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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
132ND LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 995, L.D. 1511, “An Act to Expand Direct Health Care Service Arrangements”

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

'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~~

1 qualified to provide primary care services and who chooses to practice direct primary
2 health care by entering into a direct primary health care service agreement with
3 patients. The term includes, but is not limited to, an individual primary health care
4 provider or a group of primary health care providers.

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

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

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

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

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

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

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

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

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

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

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

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

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

40 **22. Denial of referral by out-of-network provider prohibited.** Beginning January
41 1, 2018, a carrier may not deny payment for any health care service covered under an
42 enrollee's health plan based solely on the basis that the enrollee's referral was made by a

1 direct ~~primary~~ health care provider who is not a member of the carrier's provider network.
2 A carrier may not apply a deductible, coinsurance or copayment greater than the applicable
3 deductible, coinsurance or copayment that would apply to the same health care service if
4 the service was referred by a participating primary care provider. A carrier may require a
5 direct ~~primary~~ health care provider making a referral who is not a member of the carrier's
6 provider network to provide information demonstrating that the provider is a direct ~~primary~~
7 health care provider through a written attestation or copy of a direct ~~primary~~ health care
8 service agreement with an enrollee and may request additional information necessary to
9 implement this subsection. As used in this subsection, "direct ~~primary~~ health care provider"
10 has the same meaning as in Title 22, section 1771, subsection 1, paragraph B.'

11 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
12 number to read consecutively.

13 SUMMARY

14 This amendment replaces the bill. Under current law an individual can contract directly
15 with a direct primary care provider who is a licensed allopathic or osteopathic physician or
16 other advanced health care practitioner who is authorized to provide primary care services
17 for the provision of health care to that individual. This amendment removes the
18 requirement that the physician or advanced health care practitioner be authorized to provide
19 primary care services.

20 The amendment also corrects a cross-reference.