A BILL FOR AN ACT

Consenting access to direct primary care services for Colorado Medicaid recipients.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill prohibits the department of health care policy and financing (department) from denying a medicaid recipient the right to purchase direct primary care services or enter into a direct primary care agreement. On or before July 1, 2025, the department shall submit a report to the joint budget committee on whether allowing medicaid recipients to purchase direct primary care services or enter into a direct primary care agreement.
primary care agreement resulted in any direct or indirect cost-savings to the state and federal medicaid programs and whether there has been an increase or decrease in overall access to care for medicaid recipients.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 6-23-104, repeal (2)
as follows:

6-23-104. Direct primary health care providers - prohibitions.
(2) Direct primary health care providers are subject to section 25.5-4-301:

SECTION 2. In Colorado Revised Statutes, add 6-23-106 as follows:

6-23-106. Direct primary care - medicaid recipients - report - repeal. (1) The Department of Health Care Policy and Financing may encourage, but shall not require, the pro bono labors of any direct primary health care provider to medicaid recipients.

(2) The Department of Health Care Policy and Financing shall not deny a medicaid recipient the right to purchase direct primary care services or enter into a direct primary care agreement. The Department of Health Care Policy and Financing shall seek any federal waiver necessary to implement this section.

(3) On or before July 1, 2025, the Department of Health Care Policy and Financing shall submit a report to the Joint Budget Committee of the General Assembly on whether this section and section 25.5-4-301 (1)(a)(III)(B) resulted in any direct or indirect cost-savings to the state and federal medicaid programs and whether there was an increase or decrease in
OVERALL ACCESS TO CARE FOR MEDICAID RECIPIENTS SINCE THE EFFECTIVE DATE OF THIS SECTION.

(4) This section is repealed, effective July 1, 2025.

SECTION 3. In Colorado Revised Statutes, 25.5-4-301, amend (1)(a)(III)(B) as follows:

25.5-4-301. Recoveries - overpayments - penalties - interest - adjustments - liens - review or audit procedures. (1) (a) (III) (B) A recipient may enter into a written agreement with a third party or provider, INCLUDING A DIRECT PRIMARY CARE AGREEMENT AS DEFINED IN SECTION 6-23-101 (1), under which the recipient agrees to pay for items provided or services rendered that are outside of the network or plan protocols, INCLUDING DIRECT PRIMARY CARE RETAINER PAYMENTS MADE ON BEHALF OF THE RECIPIENT. The recipient's agreement to be personally liable for such nonemergency, nonreimbursable items shall MUST be recorded on forms approved by the state board and signed and dated by both the recipient and the provider in advance of the services being rendered.

SECTION 4. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 5, 2020, if adjournment sine die is on May 6, 2020); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.