

By: Representative Currie (By Request)

To: Public Health and Human Services

HOUSE BILL NO. 1292

1 AN ACT TO BRING FORWARD SECTIONS 83-81-1, 83-81-3, 83-81-5,  
2 83-81-7, 83-81-9 AND 83-81-11, MISSISSIPPI CODE OF 1972, WHICH ARE  
3 THE DIRECT PRIMARY CARE ACT, FOR THE PURPOSE OF POSSIBLE  
4 AMENDMENT; AND FOR RELATED PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

6 **SECTION 1.** Section 83-81-1, Mississippi Code of 1972, is  
7 brought forward as follows:

8 83-81-1. This chapter shall be known as the "Mississippi  
9 Direct Primary Care Act."

10 **SECTION 2.** Section 83-81-3, Mississippi Code of 1972, is  
11 brought forward as follows:

12 83-81-3. As used in this chapter, the following words and  
13 phrases have the meanings as defined in this section unless the  
14 context clearly indicates otherwise:

15 (a) "Primary care provider" means an individual or  
16 other legal entity that is licensed, registered or otherwise  
17 authorized to provide primary care services in this state under  
18 Chapter 25, Title 73, Mississippi Code of 1972. Primary care  
19 provider includes an individual or other legal entity alone or



20 with others professionally associated with the individual or other  
21 legal entity.

22 (b) "Direct primary care agreement" means a contract  
23 between a primary care provider and an individual patient or his  
24 or her legal representative or between a primary care provider and  
25 an employer on behalf of its employees in which the primary care  
26 provider agrees to provide primary care services to the individual  
27 patient for an agreed-upon fee and period of time.

28 (c) "Direct primary care service" means a service that  
29 is provided by charging a periodic fee-for-services; not billing  
30 any third parties on a fee-for-service basis for the individual  
31 covered by the direct primary care agreement; and allowing for a  
32 per visit fee to be charged to the patient at the time of service.

33 (d) "Primary care service" includes, but is not limited  
34 to, the screening, assessment, diagnosis, and treatment for the  
35 purpose of promotion of health or the detection and management of  
36 disease or injury within the competency, training, and scope of  
37 the primary care provider. This may also include fees for  
38 advanced technology or techniques used within the practice that  
39 may offer benefits for improved patient engagement.

40 **SECTION 3.** Section 83-81-5, Mississippi Code of 1972, is  
41 brought forward as follows:

42 83-81-5. A direct primary care agreement shall not be  
43 considered to be an insurance product nor shall the primary care



44 provider be considered to be engaging in the business of insurance  
45 for the purpose of this Title 83, Mississippi Code of 1972.

46 **SECTION 4.** Section 83-81-7, Mississippi Code of 1972, is  
47 brought forward as follows:

48 83-81-7. A primary care provider or agent of a primary care  
49 provider is not required to obtain a certificate of authority or  
50 license under this chapter to market, sell, or offer to sell a  
51 direct primary care agreement.

52 **SECTION 5.** Section 83-81-9, Mississippi Code of 1972, is  
53 brought forward as follows:

54 83-81-9. To offer a direct primary care service, the primary  
55 care provider must obtain a completed direct primary care  
56 agreement for each patient obtaining direct primary care services.  
57 In order to be considered a direct primary care agreement for the  
58 purposes of this section, the direct primary care agreement must  
59 meet all of the following requirements:

60 (a) Be in writing;

61 (b) Be signed by the individual patient or his or her  
62 legal representative and be made available for the records of the  
63 primary care provider or agent of the primary care provider;

64 (c) Allow either party to terminate the agreement on  
65 written notice to the other party;

66 (d) Describe the scope of primary care services that  
67 are covered by the periodic fee;



68 (e) Specify the periodic fee for ongoing care under the  
69 agreement;

70 (f) Specify the duration of the agreement, any  
71 automatic renewal periods, and prohibit the prepayment of the  
72 agreement. Upon discontinuing the agreement, all unearned funds,  
73 as determined by the lesser of normal undiscounted fee-for-service  
74 charges that would have been billed in place of the agreement or  
75 the remainder of the membership contract, are returned to the  
76 patient. Upon termination of the agreement, the patient shall not  
77 be liable for the remainder of payment associated with the  
78 agreement or membership contract. However, the patient shall be  
79 responsible for the true cost of services rendered regardless of  
80 when the contract is terminated.

81 (g) Prominently state in writing the following:

82 (i) That the agreement is not health insurance;

83 (ii) That the agreement standing alone does not  
84 satisfy the health benefit requirements as established in the  
85 federal Affordable Care Act; and

86 (iii) That, without adequate insurance coverage in  
87 addition to this agreement, the patient may be subject to fines  
88 and penalties associated with the federal Affordable Care Act.

89 **SECTION 6.** Section 83-81-11, Mississippi Code of 1972, is  
90 brought forward as follows:

91 83-81-11. Those primary care providers who offer direct  
92 primary care services to their patients may not decline to accept



93 new direct primary care patients or discontinue care to existing  
94 patients solely because of the patient's health status. A direct  
95 primary care provider may decline to accept a patient if the  
96 practice has reached its maximum capacity, or if the patient's  
97 medical condition is such that the provider is unable to provide  
98 the appropriate level and type of primary care services the  
99 patient requires. So long as the direct primary care provider  
100 provides the patient notice and opportunity to obtain care from  
101 another physician, the direct primary care provider may  
102 discontinue care for direct primary care patients if:

103 (a) The patient fails to pay the periodic fee;

104 (b) The patient has performed an act of fraud;

105 (c) The patient repeatedly fails to adhere to the  
106 recommended treatment plan;

107 (d) The patient is abusive and presents an emotional or  
108 physical danger to the staff or other patients of the direct  
109 practice;

110 (e) The direct primary care provider discontinues  
111 operation as a direct primary care provider; or

112 (f) The direct primary care physician feels that the  
113 relationship is no longer therapeutic for the patient due to a  
114 dysfunctional physician/patient relationship.

115 **SECTION 7.** This act shall take effect and be in force from  
116 and after July 1, 2020.

