

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB26-1096 be amended as follows:

1 Amend reengrossed bill, page 4, after line 23 insert:

2 "(XI) THE FEES PAID BY THE MEMBER PURSUANT TO THE DIRECT
3 PURCHASE OF PRIMARY CARE SERVICES OR AS A RESULT OF THE DIRECT
4 PRIMARY CARE AGREEMENT ENTERED INTO BETWEEN THE DIRECT PRIMARY
5 HEALTH-CARE PROVIDER AND THE MEMBER ARE BASED ON A FEE OF NO
6 MORE THAN EIGHTY DOLLARS OR ARE A DOLLAR AMOUNT THAT IS
7 IDENTICAL TO THE COST CHARGED TO AN INDIVIDUAL WHO IS NOT ELIGIBLE
8 FOR MEDICAID AND SEEKS PRIMARY CARE SERVICES, WHICHEVER AMOUNT
9 IS LESS.

10 (5) (a) A DIRECT PRIMARY HEALTH-CARE PROVIDER SHALL NOT
11 COLLECT PAYMENT FROM A MEMBER UNTIL AFTER THE MEMBER AND
12 DIRECT PRIMARY HEALTH-CARE PROVIDER MEET THE REQUIREMENTS
13 DESCRIBED IN SUBSECTION (4) OF THIS SECTION.

14 (b) THE DIRECT PRIMARY HEALTH-CARE PROVIDER SHALL NOT
15 CHARGE, COLLECT, OR ATTEMPT TO COLLECT FROM A MEMBER A PAYMENT
16 THAT EITHER EXCEEDS EIGHTY DOLLARS OR IS A DOLLAR AMOUNT THAT IS
17 IDENTICAL TO THE COST CHARGED TO AN INDIVIDUAL WHO IS NOT ELIGIBLE
18 FOR MEDICAID AND SEEKS PRIMARY CARE SERVICES, WHICHEVER AMOUNT
19 IS LESS.

20 (c) THE DOLLAR AMOUNT LIMITATION ESTABLISHED IN SUBSECTION
21 (5)(b) OF THIS SECTION IS INTENDED TO ENSURE THAT THE COSTS
22 ASSOCIATED WITH RECEIVING PRIMARY CARE SERVICES FROM A DIRECT
23 PRIMARY HEALTH-CARE PROVIDER DO NOT IMPOSE A FINANCIAL BURDEN
24 ON MEMBERS THAT IS INCONSISTENT WITH THE FEDERAL MEDICAID
25 AFFORDABILITY STANDARDS."

26 Renumber succeeding subsections accordingly.

27 Page 5, line 27, strike "(7)(a)" and substitute "(8)(a)".

28 Page 6, line 4, strike "(7)(a)" and substitute "(8)(a)".

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