**South Carolina General Assembly**

124th Session, 2021-2022

**H. 4169**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Thayer, W. Cox and Hill

Document Path: l:\council\bills\jn\3392ph21.docx

Companion/Similar bill(s): 718

Introduced in the House on April 7, 2021

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Direct Primary Care Agreement

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/7/2021 House Introduced and read first time ([House Journal‑page 64](file:///h:\hj\20210407.docx))

4/7/2021 House Referred to Committee on **Labor, Commerce and Industry** ([House Journal‑page 64](file:///h:\hj\20210407.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=4169&session=124&summary=B) at the website

**VERSIONS OF THIS BILL**

[4/7/2021](file:///p:\pprever\2021-22\4169_20210407.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑61‑80 SO AS TO ESTABLISH THAT A DIRECT PRIMARY CARE AGREEMENT IS NOT A CONTRACT OF INSURANCE AND NOT SUBJECT TO REGULATION BY THE DEPARTMENT OF INSURANCE, AND TO DEFINE THE TERM DIRECT PRIMARY CARE AGREEMENT.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Chapter 61, Title 38 of the 1976 Code is amended by adding:

“Section 38‑61‑80. (A) A direct primary care agreement is not a contract of insurance in this State and is not subject to regulation by the Department of Insurance.

(B) For the purposes of this section, a ‘direct primary care agreement’ means a written agreement between a patient or their legal representative and a health care provider that:

(1) allows either party to terminate the agreement in writing, without penalty or payment of a termination fee, at any time or after a notice period specified in the agreement not to exceed sixty days;

(2) describes the health care services to be provided in exchange for payment of a periodic fee;

(3) specifies the amount of the periodic fee and any additional fees to be paid by a third party;

(4) allows the periodic fee and any additional fees to be paid by a third party;

(5) prohibits the provider from charging or receiving additional compensation for health care services included in the periodic fee; and

(6) conspicuously and prominently states that the agreement is not health insurance and does not meet any individual health insurance mandate required by federal law.”

SECTION 2. This act takes effect upon approval by the Governor.

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