



**TESTIMONY IN SUPPORT OF H.1160,
AN ACT RELATIVE TO DIRECT PRIMARY CARE
BEFORE THE COMMITTEE ON FINANCIAL SERVICES
JUNE 26, 2023**

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.1160, *An Act Relative to Direct Primary Care*. Direct Primary Care (DPC) is an alternative payment model, whereby patients and physicians bypass contracting through insurance and instead, the patient directly pays their primary care physician a set fee. The [Direct Primary Care Coalition](#), formed in 2015 to promote DPC in the state of Massachusetts defines DPC as “a membership-based alternative payment model in which patients, employers, or health plans pay primary care providers in flat, simple periodic fees directly for unlimited access to primary care and prevention services in a medical home environment.” Today, about 1,200 DPC practices in 48 states provide access to great primary care to over 300,000 American patients.¹ Advocates of DPC tout that the model promotes access to high functioning, affordable, comprehensive personal primary care. They further contend that DPC models also strengthen the patient-provider relationship and encourage patients to be more active partners in healthcare by enabling more frequent interactions and discussion to assess lifestyle choices and treatment decisions aimed at long-term health and wellbeing. As the sustainability of small, private physician practices is at jeopardy, the Medical Society has prioritized identifying innovative models of primary care delivery that will ensure that patients have access to a diversity of practice types.

House bill 1160 seeks to improve patient’s ability to access care through a DPC model by addressing an existing barrier in the context of referrals. Patients who have elected to receive direct primary care often purchase traditional health insurance for the remainder of their health care. Those patients therefore utilize the payer system for some, but not all, of their care, and the interaction of the payer and direct primary care systems has created some friction that ultimately negatively impact patients. This bill is intended to mitigate one such problem, so that patients can choose to receive direct primary care without encountering administrative and financial difficulties.

Specifically, many insurers require patients to obtain a referral from an in-network primary care provider (PCP) prior to receiving care from a specialist or other clinician. However, most primary care physicians who participate in DPC models do not contract through payers at all because they receive their monthly payment directly from patients. As a result, patients who elect to obtain their primary care through the DPC model are unable to obtain in-network referrals for specialty care from their direct primary care physicians. To obtain the care they need from specialty or other providers, these patients must make redundant appointments with in-network PCPs to access in-network referrals. Redundant visits unnecessarily burden patients and increase health system costs in the Commonwealth. This bill would solve that problem, thereby facilitating patient access to the primary care of their choice.

The bill also authorizes physicians to dispense pharmaceutical medications from their offices, allowing them to offer to patients an opportunity to avoid certain intermediaries that can offer added cost and reduced convenience. Many other states allow this practice.

¹ Direct Primary Care Coalition, available at <https://www.dpcare.org/about>.

The MMS urges the Committee on Financial Services to report H.1160 out of Committee favorably.