



# 130th MAINE LEGISLATURE

## FIRST REGULAR SESSION-2021

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Legislative Document

No. 56

H.P. 22

House of Representatives, January 13, 2021

**An Act To Prohibit Insurers and Third-party Payors from  
Adjusting Their Fee Schedules for In-network Providers Unless the  
Adjustments Apply to All Specialties**

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Received by the Clerk of the House on January 11, 2021. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 401.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT  
Clerk

Presented by Representative DOORE of Augusta.

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

2 **Sec. 1. 24-A MRSA §4303, sub-§24** is enacted to read:

3 **24. Reimbursement; nondiscrimination.** A carrier may not make any change to a  
4 reimbursement rate or fee schedule applying to any provider who participates in the  
5 carrier's network, as long as the provider is acting within the lawful scope of that provider's  
6 license in the delivery of the covered service or procedure, unless the change in  
7 reimbursement rate or fee schedule is applied in the same manner to all participating  
8 providers for a health care service or procedure covered by the carrier. A carrier may not  
9 discriminate based on a provider's license or specialty in a manner that denies payment to  
10 a provider for an increase in reimbursement to account for a cost-of-living adjustment.

11 **SUMMARY**

12 This bill prohibits a carrier from making any change in reimbursement rates or fee  
13 schedules applying to any providers participating in the carrier's network unless the  
14 changes are applied in the same manner to all participating providers able to provide a  
15 health care service or procedure within the lawful scope of the providers' individual  
16 licenses. The bill also prohibits a carrier from discriminating against a provider based on  
17 the provider's license or specialty in a manner that denies payment to the provider for an  
18 increase in reimbursement to account for a cost-of-living adjustment.