



## Ohio Revised Code

### Section 3901.95 Direct primary care agreement not to be considered insurance.

Effective: October 17, 2019

Legislation: House Bill 166 - 133rd General Assembly

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A direct primary care agreement that meets all of the following shall not be considered insurance and nothing in Title XXXIX or Chapter 1739., 1751., or 1753. of the Revised Code shall apply to such an agreement:

- (A) It is in writing.
- (B) It is between a patient, or that patient's legal representative, and a health care provider and is related to services to be provided in exchange for the payment of a fee to be paid on a periodic basis.
- (C) It allows either party to terminate the agreement as specified in the agreement.
- (D) It requires termination to be accomplished through written notification.
- (E) It permits termination to take effect immediately upon the other party's receipt of the notification or not more than sixty days after the other party's receipt of the notification.
- (F) It does not impose a termination penalty or require payment of a termination fee.
- (G) It describes the health care services to be provided under the agreement and the basis on which a periodic fee is to be paid in exchange for those services.
- (H) It specifies the periodic fee required and any additional fees that may be charged.
- (I) It authorizes the periodic fee and any additional fees to be paid by a third party.
- (J) It prohibits the health services provider from charging or receiving any fee other than the fees prescribed in the agreement for those services prescribed in the agreement.



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(K) It conspicuously and prominently states that the agreement is not health insurance, is not subject to the insurance laws of this state, and does not meet any individual health insurance mandate that may be required under federal law.

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