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Title: Access to Direct Primary Care Physicians  
Introduced by: David Whalen, MD, for the Barry County Delegation  
Original Author: Belen Amat, MD  
Referred To:  
House Action:

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Whereas, Michigan Compiled Law 500.129 recognizes direct primary care (DPC) and requires DPC practices to charge a periodic fee, avoid billing third-party payers on a fee-for-service basis, and limit any per visit charge to less than the monthly equivalent of the periodic fee, and

Whereas, DPC practices do not participate with, or bill any insurance companies, allowing DPC practices to provide high quality individualized care at affordable rates for patients, and

Whereas, the DPC options offers a plan that provides individuals and families with unlimited access to their personal physician for a flat, monthly fee, and

Whereas, patients choose DPC practices for longer office visits with their physician, increased access via phone calls, text messages, and video chat, all while being cost conscious, and

Whereas, DPC plans are not health insurance, and DPC patients often carry high deductible insurance plans and are responsible for most of the cost of outpatient testing, medications, and consults, and

Whereas, DPC physicians are very skilled at finding and negotiating low cost medication, referrals, and studies for their patients, and

Whereas, some insurance companies consider DPC physicians "out of network," and will not allow them to order medications, tests, or referrals on patients who have health insurance, even when the medical treatment is being paid 100 percent by the patient due to high deductibles, and

Whereas, insurance companies will require a patient to visit an insurance-based doctor solely to make the referral, thereby increasing healthcare costs and delaying care, and

Whereas, unlike traditional insurance-based physicians who may be out of network with particular insurance companies, DPC physicians are, by definition and legal distinction, a unique class of physicians, and out-of-network with all insurances, and

Whereas, the state of Maine recognized this distinction, and passed legislation prohibiting denial of referrals by DPC physicians; therefore be it

48 RESOLVED: That MSMS educate health insurers on the role of direct primary care  
49 physicians in promoting high quality care while decreasing health care costs for patients with  
50 health insurance; and be it further

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52 RESOLVED: That MSMS work with health insurers to allow direct primary care physicians to  
53 prescribe medications, order tests, and make referrals for patients with health insurance.  
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56 WAYS AND MEANS COMMITTEE FISCAL NOTE: Resolutions requesting governmental advocacy -  
57 \$25,000+

**Relevant MSMS Policy:**

**Resolution 23-15**

Resolved: That MSMS study and educate its members regarding alternative payment models for primary care including direct primary care contracts and “concierge” medicine using methods such as email, website, and webinar programs.

**Relevant AMA Policy:**

**Direct Primary Care H-385.912**

1. Our AMA supports: (a) inclusion of Direct Primary Care as a qualified medical expense by the Internal Revenue Service; and (b) efforts to ensure that patients in Direct Primary Care practices have access to specialty care, including efforts to oppose payer policies that prevent referrals to in-network specialists.
2. AMA policy is that the use of a health savings account (HSA) to access direct primary care providers and/or to receive care from a direct primary care medical home constitutes a bona fide medical expense, and that particular sections of the IRS code related to qualified medical expenses should be amended to recognize the use of HSA funds for direct primary care and direct primary care medical home models as a qualified medical expense.
3. Our AMA will seek federal legislation or regulation, as necessary, to amend appropriate sections of the IRS code to specify that direct primary care access or direct primary care medical homes are not health “plans” and that the use of HSA funds to pay for direct primary care provider services in such settings constitutes a qualified medical expense, enabling patients to use HSAs to help pay for Direct Primary Care and to enter DPC periodic-fee agreements without IRS interference or penalty.