

**By** the Committees on Health Policy; and Banking and Insurance;  
and Senators Lee and Mayfield

588-01932-17

2017240c2

1                                   A bill to be entitled  
2       An act relating to direct primary care; amending s.  
3       409.977, F.S.; requiring the Agency for Health Care  
4       Administration to provide specified financial  
5       assistance to certain Medicaid recipients; requiring  
6       the agency to resubmit, by a specified date, certain  
7       federal waivers or waiver amendments to specified  
8       federal entities to incorporate recipient elections of  
9       certain direct primary care agreements; creating s.  
10      456.0625, F.S.; defining terms; authorizing primary  
11      care providers or their agents to enter into direct  
12      primary care agreements for providing primary care  
13      services; providing applicability; specifying  
14      requirements for direct primary care agreements;  
15      creating s. 624.27, F.S.; providing construction and  
16      applicability of the Florida Insurance Code as to  
17      direct primary care agreements; providing an exception  
18      for primary care providers or their agents from  
19      certain requirements under the code under certain  
20      circumstances; providing an effective date.

21  
22 Be It Enacted by the Legislature of the State of Florida:

23  
24       Section 1. Subsection (4) of section 409.977, Florida  
25 Statutes, is amended to read:

26       409.977 Enrollment.—

27       (4) The agency shall:

28       (a) Develop a process to enable a recipient with access to  
29 employer-sponsored health care coverage to opt out of all

588-01932-17

2017240c2

30 managed care plans and to use Medicaid financial assistance to  
31 pay for the recipient's share of the cost in such employer-  
32 sponsored coverage.

33 (b) Contingent upon federal approval, ~~the agency shall also~~  
34 enable recipients with access to other insurance or related  
35 products providing access to health care services created  
36 pursuant to state law, including any product available under the  
37 Florida Health Choices Program, or any health exchange, to opt  
38 out.

39 (c) Provide ~~The amount of~~ financial assistance ~~provided~~ for  
40 each recipient in an amount ~~may not to~~ exceed the amount of the  
41 Medicaid premium which that would have been paid to a managed  
42 care plan for that recipient opting to receive services under  
43 this subsection.

44 (d) ~~The agency shall~~ Seek federal approval to require  
45 Medicaid recipients with access to employer-sponsored health  
46 care coverage to enroll in that coverage and use Medicaid  
47 financial assistance to pay for the recipient's share of the  
48 cost for such coverage. The amount of financial assistance  
49 provided for each recipient may not exceed the amount of the  
50 Medicaid premium that would have been paid to a managed care  
51 plan for that recipient.

52 (e) By January 1, 2018, resubmit an appropriate federal  
53 waiver or waiver amendment to the Centers for Medicare and  
54 Medicaid Services, the United States Department of Health and  
55 Human Services, or any other designated federal entity to  
56 incorporate the election by a recipient for a direct primary  
57 care agreement, as defined in s. 456.0625, within the Statewide  
58 Medicaid Managed Care program.

588-01932-17

2017240c2

59 Section 2. Section 456.0625, Florida Statutes, is created  
60 to read:

61 456.0625 Direct primary care agreements.-

62 (1) As used in this section, the term:

63 (a) "Direct primary care agreement" means a contract  
64 between a primary care provider and a patient, the patient's  
65 legal representative, or an employer which meets the  
66 requirements specified under subsection (3) and which does not  
67 indemnify for services provided by a third party.

68 (b) "Primary care provider" means a health care  
69 practitioner licensed under chapter 458, chapter 459, chapter  
70 460, or chapter 464 or a primary care group practice that  
71 provides medical services to patients which are commonly  
72 provided without referral from another health care provider.

73 (c) "Primary care service" means the screening, assessment,  
74 diagnosis, and treatment of a patient for the purpose of  
75 promoting health or detecting and managing disease or injury  
76 within the competency and training of the primary care provider.

77 (2) A primary care provider or an agent of the primary care  
78 provider may enter into a direct primary care agreement for  
79 providing primary care services. Section 624.27 applies to a  
80 direct primary care agreement.

81 (3) A direct primary care agreement must:

82 (a) Be in writing.

83 (b) Be signed by the primary care provider or an agent of  
84 the primary care provider and the patient, the patient's legal  
85 representative, or an employer.

86 (c) Allow a party to terminate the agreement by giving the  
87 other party at least 30 days' advance written notice. The

588-01932-17

2017240c2

88 agreement may provide for immediate termination due to a  
89 violation of the physician-patient relationship or a breach of  
90 the terms of the agreement.

91 (d) Describe the scope of primary care services that are  
92 covered by the monthly fee.

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

95 (f) Specify the duration of the agreement and any automatic  
96 renewal provisions.

97 (g) Offer a refund to the patient of monthly fees paid in  
98 advance if the primary care provider ceases to offer primary  
99 care services for any reason.

100 (h) Contain, in contrasting color and in not less than 12-  
101 point type, the following statements on the same page as the  
102 applicant's signature:

103 1. This agreement is not health insurance, and the primary  
104 care provider will not file any claims against the patient's  
105 health insurance policy or plan for reimbursement of any primary  
106 care services covered by this agreement.

107 2. This agreement does not qualify as minimum essential  
108 coverage to satisfy the individual shared responsibility  
109 provision of the federal Patient Protection and Affordable Care  
110 Act, Pub. L. No. 111-148.

111 3. This agreement is not workers' compensation insurance  
112 and may not replace the employer's obligations under chapter  
113 440, Florida Statutes.

114 Section 3. Section 624.27, Florida Statutes, is created to  
115 read:

116 624.27 Application of code as to direct primary care

588-01932-17

2017240c2

117 agreements.-

118 (1) A direct primary care agreement, as defined in s.  
119 456.0625, does not constitute insurance and is not subject to  
120 any chapter of the Florida Insurance Code. The act of entering  
121 into a direct primary care agreement does not constitute the  
122 business of insurance and is not subject to any chapter of the  
123 Florida Insurance Code.

124 (2) A primary care provider or an agent of a primary care  
125 provider is not required to obtain a certificate of authority or  
126 license under any chapter of the Florida Insurance Code to  
127 market, sell, or offer to sell a direct primary care agreement  
128 pursuant to s. 456.0625.

129 Section 4. This act shall take effect July 1, 2017.