



Appendix A: Direct Primary Care Agreements

In-Office Health and Dental Plans

Direct Primary Care Agreement (DPCA) laws provide guidance and restrictions for health care providers that establish private agreements with their patients providing specified scope of services for an established periodic fee. The laws generally establish the following:

- Contracting requirements
- Restrictions on billing or filing claims with carriers
- Exemptions from state insurance authority regulation or oversight
- Certain patient notification requirements

Direct Primary Care Agreement Legislation

States That Include Dental

Eighteen states *include dental* in the definition of health care provider authorized to engage in DPCA. (*Two states are *dental specific*.)

| 18 States | Select Provisions <i>(See state law for a full review of requirements and restrictions.)</i> |
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| ALABAMA SB 94 2017 | <ul style="list-style-type: none"> • Cannot bill a third party any additional fee for services for patients covered under a dental agreement. • No license required to offer, market, sell, or enter into DPCAs. • Periodic fee does not count toward deductible or out-of-pocket maximum. • Urge consult with health insurer. Insurer may cover services also covered in DPCA. |
| ARIZONA SB 1105 2019 | <ul style="list-style-type: none"> • Prohibits direct primary care providers (DPCPs) from submitting a claim to patients' health care insurer for DPCA services. • Allows health care insurers or other third parties to pay for the periodic fee and any additional fees for ongoing care under the agreement. |
| ARKANSAS HB 2240 2017 | <ul style="list-style-type: none"> • Prohibits the health care provider from charging or receiving additional compensation for health care services included in the periodic fee. • Allows health care insurers or other third parties to pay for the periodic fee. |



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| FLORIDA HB 7 2019 | <ul style="list-style-type: none">• Provider may not submit a claim for DPCA services.• Provider allowed to market, sell, or offer to sell a direct medical care agreement. |
| IDAHO SB 1062 2015 | <ul style="list-style-type: none">• Provider or patient prohibited from billing insurer for DPCA services.• Urge consult with health insurer. |
| *ILLINOIS SB 174 2019 | <ul style="list-style-type: none">• DPCA law is dental-specific.• Dentist and patient prohibited from billing insurer for DPCA services.• Urge consult with health insurer.• Dentist <i>may</i> refund unearned direct fees associated with the covered services in the agreement.• Establishes restrictions on transfer of agreements. |
| INDIANA SB 303 2017 | <ul style="list-style-type: none">• Prohibits billing a third party that provides coverage to the patient for the primary care health services. |
| IOWA HF2356 2018 | <ul style="list-style-type: none">• Dentist may not bill insurance.• A direct patient may submit a request for reimbursement to an insurer if permitted under the direct patient's policy of insurance.• Contract must specify any additional costs for primary care health services not covered by the direct service charge for which the direct patient will be responsible.• Urge consult with health insurer for DPCA services.• Allows periodic fee or additional fees to be paid by insurer or third party. |
| *LOUISIANA SB 127 2019 | <ul style="list-style-type: none">• DPCA law is dental-specific.• Periodic fee does not count toward deductible or out-of-pocket maximum.• Urge consult with health insurer for DPCA services.• Dentist allowed to market, sell, or offer to sell a direct medical care agreement.• Patients would not forfeit their insurance, Medicaid, or Medicare benefits by purchasing a DPCA.• Allows a direct dental practice to accept payment of periodic fees for a DPCA directly or indirectly from third parties, including employers. |



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| MICHIGAN SB 1033 2014 | <ul style="list-style-type: none">• Provider and patient prohibited from billing insurer for DPCA services.• Provider allowed to market, sell, or offer to sell a direct medical care agreement. |
| NORTH CAROLINA HB 471 2020 | <ul style="list-style-type: none">• Provider may not bill any third parties on a fee-for-service basis.• Provider and their agent(s) shall not be required to be licensed or certified to market, sell, or offer to sell direct primary care agreements. |
| OKLAHOMA SB 560 2015 | <ul style="list-style-type: none">• Prohibits provider from billing third parties on a fee-for-service basis.• Any per-visit charges under the agreement will be less than the monthly equivalent of the periodic fee.• DPCA patient does not forfeit coverage under a health benefit plan.• No certification of authority or license required to market, sell, or offer to sell a DPCA.• A direct primary care membership agreement is not a medical discount plan. |
| TENNESSEE SB 2317 2020 | <ul style="list-style-type: none">• Prohibits billing third party payers.• Charges under the agreement must be less than the monthly equivalent of the periodic fee.• Periodic fee does not count toward deductible or out-of-pocket maximum.• Urge consult with health insurer.• DPCA patient does not forfeit coverage under a health benefit plan.• Specifies DPCA is not a discount plan.• Provider not required to obtain certification of authority or license in order to market, sell, or offer to sell a direct medical care agreement. |
| UTAH HB 240 2012 | <ul style="list-style-type: none">• Provider may not submit a claim for DPCA services.• A person or a professional corporation agrees to provide <i>routine health care services</i> to the individual patient for an agreed upon fee and period of time.• “Routine health care services” are screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury. |



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| <p>VIRGINIA</p> <p>SB 800</p> <p>HB 2053</p> <p>2017</p> | <ul style="list-style-type: none">• Provider may not bill insurance.• Urge consult with health insurer. Insurer may cover services also covered in DPCA. |
| <p>WASHINGTON</p> <p>SB 5958</p> <p>2007</p> | <ul style="list-style-type: none">• Provider may not bill and insurer or submit a claim for DPCA services.• Urge consult with health insurer. Insurer may cover services also covered in DPCA.• Allows periodic or other fee to be paid by a third party.• Provider allowed to market, sell, or offer to sell a direct medical care agreement.• Note: State insurance authority currently rules that dentists are not eligible to engage in DPCAs. |
| <p>WEST VIRGINIA</p> <p>HB 2301</p> <p>2017</p> | <ul style="list-style-type: none">• DPCA patient does not forfeit coverage under a health benefit plan.• Specifies DPCA is not a discount plan.• Provider allowed to market, sell, or offer to sell a direct medical care agreement. |
| <p>WYOMING</p> <p>SB 49</p> <p>2016</p> | <ul style="list-style-type: none">• Allows periodic fee or additional fees to be paid by insurer or third party.• Prohibits the provider from charging or receiving additional compensation for health care services included in the periodic fee. |

States That Do Not Include Dental

Twelve states *do not include dental* in the definition of health care provider authorized to engage in DPCAs.

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| Colorado | HB 1115 | 2017 |
| Georgia | SB 18 | 2019 |
| Kansas | HB 2225 | 2015 |
| Kentucky | SB 79 | 2017 |
| Maine | SB 472 | 2017 |
| Mississippi | SB 2687 | 2015 |
| Missouri | HB 769 | 2015 |
| Nebraska | L 817 | 2016 |
| New Hampshire | HB 508 | 2019 |
| Ohio | HB 166 | 2019 |
| Oregon | SB 86 | 2011 |
| Texas | HB 1945 | 2015 |

Common DPCA Statutory Themes

Contract provision requirements:

Scope, periodic fee, termination, etc. ** Maximum number of months fees can be collected. ** Periodic fee does not count toward deductible or out-of-pocket maximum. ** Urge consult with health insurer. Insurer may cover services also covered in DPCA. ** Dentist may decline patient for cause. ** Allows periodic or other fee to be paid by a third party. ** Prohibits dentist from charging or receiving additional compensation for services in the periodic fee. ** Allows periodic fee or additional fees to be paid by insurer or third party. ** DPCA patient does not forfeit coverage under a health benefit plan. ** Specifies DPCA is not a discount plan. ** Per-visit charges in agreement must be less than monthly periodic fee. ** Provider allowed to market, sell, or offer to sell a direct medical care agreement.

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