An Act to Strengthen Medicare by Preventing Providers from Adding Excess Charges

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

Presented by Representative COLLINGS of Portland. Cosponsored by Senator DUSON of Cumberland.
Emergency preamble. Whereas, acts and resolves of the Legislature do not
become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, currently Maine does not have a law that prohibits health care providers
from adding excess charges to a Medicare beneficiary’s bill; and

Whereas, 8 states have enacted such a law, including Massachusetts, Connecticut,
Rhode Island and Vermont; and

Whereas, such additional charges can be financially devastating for Medicare
beneficiaries on fixed incomes; and

Whereas, for the benefit of Medicare beneficiaries in this State, this bill prohibits
health care providers from adding these excess charges; and

Whereas, in the judgment of the Legislature, these facts create an emergency within
the meaning of the Constitution of Maine and require the following legislation as
immediately necessary for the preservation of the public peace, health and safety; now,
therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §1718-H is enacted to read:

§1718-H. Balance billing of Medicare beneficiaries prohibited

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

A. "Balance bill" means to charge to or collect from a Medicare beneficiary any
amount in excess of the reasonable charge for a service, procedure or treatment paid to
a provider under the Medicare program.

B. "Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the
federal Social Security Amendments of 1965, Public Law 89-97, as amended.

C. "Medicare beneficiary" means a person who is a beneficiary of health insurance
under Medicare.

D. "Provider" has the same meaning as in Title 24-A, section 4301-A, subsection 16.

2. Balance billing prohibited. A provider may not balance bill a Medicare
beneficiary for any service, procedure or treatment provided to the Medicare beneficiary.

3. Reimbursement for excess charges. If a provider receives payment from a
Medicare beneficiary for which the Medicare beneficiary is not responsible pursuant to this
section, the provider shall reimburse the Medicare beneficiary within 30 calendar days after
the earlier of the date that the provider received notice of the overpayment and the date the
provider became aware of the overpayment. A provider that fails to reimburse a Medicare
beneficiary for any overpayment as required by this subsection shall pay interest on the
overpayment at the rate of 10% per annum beginning on the earlier of the date the provider
received notice of the overpayment and the date the provider became aware of the
overpayment. A Medicare beneficiary is not required to request the accrued interest from
the provider in order to receive interest with the reimbursement amount.
4. Notice. A provider who treats Medicare beneficiaries shall post a summary of the provisions of this section in a conspicuous place in the provider's office.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

SUMMARY

This bill prohibits health care providers from balance billing Medicare beneficiaries for any amount in excess of the reasonable charge for a service, procedure or treatment paid to that entity under the Medicare program.