medical specialty board. The bill, therefore, disallows any form of discrimination against these entities by insurers based on their maintenance of certification status. The bill will come into effect on January 1, 2024, and will be applicable until April 1, 2029.

22 MRSA §1718-B, 22 MRSA §1718-I

This bill proposes new requirements for health care entities in the state of Maine relating to facility fees. The term “facility fee” refers to a fee charged or billed by a health care provider for outpatient services provided in a hospital-based facility. These fees are separate from professional fees and are typically used to help cover the operational expenses of the hospital or health system. Under the new regulations, health care entities are barred from charging facility fees for telehealth services unless the patient is physically present in a hospital-based facility. Additionally, health care entities must disclose if they are part of a hospital or health system, and whether they charge a facility fee. This information must be posted in patient waiting areas and on the entity’s public website. The Maine Health Data Organization is also required to post educational material on their public website about what facility fees are and when they may be charged.

22 MRSA c. 405-A

This bill represents an Act to repeal the Hospital and Health Care Provider Cooperation Act in the state of Maine. It contains provisions for the reallocation of public funds and resources that were previously set aside for implementing and maintaining the repealed Act. This includes reductions in operating expenses and job positions within the Attorney General’s office and the Department of Health and Human Services’ Division of Licensing and Certification. These changes are projected to result in substantial savings in public funds over the 2023-24 and 2024-25 fiscal years. Terms like “deallocate” refer to the withdrawal or removal of funds previously allocated or set aside for specific purposes or positions. “Other Special Revenue Funds” refer to monies not derived from general taxation, specifically allocated for use in special projects or specific areas of public service.

States Continue to Enact Protections for

Patients with Medical Debt

Hospitals raise hands to pay taxes that plug Medicaid shortfalls

LD 2115

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LD 224

This bill, enacted by the State of Maine, prevents healthcare insurers from denying or

reducing reimbursements to doctors, hospitals, or outpatient clinical practices due to their non-participation in a Maintenance of Certification Program. The Maintenance of Certification Program involves further participation beyond the ongoing medical education requirements currently established by the Board of Licensure in Medicine or Board of Osteopathic Licensure, or original board certifications from a national or regional medical specialty board. The bill, therefore, disallows any form of discrimination against these entities by insurers based on their maintenance of certification status. The bill will come into effect on January 1, 2024, and will be applicable until April 1, 2029.

LD 2271

This bill proposes new requirements for health care entities in the state of Maine relating to facility fees. The term “facility fee” refers to a fee charged or billed by a health care provider for outpatient services provided in a hospital-based facility. These fees are separate from professional fees and are typically used to help cover the operational expenses of the hospital or health system. Under the new regulations, health care entities are barred from charging facility fees for telehealth services unless the patient is physically present in a hospital-based facility. Additionally, health care entities must disclose if they are part of a hospital or health system, and whether they charge a facility fee. This information must be posted in patient waiting areas and on the entity’s public website. The Maine Health Data Organization is also required to post educational material on their public website about what facility fees are and when they may be charged.

LD 97

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