

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Jenne offered the following:

**Amendment to Amendment (515381) (with title amendment)**

Remove lines 47-81 of the amendment and insert:

other party at least 1 calendar month's ~~30 days~~ advance written notice. Termination of the agreement by the direct health care provider must meet the conditions of paragraph (7) (b) 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 health ~~primary~~ care services that are covered by the monthly fee.

(e) Specify the monthly fee and any fees for health ~~primary~~ care services not covered by the monthly fee.

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14 (f) Specify the duration of the agreement and any  
15 automatic renewal provisions.

16 (g) Offer a refund to the patient, or the patient's legal  
17 representative, ~~or the patient's employer~~ of monthly fees paid  
18 in advance if the health ~~primary~~ care provider ceases to offer  
19 health ~~primary~~ care services for any reason.

20 (h) Contain, in contrasting color and in at least 12-point  
21 type, the following statement on the signature page: "This  
22 agreement is not health insurance and the health ~~primary~~ care  
23 provider will not file any claims against the patient's health  
24 insurance policy or plan for reimbursement of any health ~~primary~~  
25 care services covered by the agreement. This agreement does not  
26 qualify as minimum essential coverage to satisfy the individual  
27 shared responsibility provision of the Patient Protection and  
28 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not  
29 workers' compensation insurance and does not replace an  
30 employer's obligations under chapter 440."

31 (i) Include recommendation that patients purchase  
32 comprehensive health insurance and disclose that direct health  
33 care payments do not qualify as health expenses to count against  
34 an insurance deductible.

35 (5) A direct health care written agreement must be  
36 submitted to the Office of Insurance Regulation to review for  
37 compliance with this section and may not be used until approved  
38 by the office.

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39 (6) A direct health care written agreement may not be used  
40 for services under Medicaid or Title XXI of the Social Security  
41 Act.

42 (7) (a) A direct health care practice may not decline to  
43 accept a new direct health care patient solely because of the  
44 patient's health status. However, a direct health care practice  
45 may decline to accept a patient if the practice has reached its  
46 maximum capacity or if the patient's medical condition is such  
47 that the provider cannot provide the appropriate level and type  
48 of health care services the patient requires.

49 (b) A direct health care practice may not discontinue care  
50 to existing patients solely because of the patient's health  
51 status. However, if the direct health care practice provides the  
52 patient notice as required under paragraph (4) (c), the direct  
53 health care practice may discontinue care for a direct health  
54 care patient if:

- 55 1. The patient fails to pay the monthly fee;  
56 2. The patient has performed an act of fraud;  
57 3. The patient repeatedly fails to adhere to the  
58 recommended treatment plan;  
59 4. The patient is abusive and presents an emotional or  
60 physical danger to the staff or other patients of the practice;  
61 or  
62 5. The direct health care practice discontinues operation  
63 as a direct health care practice.

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**T I T L E   A M E N D M E N T**

Remove line 94 of the amendment and insert:  
agreements; prohibiting a direct health care practice  
from declining to accept new patients or from  
discontinuing care to existing patients; providing  
exceptions; providing an effective date.