



128th MAINE LEGISLATURE

FIRST REGULAR SESSION-2017

Legislative Document

No. 1385

S.P. 472

In Senate, April 11, 2017

An Act Governing Direct Primary Care Membership Agreements

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Heather J.R. Priest".

HEATHER J.R. PRIEST
Secretary of the Senate

Presented by Senator WHITTEMORE of Somerset.
Cosponsored by Representative PICKETT of Dixfield and
Senators: DOW of Lincoln, KATZ of Kennebec, LANGLEY of Hancock, ROSEN of
Hancock, Representatives: CRAIG of Brewer, PICCHIOTTI of Fairfield, PRESCOTT of
Waterboro, WALLACE of Dexter.

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

2 **Sec. 1. 22 MRSA c. 403-A** is enacted to read:

3 **CHAPTER 403-A**

4 **HEALTH CARE EMPOWERMENT ACT**

5 **§1771. Care outside of insurance plan**

6 **1. Short title.** This chapter may be known and cited as "the Health Care
7 Empowerment Act."

8 **2. Care outside of plan.** Nothing in state law may be construed as prohibiting a
9 patient or legal representative of a patient from seeking care outside of an insurance plan
10 or outside of the Medicaid or Medicare program and paying for such care.

11 **3. Acceptance of payment.** Nothing in state law may be construed as prohibiting a
12 physician, other medical professional or a medical facility from accepting payment for
13 services or medical products outside of an insurance plan.

14 Nothing in state law may be construed as prohibiting a physician, other medical
15 professional or a medical facility from accepting payment for services or medical
16 products provided to a Medicaid or Medicare beneficiary, as long as the physician,
17 medical professional or medical facility has opted out of the Medicare program. As used
18 in this section, "medical products" includes, but is not limited to, prescription drugs and
19 pharmaceuticals.

20 **4. Benefits not forfeited.** A patient or legal representative of a patient does not
21 forfeit insurance benefits, Medicaid benefits or Medicare benefits by purchasing medical
22 services or medical products outside of an insurance plan or the Medicaid or Medicare
23 program.

24 **5. Not offer of insurance.** The offer and provision of medical services or medical
25 products purchased and provided under this Act may not be considered an offer of
26 insurance and are not governed by the insurance laws of this State.

27 **§1772. Direct primary care membership agreements**

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

30 **A. "Direct primary care membership agreement"** means a contractual agreement
31 between a direct primary care provider and an individual patient, or the patient's legal
32 representative, in which:

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

35 **(2) The direct primary care provider agrees not to bill 3rd parties on a fee-for-**
36 **service basis; and**

1 basis and any per-visit charges under the agreement are less than the monthly equivalent
2 of the provider fee.