
WEST VIRGINIA CODE CHAPTER 30
ARTICLE 3F

WV Legislature

§30-3F-1. Definitions.

As used in this section:

- (1) "Boards" means the West Virginia Board of Medicine; the West Virginia Board of Osteopathic Medicine, the West Virginia Board of Optometry, West Virginia Board of Physical Therapy, West Virginia Board of Chiropractic, West Virginia Board of Dentistry and the West Virginia Board of Examiners for Registered Professional Nurses;
- (2) "Direct medical care membership agreement" means a written contractual agreement between a care provider and a person, or the person's legal representative;
- (3) "Direct medical care provider" means an individual or legal entity, alone or with others professionally associated with the provider or other legal entity, that is authorized to provide medical care services and who chooses to enter into a direct medical care membership agreement;
- (4) "Medical products" means any product used to diagnose or manage a disease, including any medical device, treatment or drug;
- (5) "Medical services" means a screen, assessment, diagnosis or treatment for the purpose of promotion of health or the detection and management of disease or injury within the competency and training of the direct medical care provider; and
- (6) "Medical care provider" means an individual or other legal entity that is authorized to provide medical services and medical products under his or her scope of practice in this state.

§30-3F-2. Direct Medical Care.

- (a) A person or a legal representative of a person may seek care outside of an insurance plan, or outside of the Medicaid or Medicare program, and pay for the care.
- (b) A medical care provider may accept payment for medical services or medical products outside of an insurance plan.
- (c) A medical care provider may accept payment for medical services or medical products provided to a Medicaid or Medicare beneficiary.
- (d) A patient or legal representative does not forfeit insurance benefits, Medicaid benefits or Medicare benefits by purchasing medical services or medical products outside the system.
- (e) The offer and provision of medical services or medical products purchased and provided under this article is not an offer of insurance nor regulated by the insurance laws of the state.
- (f) The direct medical care provider may not bill third parties on a fee for service basis for services provided under the direct medical care membership agreement.
- (g) A medical care provider may not bill any third-party payer for services rendered or products sold pursuant to a direct medical care membership agreement.

§30-3F-3. Prohibited and authorized practices.

- (a) A direct medical care membership agreement is not insurance and is not subject to regulation by the Office of the Insurance Commission.
- (b) A direct medical care provider or its agent is not required to obtain a certification of authority or license under chapter thirty-three to market, sell or offer to sell a direct care agreement.
- (c) A direct medical care membership agreement is not a discount medical plan.
- (d) A direct medical care membership agreement shall:
 - (1) Be in writing;
 - (2) Be signed by the medical care provider or agent of the medical care provider and the individual patient or his or her legal representative;
 - (3) Allow either party to terminate the agreement on at least 30 days prior written notice to the other party;
 - (4) Describe the scope of medical care services that are covered by the periodic fee;
 - (5) Specify the periodic fee and any additional fees outside of the periodic fee for ongoing care under the agreement;
 - (6) Specify the duration of the agreement and any automatic renewal periods. Any per-visit charges under the agreement will be less than the monthly equivalent of the periodic fee. The person is not required to pay more than twelve months of the fee in advance. Funds are not earned by the practice until the month of ongoing care is completed. Upon discontinuing the agreement all unearned funds are returned to the patient; and
 - (7) Prominently state in writing that the agreement is not health insurance.

§30-3F-4. Rules.

The boards may propose rules for legislative approval in accordance with article three, chapter twenty-nine-a of this code, to effectuate the provisions of this article.

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§30-3F-5. Violations.

Violations of this article constitute unprofessional conduct and may subject violators to sanctions which may be pursued by the boards.

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