

Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 26-0044.01 Chelsea Princell x4335

HOUSE BILL 26-1096

HOUSE SPONSORSHIP

Johnson and Feret,

SENATE SPONSORSHIP

Rich,

House Committees
Health & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING ACCESS TO DIRECT PRIMARY CARE SERVICES FOR**
102 **COLORADO MEDICAID MEMBERS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

The bill prohibits the department of health care policy and financing (department) from denying a medicaid member (member) the ability to purchase primary care services or enter into a direct primary care agreement. A member who purchases direct primary care services from a direct primary health-care provider or enters into a direct primary care agreement must sign a document acknowledging that the direct

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.

primary health-care provider is enrolled in the Colorado medical assistance program only as an ordering, prescribing, and referring provider; that the direct primary health-care provider does not accept medicaid payments for the services rendered; that the member cannot submit a claim for medicaid reimbursement for the services rendered by the direct primary health-care provider; and that the member retains the right to receive primary care services from a primary care provider who is enrolled in the Colorado medical assistance program.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds that:

4 (a) The public policy of the state of Colorado promotes access to
5 medical care for all Colorado citizens by encouraging innovative,
6 cost-saving arrangements;

7 (b) Direct primary health-care providers use a model of
8 health-care delivery based on a periodic fee for a specified period of time,
9 rather than a fee-for-service arrangement financed through health
10 insurance;

11 (c) Direct primary care services represent an option that can
12 improve access to affordable primary care services, increasing the health
13 and well-being of patients;

14 (d) Although direct primary care services are not reimbursable by
15 medicaid, a medicaid member who utilizes a direct primary health-care
16 provider is still able to use their medicaid benefits for services not
17 provided by the medicaid member's direct primary health-care provider;
18 and

19 (e) Patients in Colorado, including those on medicaid, have the
20 right to choose the providers that best fit their unique health needs and
21 have the ability to access health-care providers that are closer to home,

1 when available. Access to timely and appropriate primary care is a crucial
2 component of ensuring the health and well-being of our communities,
3 particularly in rural and frontier areas where access to clinics, providers,
4 and other resources may be limited.

5 (2) Therefore, the general assembly declares that Coloradans
6 enrolled in medicaid must have the option to access direct primary
7 health-care providers, and direct primary health-care providers must be
8 allowed to opt-in to providing services to medicaid patients.

9 **SECTION 2.** In Colorado Revised Statutes, 6-23-101, **amend** the
10 introductory portion; and **add** (2.5) as follows:

11 **6-23-101. Definitions.**

12 As used in this ~~section~~ ARTICLE 23, UNLESS THE CONTEXT
13 OTHERWISE REQUIRES:

14 (2.5) "MEMBER" HAS THE MEANING SET FORTH IN SECTION
15 25.5-1-103.

16 **SECTION 3.** In Colorado Revised Statutes, **add** 6-23-106 as
17 follows:

18 **6-23-106. Direct primary care - medicaid members - federal**
19 **authorization - report - definition - repeal.**

20 (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
21 REQUIRES, "ORDERING, PRESCRIBING, OR REFERRING PROVIDER" MEANS A
22 PHYSICIAN OR AN ELIGIBLE NON-PHYSICIAN PRACTITIONER ENROLLED IN
23 THE COLORADO MEDICAL ASSISTANCE PROGRAM WHO ORDERS TESTS,
24 SERVICES, OR MEDICATIONS FOR A MEMBER BUT DOES NOT BILL THE
25 COLORADO MEDICAL ASSISTANCE PROGRAM FOR THE SERVICES DIRECTLY.

26 (2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
27 SHALL NOT PROHIBIT A MEMBER FROM PURCHASING PRIMARY CARE

1 SERVICES OR ENTERING INTO A DIRECT PRIMARY CARE AGREEMENT.

2 (3) A DIRECT PRIMARY HEALTH-CARE PROVIDER SHALL NOT
3 SUBMIT A FEE-FOR-SERVICE CLAIM FOR PRIMARY CARE SERVICES
4 RENDERED TO MEDICAID FOR REIMBURSEMENT.

5 (4) A MEMBER WHO PURCHASES PRIMARY CARE SERVICES FROM A
6 DIRECT PRIMARY HEALTH-CARE PROVIDER OR ENTERS INTO A DIRECT
7 PRIMARY CARE AGREEMENT WITH A DIRECT PRIMARY HEALTH-CARE
8 PROVIDER MUST SIGN A DOCUMENT PROVIDED BY THE DIRECT PRIMARY
9 HEALTH-CARE PROVIDER ACKNOWLEDGING THE FOLLOWING:

10 (a) THE DIRECT PRIMARY HEALTH-CARE PROVIDER IS ENROLLED IN
11 THE COLORADO MEDICAL ASSISTANCE PROGRAM ONLY AS AN ORDERING,
12 PRESCRIBING, AND REFERRING PROVIDER AND THE DIRECT PRIMARY
13 HEALTH-CARE PROVIDER DOES NOT ACCEPT MEDICAID PAYMENTS FOR THE
14 SERVICES RENDERED;

15 (b) THE MEMBER MAY NOT SUBMIT A CLAIM FOR MEDICAID
16 REIMBURSEMENT FOR PRIMARY CARE SERVICES RENDERED BY THE DIRECT
17 PRIMARY HEALTH-CARE PROVIDER PURSUANT TO THE DIRECT PURCHASE
18 OF PRIMARY CARE SERVICES OR AS A RESULT OF THE DIRECT PRIMARY
19 CARE AGREEMENT ENTERED INTO BETWEEN THE DIRECT PRIMARY
20 HEALTH-CARE PROVIDER AND THE MEMBER; AND

21 (c) THE MEMBER RETAINS THE RIGHT TO RECEIVE PRIMARY CARE
22 SERVICES FROM A PRIMARY CARE PROVIDER WHO IS ENROLLED IN THE
23 COLORADO MEDICAL ASSISTANCE PROGRAM.

24 (5) A DIRECT PRIMARY HEALTH-CARE PROVIDER WHO PROVIDES
25 PRIMARY CARE SERVICES TO A MEMBER WHO DIRECTLY PURCHASES
26 PRIMARY CARE SERVICES FROM THE DIRECT PRIMARY HEALTH-CARE
27 PROVIDER OR AS A RESULT OF THE DIRECT PRIMARY CARE AGREEMENT

1 ENTERED INTO BETWEEN THE DIRECT PRIMARY HEALTH-CARE PROVIDER
2 AND THE MEMBER MUST ENROLL IN THE COLORADO MEDICAL ASSISTANCE
3 PROGRAM AS AN ORDERING, PRESCRIBING, OR REFERRING PROVIDER TO
4 ENSURE ORDERS, PRESCRIPTIONS, AND REFERRALS FOR MEMBERS ARE
5 ACCEPTED AND PROCESSED APPROPRIATELY THROUGH THE COLORADO
6 MEDICAL ASSISTANCE PROGRAM.

7 (6) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
8 SHALL SEEK ANY FEDERAL AUTHORIZATION NECESSARY TO IMPLEMENT
9 THIS SECTION.

10 (7) (a) ON OR BEFORE NOVEMBER 15, 2028, A DIRECT PRIMARY
11 HEALTH-CARE PROVIDER WHO PROVIDES PRIMARY CARE SERVICES TO A
12 MEMBER SHALL SUBMIT TO THE STATE DEPARTMENT:

13 (I) THE NUMBER OF MEMBERS THE DIRECT PRIMARY HEALTH-CARE
14 PROVIDER HAS SERVED FROM AUGUST 12, 2026, TO NOVEMBER 1, 2028;
15 AND

16 (II) WHETHER THE DIRECT PRIMARY HEALTH-CARE PROVIDER WAS
17 ENROLLED IN THE COLORADO MEDICAL ASSISTANCE PROGRAM AND
18 DISENROLLED IN THE COLORADO MEDICAL ASSISTANCE PROGRAM
19 BETWEEN AUGUST 12, 2026, AND NOVEMBER 1, 2028, AND STARTED
20 PROVIDING DIRECT PRIMARY CARE SERVICES TO MEMBERS DURING THAT
21 TIME.

22 (b) ON OR BEFORE JANUARY 1, 2029, THE STATE DEPARTMENT
23 SHALL INCLUDE AS PART OF ITS "SMART ACT" PRESENTATION REQUIRED
24 BY SECTION 2-7-203 INFORMATION THAT IS READILY AVAILABLE ON:

25 (I) THE NUMBER OF MEMBERS SERVED BY DIRECT PRIMARY
26 HEALTH-CARE PROVIDERS AS REPORTED BY THE DIRECT PRIMARY
27 HEALTH-CARE PROVIDERS PURSUANT TO SUBSECTION (7)(a) OF THIS

1 SECTION;

2 (II) THE NUMBER OF PRIMARY CARE PROVIDERS WHO WERE
3 ENROLLED IN THE COLORADO MEDICAL ASSISTANCE PROGRAM AND
4 REPORTED TO THE STATE DEPARTMENT PURSUANT TO SUBSECTION (7)(a)
5 THAT THEY DISENROLLED IN THE COLORADO MEDICAL ASSISTANCE
6 PROGRAM BETWEEN AUGUST 12, 2026, AND NOVEMBER 1, 2028;

7 (III) THE NUMBER OF PRIMARY CARE PROVIDERS WHO WERE
8 ENROLLED IN THE COLORADO MEDICAL ASSISTANCE PROGRAM BEFORE
9 AUGUST 12, 2026; AND

10 (IV) THE NUMBER OF PRIMARY CARE PROVIDERS WHO WERE
11 ENROLLED IN THE COLORADO MEDICAL ASSISTANCE PROGRAM AFTER
12 NOVEMBER 1, 2028.

13 SECTION 4. In Colorado Revised Statutes, 25.5-4-301, **amend**
14 (1)(a)(III)(B) as follows:

15 **25.5-4-301. Recoveries - overpayments - penalties - interest -**
16 **adjustments - liens - review or audit procedures - cash fund - rules -**
17 **definitions - repeal.**

18 (1) (a) (III) (B) A member may enter into a written agreement
19 with a third party or provider, INCLUDING A DIRECT PRIMARY CARE
20 AGREEMENT, AS DEFINED IN SECTION 6-23-101, under which the member
21 agrees to pay for items provided or services rendered that are outside of
22 the network or plan protocols, INCLUDING DIRECT PRIMARY CARE
23 RETAINER PAYMENTS MADE ON BEHALF OF THE MEMBER. The member's
24 agreement to be personally liable for nonemergency, nonreimbursable
25 items must be recorded on forms approved by the state board and signed
26 and dated by both the member and the provider in advance of the services
27 being rendered.

1 **SECTION 5. Act subject to petition - effective date.** This act
2 takes effect at 12:01 a.m. on the day following the expiration of the
3 ninety-day period after final adjournment of the general assembly (August
4 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
5 referendum petition is filed pursuant to section 1 (3) of article V of the
6 state constitution against this act or an item, section, or part of this act
7 within such period, then the act, item, section, or part will not take effect
8 unless approved by the people at the general election to be held in
9 November 2026 and, in such case, will take effect on the date of the
10 official declaration of the vote thereon by the governor.