Bill No. CS/HB 7 (2019)

Amendment No.

## CHAMBER ACTION

<u>Senate</u> <u>House</u>

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Representative Jenne offered the following:

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## Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Section 624.27, Florida Statutes, is amended to read:

624.27 Direct <u>health</u> primary care agreements; exemption from code.—

- (1) As used in this section, the term:
- (a) "Direct <u>health</u> primary care agreement" means a contract between a <u>health</u> primary care provider and <u>an</u> individual a patient or his or her, a patient's legal representative in which the health care provider agrees to

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provide health care services to the individual patient for an agreed-upon fee and period of time. A direct health care practice charges a periodic fee for services and does not bill any third parties on a fee for service basis. Any per-visit charge must be less than the monthly equivalent of the periodic fee, or a patient's employer, which meets the requirements of subsection (4) and does not indemnify for services provided by a third party.

- (b) "Health Primary care provider" means a health care provider licensed under chapter 458, chapter 459, chapter 460, or chapter 464, or chapter 466, or a health primary care group practice, who provides health primary care services to patients.
- (c) "Health Primary care services" means the screening, assessment, diagnosis, and treatment of a patient conducted within the competency and training of the health primary care provider for the purpose of promoting health or detecting and managing disease or injury.
- (2) A direct <u>health</u> primary care agreement does not constitute insurance and is not subject to the Florida Insurance Code. The act of entering into a direct <u>health</u> primary care agreement does not constitute the business of insurance and is not subject to the Florida Insurance Code.
- (3) A <u>health</u> primary care provider or an agent of a <u>health</u> primary care provider is not required to obtain a certificate of

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authority or license under the Florida Insurance Code to market, sell, or offer to sell a direct health primary care agreement.

- (4) For purposes of this section, a direct  $\underline{\text{health}}$   $\underline{\text{primary}}$  care agreement must:
  - (a) Be in writing.
- (b) Be signed by the <u>health</u> primary care provider or an agent of the <u>health</u> primary care provider and the patient, <u>or</u> the patient's legal representative, or the patient's employer.
- (c) Allow a party to terminate the agreement by giving the other party at least 30 days' advance written notice. The agreement may provide for immediate termination due to a violation of the physician-patient relationship or a breach of the terms of the agreement.
- (d) Describe the scope of  $\underline{\text{health}}$   $\underline{\text{primary}}$  care services that are covered by the monthly fee.
- (e) Specify the monthly fee and any fees for <a href="health">health</a>
  <a href="primary">primary</a> care services not covered by the monthly fee.
- (f) Specify the duration of the agreement and any automatic renewal provisions.
- (g) Offer a refund to the patient, <u>or</u> the patient's legal representative, <del>or the patient's employer</del> of monthly fees paid in advance if the <u>health</u> <u>primary</u> care provider ceases to offer <u>health</u> <u>primary</u> care services for any reason.
- (h) Contain, in contrasting color and in at least 12-point type, the following statement on the signature page: "This

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agreement is not health insurance and the <a href="health">health</a> primary care
provider will not file any claims against the patient's health
insurance policy or plan for reimbursement of any $\underline{\text{health}}$ $\underline{\text{primary}}$
care services covered by the agreement. This agreement does not
qualify as minimum essential coverage to satisfy the individual
shared responsibility provision of the Patient Protection and
Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not
workers' compensation insurance and does not replace an
employer's obligations under chapter 440."

- (i) Include recommendation that patients purchase comprehensive health insurance and disclose that direct health care payments do not qualify as health expenses to count against an insurance deductible.
- (5) A direct health care written agreement must be submitted to the Office of Insurance Regulation to review for compliance with this section and may not be used until approved by the office.
- (6) A direct health care written agreement may not be used for services under Medicaid or Title 21 health programs.
  - Section 2. This act shall take effect July 1, 2019.

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Remove everything before the enacting clause and insert: A bill to be entitled

TITLE AMENDMENT

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## HOUSE AMENDMENT Bill No. CS/HB 7 (2019)

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An act relating to direct health care agreements; amending s. 624.27, F.S.; expanding the scope of direct primary care agreements; providing definitions; deleting provisions relating to a patient's employer; revising requirements for the agreements; requiring the agreements to be submitted to the Office of Insurance Regulation; providing prohibited uses of the agreements; providing an effective date.

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