

§1718-C. Patient request for good faith estimate or other information related to price of medical services

1. Uninsured or self-pay patient; good faith estimate. Upon the request of an uninsured or self-pay patient, a health care entity, as defined in section 1718-B, subsection 1, paragraph B, shall provide to the patient a good faith estimate of the total price of medical services to be rendered directly by that health care entity during a single medical encounter as follows.

A. The health care entity shall provide the good faith estimate within the following time frames:

(1) When the medical encounter is scheduled at least 3 business days before the date the medical encounter is scheduled to be furnished or when the patient is seeking urgent care as defined in Title 24-A, section 4301-A, subsection 21, the estimate must be provided no later than one business day after the date of scheduling or the date of the request if the patient is seeking urgent care;

(2) When the medical encounter is scheduled at least 10 business days before the encounter is scheduled to be furnished, the estimate must be provided no later than 3 business days after the date of scheduling; or

(3) In all other circumstances, the estimate must be provided no later than 3 business days after the date of the request. [PL 2023, c. 584, Pt. A, §3 (NEW).]

B. 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 rendered 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. [PL 2023, c. 584, Pt. A, §3 (NEW).]

C. If the 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. [PL 2023, c. 584, Pt. A, §3 (NEW).]

D. A good faith estimate must separately disclose the prices for each component of medical services, including any facility fees or fees for professional services, and the current procedural terminology codes used by the American Medical Association for those services. [PL 2023, c. 584, Pt. A, §3 (NEW).]

E. When providing an estimate as required by this subsection, the health care entity shall also notify the uninsured patient of any financial assistance policy adopted by the health care entity and the availability of public or private health care coverage. [PL 2023, c. 584, Pt. A, §3 (NEW).]

F. Notwithstanding other provisions of this subsection, a health care entity does not violate this subsection if it provides a good faith estimate to the patient in compliance with federal regulations. [PL 2023, c. 584, Pt. A, §3 (NEW).]

[PL 2023, c. 584, Pt. A, §3 (NEW).]

2. Insured patient; description of medical services and current procedural terminology codes.

Upon the request of an insured patient, a health care entity, as defined in section 1718-B, subsection 1, paragraph B, shall provide to the patient a description of the medical services to be rendered directly by that health care entity during a single medical encounter and the applicable standard medical codes or current procedural terminology codes used by the American Medical Association for those services as follows.

A. The health care entity shall comply with the request within the following time frames:

(1) When the medical encounter is scheduled at least 3 business days before the date the medical encounter is scheduled to be furnished or when the patient is seeking urgent care as defined in Title 24-A, section 4301-A, subsection 21, the health care entity must respond no later than one business day after the date of scheduling or the date of the request if the patient is seeking urgent care;

(2) When the medical encounter is scheduled at least 10 business days before the encounter is scheduled to be furnished, the health care entity must respond no later than 3 business days after the date of scheduling; or

(3) In all other circumstances, the health care entity must respond no later than 3 business days after the date of the request. [PL 2023, c. 584, Pt. A, §3 (NEW).]

B. If the 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 patient to seek a description of the medical services to be rendered directly by that 3rd-party health care entity to that patient and the applicable standard medical codes or current procedural terminology codes used by the American Medical Association for those services. [PL 2023, c. 584, Pt. A, §3 (NEW).]

C. The health care entity shall also notify the patient that the patient may use the information provided to request an estimate of the out-of-pocket costs expected to be paid by the patient from the patient's health insurance carrier. [PL 2023, c. 584, Pt. A, §3 (NEW).]

D. When providing the information required by this subsection, the health care entity shall also notify the insured patient of any financial assistance policy adopted by the health care entity and the availability of other public or private health insurance coverage. [PL 2023, c. 584, Pt. A, §3 (NEW).]

E. Notwithstanding this subsection, if federal regulations are implemented that set forth requirements for health care entities to provide estimates to an insured patient, a health care entity shall comply with federal regulations and does not commit a violation of this subsection. [PL 2023, c. 584, Pt. A, §3 (NEW).]

[PL 2023, c. 584, Pt. A, §3 (NEW).]

SECTION HISTORY

PL 2013, c. 560, §2 (NEW). PL 2023, c. 584, Pt. A, §3 (RPR).

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