**South Carolina General Assembly**

122nd Session, 2017-2018

**S. 276**

**STATUS INFORMATION**

General Bill

Sponsors: Senator Bryant

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Companion/Similar bill(s): 3546, 4643

Introduced in the Senate on January 24, 2017

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Direct primary care agreement

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/24/2017 Senate Introduced and read first time ([Senate Journal‑page 12](file:///h:\sj\20170124.docx))

1/24/2017 Senate Referred to Committee on **Banking and Insurance** ([Senate Journal‑page 12](file:///h:\sj\20170124.docx))

View the latest [legislative information](http://www.scstatehouse.gov/billsearch.php?billnumbers=276&session=122&summary=B) at the website

**VERSIONS OF THIS BILL**

[1/24/2017](file:///p:\pprever\2017-18\276_20170124.docx)

**A** **BILL**

TO AMEND CHAPTER 61, TITLE 38 OF THE 1976 CODE, RELATING TO INSURANCE CONTRACTS GENERALLY, 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 his 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;

(4) specifies who is responsible for paying the periodic fee, whether it is the patient, his legal representative, or a named 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 mandates required by federal law.”

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

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