APPROVED
JUNE 18, 2025
BY GOVERNOR

CHAPTER
358
PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-FIVE

H.P. 995 - L.D. 1511

An Act to Expand Direct Health Care Service Arrangements

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

Sec. 1. 22 MRSA c. 403-A, headnote is amended to read:

CHAPTER 403-A

DIRECT ~~PRIMARY~~ HEALTH CARE SERVICE AGREEMENTS

Sec. 2. 22 MRSA §1771, as enacted by PL 2017, c. 112, §1, is amended to read:

§1771. Direct ~~primary~~ health care service agreements

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

A. "Direct ~~primary~~ health care service agreement" means a contractual agreement between a direct ~~primary~~ health care provider and an individual patient, or the patient's legal representative, in which:

(1) The direct ~~primary~~ health care provider agrees to provide ~~primary~~ health care services to the individual patient for an agreed-to fee over an agreed-to period of time; and

(2) The direct ~~primary~~ health care provider agrees not to bill 3rd parties on a fee-for-service or capitated basis for services already covered in the direct ~~primary~~ health care service agreement.

B. "Direct ~~primary~~ health care provider" means an individual who is a licensed allopathic physician or osteopathic physician or other advanced health care practitioner who is authorized to engage in independent medical practice in this State~~, who is qualified to provide primary care services~~ and who chooses to practice direct ~~primary~~ health care by entering into a direct ~~primary~~ health care service agreement with patients. The term includes, but is not limited to, an individual ~~primary~~ health care provider or a group of ~~primary~~ health care providers.

~~C. "Primary care" means outpatient, nonspecialty health care services or the coordination of health care for the purpose of:~~

~~(1) Promoting or maintaining mental and physical health and wellness; and~~

~~(2) The diagnosis, treatment or management of acute or chronic conditions caused by disease, injury or illness.~~

D. "Health care" has the same meaning as in section 1711-C, subsection 1, paragraph C.

2. Not insurance. A direct ~~primary~~ health care service agreement is not an insurance policy and is not subject to regulation by the Department of Professional and Financial Regulation, Bureau of Insurance.

3. Ability to contract. A direct ~~primary~~ health care service agreement is an agreement between the direct ~~primary~~ health care provider and either an individual or the individual's representative, regardless of whether the periodic fee or other fees are paid by the individual, the individual's representative or a 3rd party.

4. Covered services. A direct ~~primary~~ health care service agreement covers only the services specified in the agreement. Any goods or services that are not covered by the direct ~~primary~~ health care service agreement may be billed separately.

5. Disclosure. A direct ~~primary~~ health care service agreement must clearly state within the agreement that direct ~~primary~~ health care services are not considered health insurance and do not meet requirements of any federal law mandating individuals to purchase health insurance and that the fees charged in the agreement may not be reimbursed or apply towards a deductible under a health insurance policy with an insurer.

6. Other care not prohibited. A ~~primary~~ health care provider is considered a direct ~~primary~~ health care provider only when the provider is engaged in a direct ~~primary~~ health care service agreement with a patient or group of patients. A ~~primary~~ health care provider is not prohibited from providing care to other patients under a separate agreement or contract with an insurer.

7. Other agreements not prohibited. This section does not prohibit a direct ~~primary~~ health care provider from entering into:

A. An agreement with an insurer offering a policy specifically designed to supplement a direct ~~primary~~ health care service agreement; or

B. A pilot program for direct primary care or direct health care with a federal or state agency that provides health coverage.

Sec. 3. 24-A MRSA §4303, sub-§22, as amended by PL 2019, c. 178, §1, is further amended to read:

22. Denial of referral by out-of-network provider prohibited. Beginning January 1, 2018, a carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a direct ~~primary~~ health care provider who is not a member of the carrier's provider network. A carrier may not apply a deductible, coinsurance or copayment greater than the applicable deductible, coinsurance or copayment that would apply to the same health care service if the service was referred by a participating primary care provider. A carrier may require a

direct ~~primary~~ health care provider making a referral who is not a member of the carrier's provider network to provide information demonstrating that the provider is a direct ~~primary~~ health care provider through a written attestation or copy of a direct ~~primary~~ health care service agreement with an enrollee and may request additional information necessary to implement this subsection. As used in this subsection, "direct ~~primary~~ health care provider" has the same meaning as in Title 22, section 1771, subsection 1, paragraph B.