

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

FIRST REGULAR SESSION
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PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2017

establishing, developing and providing, in conformity with the purposes of this article, programs, facilities and services necessary or desirable;

2. Reciprocal agreements with other states. May enter into reciprocal agreements with other states to provide for the rehabilitation of people with disabilities ~~and disadvantaged individuals~~ who are residents of the states concerned;

3. Community rehabilitation programs. May establish, construct and operate community rehabilitation programs and make grants to public or other non-profit organizations for those purposes;

4. Vending stands and other businesses. May supervise the operation of vending stands and other small businesses established pursuant to this article to be conducted by people with ~~severe~~ significant disabilities;

5. Research fellowships and traineeships. May make studies, investigations, demonstrations and reports and provide training and instruction, including the establishment and maintenance of research fellowships and traineeships, with stipends and allowances as determined necessary, in matters relating to rehabilitation;

6. Joint project. May share funding and administrative responsibility with another state agency in order to carry out a joint project to provide services to people with disabilities;

7. Joint undertakings. May enter into joint undertakings with public and private agencies to further the effectiveness of services for ~~disadvantaged individuals~~ people with disabilities;

8. Eligibility and priority. Through the Bureau of Rehabilitation Services, Division of Vocational Rehabilitation and Division for the Blind and Visually Impaired, which are the designated state units under the federal Rehabilitation Act of 1973 and the federal Workforce Innovation and Opportunity Act of 2014, Public Law 113-128, shall determine the eligibility of individuals for rehabilitation services or evaluation and vocational services and the priority for those services in accordance with rules established by the department; and

9. Transitional services coordination. Through the Bureau of Rehabilitation Services, Division of Vocational Rehabilitation and Division for the Blind and Visually Impaired, which are the designated state units under the federal Rehabilitation Act of 1973 and the federal Workforce Innovation and Opportunity Act of 2014, Public Law 113-128, shall participate with school administrative units in transition planning for each student receiving special education services who is 16 years of age or older, or 14 years of age if determined appropriate by the student's individualized education program team, and shall assign appropriate staff

as a transition contact person and as a member of the transition planning team for each student.

Sec. 10. 26 MRSA §1412-B, as enacted by PL 1995, c. 560, Pt. F, §13, is amended to read:

§1412-B. Reporting and evaluation of rehabilitation needs

The department shall ~~make continuing study of evaluate~~ the needs of people with disabilities ~~and disadvantaged individuals~~ in the State and how these needs may be met most effectively. ~~The study and planning must include appraisal~~ As required by the federal Rehabilitation Act of 1973 and the federal Workforce Innovation and Opportunity Act of 2014, Public Law 113-128, the department shall conduct a comprehensive statewide assessment every 3 years to describe the rehabilitation needs of individuals with disabilities residing in the State, including a review of community rehabilitation programs in the State and their effectiveness and adequacy in meeting the overall needs of people with disabilities and disadvantaged. The continuing study and recommendations must be reflected in the biennial reports of the commissioner. The commissioner shall use the results of these reviews to advise the Governor and the Legislature of any need to change the State's rehabilitation programs. The commissioner shall report annually to the joint standing committee of the Legislature having jurisdiction over labor matters the program outcomes as part of the reports authorized under section 2004-A, subsection 3 and required under section 3101.

Sec. 11. 26 MRSA §1414, sub-§1, as enacted by PL 1995, c. 560, Pt. F, §13, is amended to read:

1. Independent living services. "Independent living services" means services that promote or train people with ~~severe~~ significant disabilities in managing their personal affairs, participating in day-to-day life in the community, fulfilling a range of social roles and making decisions that lead to self-determination and the minimization of physical or psychological dependence on others.

Sec. 12. 26 MRSA c. 19, sub-c. 2, art. 4, as amended, is repealed.

See title page for effective date.

CHAPTER 112

S.P. 472 - L.D. 1385

**An Act Governing Direct
Primary Care Service
Agreements**

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

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

CHAPTER 403-A**DIRECT PRIMARY CARE SERVICE AGREEMENTS****§1771. Direct primary 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 care service agreement" means a contractual agreement between a direct primary care provider and an individual patient, or the patient's legal representative, in which:

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

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

B. "Direct primary care provider" means an individual who is a licensed 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 care by entering into a direct primary care service agreement with patients. The term includes, but is not limited to, an individual primary care provider or a group of primary 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.

2. Not insurance. A direct primary 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 care service agreement is an agreement between the direct primary 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 care service agreement covers only the services specified in the agreement. Any goods or services that are not covered by the direct primary care service agreement may be billed separately.

5. Disclosure. A direct primary care service agreement must clearly state within the agreement that direct primary 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 care provider is considered a direct primary care provider only when the provider is engaged in a direct primary care service agreement with a patient or group of patients. A primary 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 care provider from entering into:

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

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

See title page for effective date.

CHAPTER 113**S.P. 487 - L.D. 1409****An Act To Reduce Regulations for Small Nonalcoholic Beverage Producers**

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation removes a statutory barrier that currently prevents entrepreneurs from opening new nonalcoholic beverage manufacturing and bottling businesses in the State, which causes Maine to lose the economic benefit that these new businesses can provide; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

Sec. 1. 32 MRSA §1751, sub-§4-A is enacted to read: