

By: Alders, et al.

H.B. No. 3015

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the application of direct primary care fees to
3 insurance deductibles in certain state health benefit plans.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Chapter 1551, Insurance Code, is amended by
6 adding Subchapter K to read as follows:

SUBCHAPTER K. DIRECT PRIMARY CARE SERVICES

Sec. 1551.501. DEFINITIONS. In this subchapter:

13 (A) monthly retainer;

14 (B) membership fee;

15 (c) subscription fee;

16 (D) fee paid under a medical service agreement;

17 or

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

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

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

16 SECTION 2. Chapter 1575, Insurance Code, is amended by
17 adding Subchapter L to read as follows:

18 SUBCHAPTER L. DIRECT PRIMARY CARE SERVICES

19 Sec. 1575.551. DEFINITIONS. In this subchapter:

20 (1) "Direct fee" means a fee charged by a physician to
21 a patient or a patient's designee for primary medical care services
22 provided by, or to be provided by, the physician to the patient.

23 The term includes a fee in any form, including a:

24 (A) monthly retainer;
25 (B) membership fee;
26 (C) subscription fee;
27 (D) fee paid under a medical service agreement;

1 or

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

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

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

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

24 SECTION 3. Chapter 1579, Insurance Code, is amended by
25 adding Subchapter H to read as follows:

26 SUBCHAPTER H. DIRECT PRIMARY CARE SERVICES

27 Sec. 1579.351. DEFINITIONS. In this subchapter:

1 (1) "Direct fee" means a fee charged by a physician to
2 a patient or a patient's designee for primary medical care services
3 provided by, or to be provided by, the physician to the patient.

4 The term includes a fee in any form, including a:

5 (A) monthly retainer;
6 (B) membership fee;
7 (C) subscription fee;
8 (D) fee paid under a medical service agreement;

9 or

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

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

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

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

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

5 SECTION 4. The changes in law made by this Act apply only to
6 a plan year that commences on or after January 1, 2026.

7 SECTION 5. This Act takes effect September 1, 2025.