Stricken language would be deleted from and underlined language would be added to present law. Act 1020 of the Regular Session

1 2	State of Arkansas 91st General Assembly	A Bill	
3	Regular Session, 2017		HOUSE BILL 2240
4			
5	By: Representative Gonzales		
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7		For An Act To Be Entitled	
8	AN ACT TO EX	EMPT DIRECT PRIMARY CARE AGREEMENTS	FROM
9	INSURANCE RE	GULATION; AND FOR OTHER PURPOSES.	
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12		Subtitle	
13	TO EXEN	MPT DIRECT PRIMARY CARE AGREEMENTS	
14	FROM II	NSURANCE REGULATION.	
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17	BE IT ENACTED BY THE GEN	VERAL ASSEMBLY OF THE STATE OF ARKAN	SAS:
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19	SECTION 1. Arkans	sas Code § 23-60-104 is amended to r	ead as follows:
20	23-60-104. Excepti	ons — Burial associations — Health	care sharing
21	ministries — <del>Concierge s</del>	ervice arrangements Direct primary	<u>care agreements</u> —
22	Definitions.		
23	(a) The Arkansas	Insurance Code and rules promulgate	d by the Insurance
24	Commissioner under the A	arkansas Insurance Code do not apply	to a:
25	(1) Burial	association governed by §§ 23-78-10	1 - 23-78-119 and
26	23-78-121 - 23-78-125;		
27	(2) <del>Concier</del>	<del>ge service arrangement</del> <u>Direct prima</u>	ry care agreement;
28	or		
29	(3) Health	care sharing ministry.	
30	(b) As used in th	is section:	
31	(1)(A) " <del>Con</del>	ncierge service arrangement <u>Direct p</u>	<u>rimary care</u>
32	<u>agreement</u> " means a <del>contr</del>	<del>actual</del> <u>written</u> agreement <u>that:</u>	
33		(i) Is between a licensed healthca	re provider and <del>an</del>
34	<del>individual</del> <u>a patient or</u>	the patient's legal representative;	-
35		(ii)(a) Allows either party to ter	<u>minate the</u>
36	<u>agreement in writing, wi</u>	thout penalty or payment of a termi	<u>nation fee, at any</u>



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1	time or after notice as specified in the agreement.
2	(b) The notice of termination described in
3	subdivision (b)(l)(A)(ii)(a) of this section shall not exceed sixty (60)
4	<u>days;</u>
5	<u>(iii)</u> <del>to provide</del> <u>Describes</u> <del>select medical</del> <u>the</u>
6	<u>healthcare</u> services <u>to be provided</u> <del>as specified under a medical arrangement</del>
7	<u>in exchange</u> for <u>payment of</u> <del>an established</del> <u>a periodic</u> fee <u>;</u>
8	(iv) Specifies the periodic fee required and any
9	additional fees that may be charged;
10	(v) May allow the periodic fee and any additional
11	fees to be paid by a third party;
12	(vi) Prohibits the healthcare provider from charging
13	or receiving additional compensation for healthcare services included in the
14	periodic fee; and
15	(vii) Conspicuously and prominently states that the
16	agreement is not health insurance and does not meet any individual health
17	insurance mandate that may be required by federal law.
18	(B) A <del>concierge service arrangement</del> <u>direct primary care</u>
19	agreement shall provide a written disclaimer on or accompanying an
20	application distributed by or on behalf of an entity offering a <del>concierge</del>
21	service arrangement direct primary care agreement that reads, in substance:
22	"Notice: A <del>concierge service arrangement</del> <u>direct primary care agreement</u> is not
23	an insurance policy, and the select medical services as specified under a
24	<del>concierge service arrangement</del> <u>direct primary care agreement</u> may not
25	constitute the minimum essential health benefits under federal healthcare
26	laws established by Pub. L. No. 111-148, as amended by Pub. L. No. 111-152,
27	and any amendments to, or regulations or guidance issued under, those
28	statutes existing on <del>January 1, 2015</del> <u>January 1, 2017</u> . Medical services
29	provided under a <del>concierge service arrangement</del> <u>direct primary care agreement</u>
30	may not be covered by or coordinated with your health insurance and you may
31	be responsible for any payment for medical services not covered by health
32	insurance under your insurer's statement of benefits policy."; and
33	(C) "Direct primary care agreement" does not mean a health
34	benefit plan or a health maintenance organization as defined in § 23-76-102;
35	and
36	(2) "Health care sharing ministry" means a faith-based,

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1 nonprofit organization that: 2 (A) Is tax-exempt under the Internal Revenue Code of 1986; 3 (B) Limits participation to those who are of a similar 4 faith; 5 (C) Facilitates an arrangement to match participants who 6 have financial or medical needs to participants with the present ability to 7 assist those with financial or medical needs according to criteria 8 established by the health care sharing ministry; 9 (D) Provides for the financial or medical needs of a 10 participant through contributions from one (1) participant to another; 11 (E) Establishes contribution amounts for participants with 12 no guarantee of return, assumption of risk, or promise to pay qualified 13 medical needs of the participant or of the medical provider performing the 14 service or services for the participant; 15 (F) Provides a written monthly statement to its 16 participants that lists: 17 The total dollar amount of qualified needs (i) 18 submitted to the health care sharing ministry; and 19 The amount of contribution established for its (ii) 20 participants; 21 (G) Provides a written disclaimer on or accompanying an 22 application and guideline material distributed by or on behalf of the health 23 care sharing ministry that reads, in substance: 24 "Notice: The organization facilitating the sharing of medical expenses is not 25 an insurance company and neither its guidelines nor plan of operation is an 26 insurance policy. If anyone chooses to assist you with your medical bills, it 27 will be totally voluntary because participants are not compelled by law to 28 contribute toward your medical bills. Participation in the organization or a 29 subscription to any of its documents should never be considered to be 30 insurance. Regardless of whether you receive a payment for medical expenses 31 or if this organization continues to operate, you are always personally 32 responsible for the payment of your own medical bills."; and 33 (H) Transfers or distributes contribution amounts from one 34 (1) participant to match the qualified medical needs of another participant 35 to whom neither the organization nor the sending participant has an 36 obligation or commitment to pay for any qualified medical needs with its own

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1	funds.
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3	SECTION 2. Arkansas Code § 23-76-103(c)(2), concerning applicability
4	of laws concerning hospital and medical service corporations, is amended to
5	read as follows:
6	(2) Concierge service arrangement Direct primary care agreement
7	as defined in § 23-60-104(b).
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10	APPROVED: 04/06/2017
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