

Amend **HB 3015** (house committee report) as follows:

(1) On page 1, line 21, strike "include" and substitute "includes".

(2) On page 2, strike lines 1 through 7, and substitute the following:

Sec. 1551.502. APPLICATION OF DIRECT PRIMARY CARE FEES TO DEDUCTIBLES. (a) A direct fee paid to a direct primary care provider must apply to a participant's deductible for a health benefit plan provided under the group benefits program.

(b) Notwithstanding Subsection (a), if the board of trustees believes that applying a direct fee paid to a direct primary care provider for a participant's deductible under this subchapter would cause the high deductible health plan, as that term is defined by Section 223, Internal Revenue Code of 1986, to no longer qualify for a health savings account under that section, the board of trustees shall seek an opinion from the attorney general regarding the applicability of this subchapter to that high deductible health plan. If the attorney general confirms that the high deductible health plan would be disqualified, this subchapter will not apply to the high deductible health plan.

(3) On page 2, line 11, strike "1575.601" and substitute "1575.551".

(4) On page 2, line 23, strike "include" and substitute "includes".

(5) Strike page 2, line 27, through page 3, line 6, and substitute the following:

Sec. 1575.552. APPLICATION OF DIRECT PRIMARY CARE FEES TO DEDUCTIBLES. (a) A direct fee paid to a direct primary care provider must apply to an enrollee's deductible for a basic plan provided under the group program.

(b) Notwithstanding Subsection (a), if the trustee believes that applying a direct fee paid to a direct primary care provider for an enrollee's deductible under this subchapter would cause the high deductible health plan, as that term is defined by Section 223, Internal Revenue Code of 1986, to no longer qualify for a health savings account under that section, the trustee shall seek an opinion from the attorney general regarding the applicability of

this subchapter to that high deductible health plan. If the attorney general confirms that the high deductible health plan would be disqualified, this subchapter will not apply to the high deductible health plan.

(6) On page 3, strike lines 7-9 and substitute the following appropriately numbered SECTION:

SECTION \_\_\_\_\_. The changes in law made by this Act apply only to a plan year that commences on or after January 1, 2026.

(7) Add the following appropriately numbered SECTION to the bill and renumber subsequent SECTIONS of the bill accordingly:

SECTION \_\_\_\_\_. Chapter 1579, Insurance Code, is amended by adding Subchapter H to read as follows:

SUBCHAPTER H. DIRECT PRIMARY CARE SERVICES

Sec. 1579.351. DEFINITIONS. In this subchapter:

(1) "Direct fee" means a fee charged by a physician to a patient or a patient's designee for primary medical care services provided by, or to be provided by, the physician to the patient. The term includes a fee in any form, including a:

- (A) monthly retainer;
- (B) membership fee;
- (C) subscription fee;
- (D) fee paid under a medical service agreement;

or

- (E) fee for a service, visit, or episode of care.

(2) "Direct primary care" means a primary medical care service provided by a physician to a patient in return for payment in accordance with a direct fee. The term includes telemedicine medical services and telehealth services, as those terms are defined by Section 111.001, Occupations Code, provided using a technology platform.

Sec. 1579.352. APPLICATION OF DIRECT PRIMARY CARE FEES TO DEDUCTIBLES. (a) A direct fee paid to a direct primary care provider must apply to an enrollee's deductible for a health coverage plan provided under this chapter.

(b) Notwithstanding Subsection (a), if the trustee believes that applying a direct fee paid to a direct primary care provider for an enrollee's deductible under this subchapter would cause the

high deductible health plan, as that term is defined by Section 223,  
Internal Revenue Code of 1986, to no longer qualify for a health  
savings account under that section, the trustee shall seek an  
opinion from the attorney general regarding the applicability of  
this subchapter to that high deductible health plan. If the  
attorney general confirms that the high deductible health plan  
would be disqualified, this subchapter will not apply to the high  
deductible health plan.