

BILL ANALYSIS

H.B. 3015
By: Alders
Pensions, Investments & Financial Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

According to the American Academy of Family Physicians, direct primary care (DPC) is a health care model under which patients pay physicians directly through periodic fees, such as monthly retainers or membership fees for most primary care services. The article "Direct Primary Care: A Successful Financial Model for the Clinical Practice of Lifestyle Medicine" published in the *American Journal of Lifestyle Medicine* indicates that primary care significantly decreases overall health care costs while improving the quality of an individual's well-being. The bill author has informed the committee that the DPC model allows physicians to focus more on patient care by eliminating the administrative burdens associated with traditional insurance billing, potentially enhancing patient satisfaction and health outcomes; however, under current state health benefit plans, payments made by participants for DPC services do not count toward their insurance deductibles, which may discourage individuals from utilizing DPC services and thereby limit their access to potentially more personalized and cost-effective primary care. H.B. 3015 seeks to provide participants enrolled in the basic coverage provided under the Employees Retirement System of Texas and the Teacher Retirement System of Texas with greater flexibility to choose their primary care services, reduce health care costs, and improve patient outcomes by requiring direct fees paid to DPC providers to be applied toward the deductibles of such participants.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the board of trustees of the Employees Retirement System of Texas in SECTION 1 of this bill and to the Teacher Retirement System of Texas in SECTION 2 of this bill.

ANALYSIS

H.B. 3015 amends the Insurance Code to require direct fees paid to a direct primary care provider to apply to the deductible of a participant enrolled in the basic coverage provided under the Employees Retirement System of Texas (ERS) or the Teacher Retirement System of Texas (TRS). The bill requires the board of trustees of ERS and TRS, as applicable, to adopt rules necessary to implement the bill's provisions. The bill defines the following terms for purposes of the bill's provisions:

- "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, including a fee in any form, including a monthly retainer, membership fee, subscription fee, fee paid under a medical service agreement, or fee for a service, visit, or episode of care; and

- "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, including telemedicine medical services and telehealth services, as those terms are defined by reference to Occupations Code provisions relating to such services, provided using a technology platform.

H.B. 3015 applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2026.

EFFECTIVE DATE

September 1, 2025.