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HEALTH AND HUMAN SERVICES

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STATE OF MAINE

HOUSE OF REPRESENTATIVES

127TH LEGISLATURE

FIRST REGULAR SESSION

COMMITTEE AMENDMENT " " to H.P. 237, L.D. 343, Bill, "An Act To Align the Federal Affordable Care Act's Health Care Coverage Opportunities and Hospital Charity Care"

Amend the bill by striking out everything after the enacting clause and inserting the following:

'**Sec. 1. 22 MRSA §1715, sub-§1,** as corrected by RR 2001, c. 2, Pt. A, §34, is amended to read:

1. Access requirements. Any person, including, but not limited to, an affiliated interest as defined in section 396-L, that is subject to the requirements of this subsection, shall provide the services listed in paragraph C to individuals who are eligible for ~~charity care~~ financial assistance in accordance with a ~~charity care~~ financial assistance policy adopted by the affiliate or provider that is consistent with rules applicable to hospitals under section 1716. A person is subject to this subsection if that person:

A. Is either a direct provider of major ambulatory service, as defined in section 382, subsection 8-A, or is or has been required to obtain a certificate of need under section 329 or former section 304 or 304-A;

B. Provides outpatient services as defined in section 382, subsection 9-A; and

C. Provides one or more of the following services:

(1) Imaging services, including, but not limited to, magnetic resonance imaging, computerized tomography, mammography and radiology. For purposes of this section, imaging services do not include:

(a) Screening procedures that are not related to the diagnosis or treatment of a specific condition; or

(b) Services when:

(i) The services are owned by a community health center, a physician or group of physicians;

(ii) The services are offered solely to the patients of that center, physician or group of physicians; and

(iii) Referrals for the purpose of performing those services are not accepted from other physicians;

(2) Laboratory services performed by a hospital or by a medical laboratory licensed in accordance with the Maine Medical Laboratory Commission, or licensed by an equivalent out-of-state licensing authority, excluding those licensed laboratories owned by community health centers, a physician or group of physicians where the laboratory services are offered solely to the patients of that center, physician or group of physicians;

(3) Cardiac diagnostic services, including, but not limited to, cardiac catheterization and angiography but excluding electrocardiograms and electrocardiograph stress testing;

(4) Lithotripsy services;

(5) Services provided by free-standing ambulatory surgery facilities certified to participate in the Medicare program; or

(6) Any other service performed in an out-patient setting requiring the purchase of medical equipment costing in the aggregate $500,000 or more and for which the charge per unit of service is $250 or more.

Sec. 2. 22 MRSA §1716, as enacted by PL 1995, c. 653, Pt. B, §7 and affected by §8 and enacted by c. 696, Pt. A, §36, is amended to read:

§1716. Financial assistance policies

The department shall adopt reasonable ~~guidelines for~~ rules requiring financial assistance policies to be adopted and implemented by hospitals with respect to the provision of health care services to patients who are determined unable to pay for the services received. ~~The department shall adopt income guidelines that are consistent with the guidelines applicable to the Hill-Burton Program established under 42 United States Code, Section 291, et seq. (1995).~~ The ~~guidelines and policies~~ rules must include the requirement that upon admission or, in cases of emergency admission, before discharge of a patient, hospitals must investigate the coverage of the patient by any insurance or state or federal programs of medical assistance. The ~~guidelines~~ rules must include provisions for notice to the public and the opportunity for a fair hearing regarding eligibility for ~~charity care~~ financial assistance. The rules must require that hospitals provide free, medically necessary hospital services for patients without insurance coverage whose income is equal to or less than 138% of the federal poverty level. Rules adopted pursuant to this section must be consistent with federal financial assistance policy requirements under section 501(r) of the United States Internal Revenue Code and any federal regulations implementing those requirements.

Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 3. 22 MRSA §1718-C, as enacted by PL 2013, c. 560, §2, is amended to read:

§1718-C. Estimate of the total price of a single medical encounter for an uninsured patient

Upon the request of an uninsured patient, a health care entity, as defined in section 1718-B, subsection 1, paragraph B, shall provide within a reasonable time of the request an estimate of the total price of medical services to be rendered directly by that health care entity during a single medical encounter. If the health care entity is unable to provide an accurate estimate of the total price of a specific medical service because the amount of the medical service to be consumed during the medical encounter is unknown in advance, the health care entity shall provide a brief description of the basis for determining the total price of that particular medical service. If a single medical encounter will involve medical services to be rendered by one or more 3rd-party health care entities, the health care entity shall identify each 3rd-party health care entity to enable the uninsured patient to seek an estimate of the total price of medical services to be rendered directly by each health care entity to that patient. When providing an estimate as required by this section, a health care entity shall also notify the uninsured patient of any ~~charity care~~ financial assistance policy adopted by the health care entity.

Sec. 4. Resolve 2005, c. 148 is repealed.

Sec. 5. Effective date. This Act takes effect January 1, 2016.'

SUMMARY

This amendment, which is the minority report of the committee, replaces the concept draft and amends the laws regarding hospital charity care guidelines as follows.

1. It changes the term "charity care" to "financial assistance" in a number of statutory sections to better align state statute with the federal Patient Protection and Affordable Care Act.

2. It requires the Department of Health and Human Services to adopt rules rather than guidelines to regulate hospital financial assistance policies.

3. It provides for hospital financial assistance to patients without insurance coverage whose income is equal to or less than 138% of the federal poverty level.

The amendment also repeals Resolve 2005, chapter 148, which required the establishment of hospital free care guidelines for patients below 150% of the federal poverty level.

The amendment provides an effective date of January 1, 2016.