



# Legislative Council Staff

## Research Note

Version: Final

Date: 4/13/2017

### Bill Number

House Bill 17-1115

### Sponsors

*Representatives Buck and Ginal  
Senators Kefalas and Tate*

### Short Title

*Direct Primary Health Care  
Services*

### Research Analyst

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### Status

This research note reflects the final version of the bill, which becomes effective on August 9, 2017, assuming no referendum petition is filed.

### Background

Direct primary health care agreements are contracts between a provider and patient under which the patient pays a periodic fee in exchange for primary care services from a health care provider. These agreements, also referred to as concierge health care, are allowed under current law and are not currently regulated in Colorado. Under the federal Patient Protection and Affordable Care Act (PPACA), the use of direct primary health care agreements in conjunction with certain types of low-cost, high-deductible health plans satisfies the requirement that an individual maintain coverage through a qualified health plan. In such cases, the health insurer may pay the costs of a direct primary health care agreement on behalf of the patient.

### House Action

***House Health, Insurance, and Environment Committee (March 2, 2017).*** At the hearing, representatives from Nextera Health, Peak Medicine, Miramont Family Medicine, Digital Globe, and Colorado Rural Health Center testified in support of the bill. A representative from the Colorado Consumer Health Initiative testified in a neutral position.

The committee adopted amendments L.001, L.002, and L.003, and referred the bill, as amended, to the House Committee of the Whole.

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Amendment L.001, a strike-below amendment, declared the intent of the bill to establish direct primary health care agreements that operate without regulation by the Division of Insurance. The amendment defined a 'direct primary care agreement', outlined situations in which either party may terminate the agreement, and specified that direct primary care is not the business of insurance or the practice of underwriting. Amendment L.002, which amends amendment L.001, made a technical clarification and added a prohibition on a direct primary care provider from entering into a direct primary care agreement with a current Medicaid recipient. Amendment L.003, which also amends amendment L.001, made further clarifications to the definition of direct primary care agreement and to the circumstances in which a provider may decline to accept patients.

**House second reading (March 8, 2017).** The House adopted the House Health, Insurance, and Environment committee report. The House passed the bill on second reading, as amended.

**House third reading (March 9, 2017).** The House passed the bill on third reading with no amendments.

## Senate Action

**Senate Business, Labor, and Technology Committee (March 27, 2017).** At the hearing, representatives from the Colorado Academy of Family Physicians, Digital Globe, and one private citizen testified in support of the bill.

The committee adopted amendment L.004 and referred the bill, as amended, to the Senate Committee of the Whole. Amendment L.004 struck a section of the reengrossed bill that prevented a direct primary care provider from entering into a direct primary care agreement with a person who is currently a recipient of Medicaid services. The amendment substituted a requirement stating that direct primary care providers are subject to Section 25.5-4-301, C.R.S.

**Senate second reading (March 29, 2017).** The Senate adopted the Senate Business, Labor, and Technology committee report. The Senate passed the bill on second reading, as amended.

**Senate third reading (April 3, 2017).** The Senate adopted Amendment No. 1, and passed the bill on third reading, as amended. Amendment No. 1 reorganized the content of the bill into a distinct article of the Colorado Revised Statutes. It also clarified that the article is not subject to enforcement by the Attorney General or by district attorneys.