

Subject Direct primary care service agreements

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Overview

This bill regulates the terms of a direct primary care service agreement, which allows a person to pay a health care provider a monthly fee and receive certain primary care services.

Summary

Section	Description
1	Direct primary care service agreement. (a) Clarifies that direct primary care service agreements are not insurance and not subject to chapters 60A or 62A. (b) Clarifies that a health care provider is not required to be licensed under chapters 60A, 62A, 62C, 62D, or 62N to sell direct primary care service agreements.
2	Health plan. Clarifies that a “health plan” does not include a directly primary care service agreement.
3	[62Q.20] Direct primary care service agreement. Subd. 1. Definitions. Defines “direct fee,” direct patient,” “direct primary care practice,” “direct primary care service agreement,” “primary care provider,” and “primary care services.” Subd. 2. Direct primary care services agreement requirements. (a) Requires direct primary care service agreements to be in writing, signed by the provider and patient, allow either party to terminate, describe the scope of coverage, specify the monthly fee and duration of the agreement, and not be auto renewed. (b) Requires the direct primary care service agreement to state that is not health insurance, does not meet the requirements of federal law mandating the

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purchase of insurance, and the fees charged in the agreement may not be reimbursed or applied toward a deductible under a health plan.

Subd. 3. Acceptance and discontinuance of patients. (a) Prohibits a direct practice from rejecting a new patient or discontinuing care for a current patient based on the patient's health status. Allows a direct practice to reject a new patient if the practice has reached capacity, the patient requires a level or type of care that can't be provided at the practice, or the patient terminated a direct agreement within the prior year.

(b) Allows a patient to terminate a direct agreement for any reason by providing written notice to the provider. Termination is effective the first day of the next month.

(c) Allows a direct practice to terminate a direct agreement only if the patient fails to pay the monthly fee, has committed fraud, or is abusive and presents a danger to the staff or other patients. Requires the direct practice to provide prompt notice of termination providing the reason for termination and the termination's effective date.

(d) Allows a direct practice to discontinue care for a patient if the practice is ceasing to provide primary care. Requires the direct practice to provide notice of termination and the termination's effective date with enough time for the patient to obtain care from other provider.

Subd. 4. Direct fees. (a) Requires direct fees to represent total amount charged, not vary based on a patient's health status or sex, be paid by the patient, and billed at the end of each month, or paid in advance for up to 12 months.

(b) Requires advance payments be held in trust for a patient and the monthly fee paid to the direct practice as earned.

(c) Requires that, upon termination of the agreement by a patient, a direct practice refund the unearned amount of fees to the patient. Requires, upon termination of the agreement by the direct practice, the unearned fees be refunded to the patient with a prorated amount being withheld for any care provided within the month.

(d) Prohibits a direct practice from increasing a monthly fee more than annually. Requires a direct practice to provide 60 days' notice to existing patients of a change in fee.

Subd. 5. Conduct of business. (a) Requires a direct practice to keep records and provide them upon request of a patient.

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	(b) Prohibits a direct practice from submitting a claim for payment by a health plan company for a patient under an agreement.
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	(c) Prohibits a person from making a false, deceptive, or misleading representation of advertisement related to a direct practice.
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	(d) Prohibits a person from making a misrepresentation of the terms of a direct agreement or its benefits, or use the name or title of a direct agreement to make a misrepresentation.
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Subd. 6. Other care not prohibited. Clarifies that a direct practice can provide services to other patients under a contract with a health plan company.

Subd. 7. Enforcement. Provides that a violation of this section is unprofessional conduct and may be disciplined under chapter 147 or 148.



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