

§8712. Reports

The organization shall produce clearly labeled and easy-to-understand reports as follows. Unless otherwise specified, the organization shall distribute the reports on a publicly accessible site on the Internet or via mail or e-mail, through the creation of a list of interested parties. The organization shall make reports available to members of the public upon request. [PL 2009, c. 613, §8 (AMD).]

1. Quality. The organization shall promote public transparency of the quality and cost of health care in the State in conjunction with the Maine Quality Forum established in Title 24-A, section 6951 and shall collect, synthesize and publish information and reports on an annual basis that are easily understandable by the average consumer and in a format that allows the user to compare the information listed in this section to the extent practicable. The organization's publicly accessible websites and reports must, to the extent practicable, coordinate, link and compare information regarding health care services, their outcomes, the effectiveness of those services, the quality of those services by health care facility and by individual practitioner and the location of those services. The organization's health care costs website must provide a link in a publicly accessible format to provider-specific information regarding quality of services required to be reported to the Maine Quality Forum. [RR 2009, c. 2, §63 (COR).]

2. Payments. The organization shall create a publicly accessible interactive website that presents reports related to payments for services rendered by health care facilities and practitioners to residents of the State. The services presented must include, but not be limited to, imaging, preventative health, radiology, surgical services, ambulance services, comparable health care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A and other services that are predominantly elective and may be provided to a large number of patients who do not have health insurance or are underinsured. The website must also be constructed to display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by federal law, governmental payors. Beginning October 1, 2012, price information posted on the website must be posted semiannually and beginning October 1, 2022 must be posted annually, must display the date of posting and, when posted, must be current to within 12 months of the date of submission of the information. Payment reports and price information posted on the website must include data submitted by payors with regard to all health care facilities and practitioners that provide comparable health care services as defined in Title 24-A, section 4318-A, subsection 1, paragraph A or services for which the organization reports data pertaining to the statewide average price pursuant to this subsection or Title 24-A, section 4318-B. Upon notice made by a health care facility or practitioner that data posted by the organization pertaining to that facility or practitioner is inaccurate or incomplete, the organization shall remedy the inaccurate or incomplete data within the earlier of 30 days of receipt of the notice and the next posting date.

A. [PL 2009, c. 613, §8 (RP).]
[PL 2023, c. 468, §1 (AMD).]

2-A. Facility fees charged by health care providers. By January 1, 2024, and annually thereafter, the organization shall produce and post on its publicly accessible website a report on the payments for facility fees made by payors to the extent that payment information is already reported to the organization. The organization shall submit the report required by this subsection to the Office of Affordable Health Care established in Title 5, section 3122 and the joint standing committee of the Legislature having jurisdiction over health data reporting and health insurance matters. The joint standing committee may report out legislation based on the report to a first regular or second regular session of the Legislature, depending on the year in which the report is submitted. The organization shall produce and post on its publicly accessible website information designed to educate the public about facility fees and whether and under what circumstances depending on payor and type of service a facility fee may be charged.

For the purposes of this subsection, unless the context otherwise indicates, the following terms have the following meanings.

A. "Facility fee" means any fee charged or billed by a health care provider for outpatient services provided in a hospital-based facility or freestanding emergency facility that is intended to compensate the health care provider for the operational expenses of the health care provider, separate and distinct from a professional fee, and charged or billed regardless of how a health care service is provided. [PL 2023, c. 410, §1 (NEW).]

B. "Health care provider" means a person, whether for profit or nonprofit, that furnishes bills or is paid for health care service delivery in the normal course of business. "Health care provider" includes, but is not limited to, a health system, hospital, hospital-based facility, freestanding emergency facility or urgent care clinic. [PL 2023, c. 410, §1 (NEW).]

[PL 2023, c. 672, §5 (AMD).]

3. Comparison report.

[PL 2021, c. 423, Pt. A, §7 (RP).]

4. Physician services.

[PL 2021, c. 423, Pt. A, §8 (RP).]

5. Prescription drug information. By December 1, 2018 and annually thereafter, the organization shall provide a report containing the following information about prescription drugs, both brand name and generic:

A. The 25 most frequently prescribed drugs in the State; [PL 2017, c. 406, §1 (NEW).]

B. The 25 costliest drugs as determined by the total amount spent on those drugs in the State; and [PL 2017, c. 406, §1 (NEW).]

C. The 25 drugs with the highest year-over-year cost increases as determined by the total amount spent on those drugs in the State. [PL 2017, c. 406, §1 (NEW).]

[PL 2017, c. 406, §1 (NEW).]

6. Data shared with Maine Prescription Drug Affordability Board. The organization may share data collected under this chapter with the Maine Prescription Drug Affordability Board, established under Title 5, section 12004-G, subsection 14-I, as long as any data shared pursuant to this subsection is not further disseminated.

[PL 2019, c. 471, §3 (NEW).]

SECTION HISTORY

PL 2003, c. 469, §C29 (NEW). PL 2005, c. 391, §2 (AMD). RR 2009, c. 2, §63 (COR). PL 2009, c. 71, §8 (AMD). PL 2009, c. 350, Pt. A, §1 (AMD). PL 2009, c. 613, §8 (AMD). PL 2011, c. 525, §1 (AMD). PL 2017, c. 232, §2 (AMD). PL 2017, c. 406, §1 (AMD). PL 2019, c. 471, §3 (AMD). PL 2021, c. 423, Pt. A, §§6-8 (AMD). PL 2023, c. 410, §1 (AMD). PL 2023, c. 468, §1 (AMD). PL 2023, c. 672, §5 (AMD).

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