

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 7047 PCB HIS 15-02 Direct Primary Care

SPONSOR(S): Insurance & Banking Subcommittee; Health Innovation Subcommittee, Costello

TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Health Innovation Subcommittee	11 Y, 2 N	Poche	Poche
1) Insurance & Banking Subcommittee	13 Y, 0 N, As CS	Peterson	Cooper
2) Health & Human Services Committee			

SUMMARY ANALYSIS

Direct primary care (DPC) is a primary care medical practice model that eliminates third party payers from the primary care provider-patient relationship. Through a contractual agreement, a patient pays a monthly fee, usually between \$50 and \$100 per individual, to the primary care provider for defined primary care services. After paying the fee, a patient can utilize all services under the agreement at no extra charge. Some DPC practices also include routine preventative services, women's health services, pediatric care, urgent care, wellness education, and chronic disease management.

CS/HB 7047 provides that a direct primary care agreement (agreement) and the act of entering into such an agreement are not insurance and not subject to regulation under the Florida Insurance Code (Code). The bill also exempts a primary care provider, or his or her agent, from any certification or licensure requirements in the Code for marketing, selling, or offering to sell an agreement. An agreement must:

- Be in writing;
- Be signed by the primary care provider, or his or her agent, and the patient, or the patient's legal representative;
- Allow either party to terminate the agreement by written notice followed by a waiting period;
- Describe the scope of services that are covered by the monthly fee;
- Specify the monthly fee and any fees for services not covered under the agreement;
- Specify the duration of the agreement and any automatic renewal provisions;
- Provide for a refund to the patient of monthly fees paid in advance if the primary care provider stops offering primary care services for any reason;
- State that the agreement is not health insurance; and
- Not indemnify for services provided by a third person.

The bill does not have a fiscal impact on state or local government.

The bill provides an effective date of July 1, 2015.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Florida Office of Insurance Regulation

The Florida Office of Insurance Regulation (OIR) regulates the business of insurance in the state, in accordance with the Florida Insurance Code (Code). The specific chapters under the Code are:

- Chapter 624, F.S. – Insurance Code: Administration and General Provisions
- Chapter 625, F.S. – Accounting, Investments, and Deposits by Insurers
- Chapter 626, F.S. – Insurance Field Representatives and Operations
- Chapter 627, F.S. – Insurance Rates and Contracts
- Chapter 628, F.S. – Stock and Mutual Insurers; Holding Companies
- Chapter 629, F.S. – Reciprocal Insurers
- Chapter 630, F.S. – Alien Insurers: Trusteed Assets; Domestication
- Chapter 631, F.S. – Insurer Insolvency; Guaranty of Payment
- Chapter 632, F.S. – Fraternal Benefit Societies
- Chapter 634, F.S. – Warranty Associations
- Chapter 635, F.S. – Mortgage Guaranty Insurance
- Chapter 636, F.S. – Prepaid Limited Health Service Organizations and Discount Medical Plan Organizations
- Chapter 641, F.S. – Health Care Service Programs
- Chapter 648, F.S. – Bail Bond Agents
- Chapter 651, F.S. – Continuing Care Contracts

The Life and Health Unit (Unit) of OIR provides financial oversight of health insurers, health maintenance organizations, and other regulated entities providing health care coverage. The Unit also reviews and approves some health care coverage products offered in the state. The following chart shows the type and number of each entity in the state:¹

Authority Category	Authorities
Health Insurers	448
Third Party Administrators	310
Continuing Care Retirement Communities	61
Discount Medical Plan Organizations	40
Health Maintenance Organizations	38
Fraternal Benefit Societies	36
Prepaid Limited Health Service Organizations/Prepaid Health Clinics	28

Direct Primary Care

Direct primary care (DPC) is a primary care medical practice model that eliminates third party payers from the primary care provider-patient relationship. Through a contractual agreement, a patient pays a

¹ Rich Robleto, FLORIDA OFFICE OF INSURANCE REGULATION, *Health Insurance Regulatory Responsibilities of the Office of Insurance Regulation*, PowerPoint presentation before the House Health Innovation Subcommittee, January 21, 2015, slide 7 (using data compiled on March 21, 2014 from NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS Insurance, *Department Resources Report for CY 2013*)(on file with the House Insurance & Banking Subcommittee).

monthly fee, usually between \$50 and \$100 per individual,² to the primary care provider for defined primary care services. These primary care services may include:

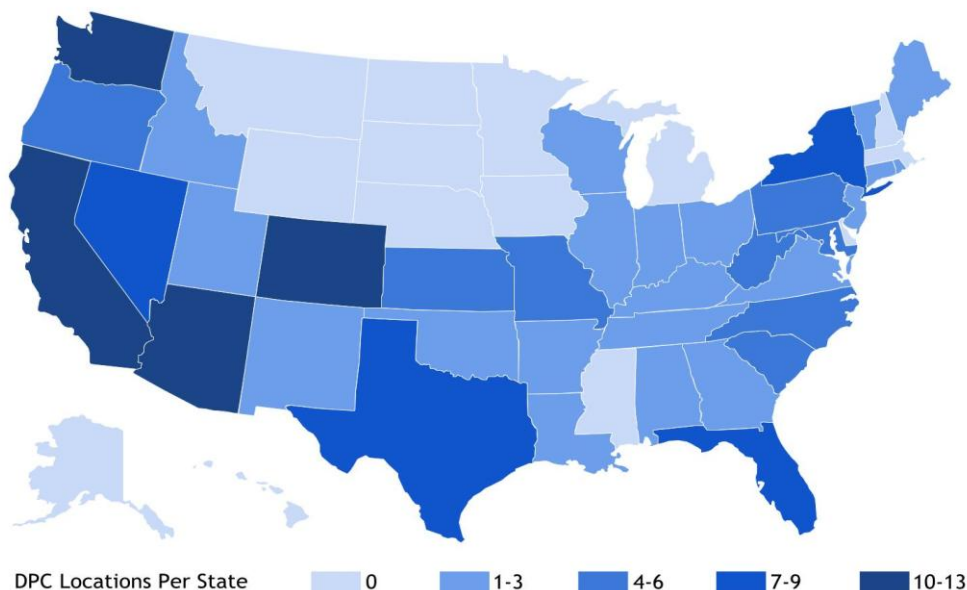
- Office visits;
- Annual physical examination;
- Routine laboratory tests;
- Vaccinations;
- Wound care;³
- Splinting or casting of fractured or broken bones;
- Other routine testing, e.g. echocardiogram and colon cancer screening; or
- Other medically necessary primary care procedures.

After paying the fee, a patient can utilize all services under the agreement at no extra charge. Some DPC practices also include routine preventative services, like lab tests, mammograms, Pap screenings, and vaccinations. A primary care provider DPC model can be designed to address the large majority of health care issues, including women's health services, pediatric care, urgent care, wellness education, and chronic disease management.

In the DPC practice model, the primary care provider eliminates practice overhead costs associated with filing claims, coding, refiling claims, write-offs, appealing denials, and employing billing staff. The cost and time savings can be reinvested in the practice, allowing more time with patients to address their primary care needs.

The following chart illustrates the concentration of DPC practices in the United States:⁴

Direct Primary Care Practice Distribution



There are an estimated 4,400 direct primary care physicians nationwide, up from 756 in 2010.⁵

DPC and Health Care Reform

² Approximately two thirds of DPC practices charge less than \$135 per month. Jen Wiczner, *Is Obamacare Driving Doctors to Refuse Insurance?*, WALL ST. J. MARKETWATCH, Nov. 12, 2013, available at <http://www.marketwatch.com/story/is-direct-primary-care-for-you-2013-11-12> (last visited March 12, 2015).

³ e.g., stitches and sterile dressings.

⁴ Jay Keese, DIRECT PRIMARY CARE COALITION, *Direct Primary Care*, PowerPoint presentation before the House Health Innovation Subcommittee, slide 4, February 17, 2015 (on file with the House Insurance & Banking Subcommittee).

⁵ Daniel McCorry, *Direct Primary Care: An Innovative Alternative to Conventional Health Insurance*, THE HERITAGE FOUNDATION BACKGROUNDER, No. 2939 (Aug. 6, 2014), available at <http://report.heritage.org/bg2939> (last visited March 12, 2015).

The Patient Protection and Affordable Care Act (PPACA)⁶ addresses the DPC practice model as part of health care reform. A qualified health plan under PPACA is permitted to offer coverage through a DPC medical home plan if it provides essential health benefits and meets all other criteria in the law.⁷ Patients who are enrolled in a DPC medical home plan are exempt from the individual mandate if they have coverage for other services, such as a wraparound catastrophic health policy to cover treatment for serious illnesses, like cancer, or severe injuries that require lengthy hospital stays and rehabilitation.⁸ In Colorado and Washington, qualified health plans are offering DPC medical home coverage on each state-based health insurance exchange.⁹

Effect of Proposed Changes

The bill provides that a direct primary care agreement is not insurance and entering into such an agreement is not the business of insurance and exempts both the agreement and the activity from the Code. Through the exemption, the bill eliminates any authority of OIR to regulate a direct primary care agreement or entering into such an agreement. The bill also exempts a primary care provider, or his or her agent, from certification or licensing requirements under the Code to market, sell, or offer to sell a direct primary care agreement.

The bill requires a direct primary care agreement to:

- Be in writing;
- Be signed by the primary care provider, or his or her agent, and the patient, or the patient's legal representative;
- Allow either party to terminate the agreement by written notice followed by a waiting period;
- Describe the scope of services that are covered by the monthly fee;
- Specify the monthly fee and any fees for services not covered under the agreement;
- Specify the duration of the agreement and any automatic renewal provisions;
- Provide for a refund to the patient of monthly fees paid in advance if the primary care provider stops offering primary care services for any reason; and
- State that the agreement is not health insurance.

The bill provides an effective date of July 1, 2015.

B. SECTION DIRECTORY:

Section 1: Creates s. 624.27, F.S., relating to application of code as to direct primary care agreements.

Section 2: Provides an effective date of July 1, 2015.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

⁶ Pub. L. No. 111-148, H.R. 3590, 111th Cong. (Mar. 23, 2010).

⁷ 42 U.S.C. §1802 (a)(3); 45 C.F.R. §156.245

⁸ 42 U.S.C. §18021(a)(3)

⁹ Robleto, *Supra* note 5, slide 2.

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill removes any regulatory uncertainty as to the status of a direct primary care agreement as insurance. Primary care providers may choose to invest in establishing direct primary care practices throughout the state to provide primary care services, which would increase access to such services.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 18, 2015, the Insurance & Banking Subcommittee adopted one amendment and reported the bill favorably as a committee substitute. The amendment expanded the allowable parties to a DPC agreement to include a primary care group practice or employer. The staff analysis is drafted to reflect the committee substitute as passed by the Insurance & Banking Subcommittee.