**South Carolina General Assembly**

126th Session, 2025-2026

**H. 3966**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Davis and Sessions

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Introduced in the House on February 12, 2025

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

Summary: Direct Primary Care Agreements

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/12/2025 House Introduced and read first time ([House Journal‑page 15](h:\hj\20250212.docx))

2/12/2025 House Referred to Committee on **Labor, Commerce and Industry** ([House Journal‑page 15](h:\hj\20250212.docx))

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=3966&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[02/12/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/3966_20250212.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 38‑61‑90 SO AS TO ESTABLISH THAT A DIRECT PRIMARY CARE AGREEMENT IS NOT A CONTRACT OF INSURANCE AND TO DEFINE TERMS.

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

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

Section 38‑61‑90. (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 healthcare 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 healthcare 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 healthcare 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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