



Senate Bill 685 - An Act Concerning Insurance Law- Application to Direct Primary Care Agreements- Exclusion

SUPPORT W/AMENDMENTS

Finance Committee

Madame Chair and Members of the Committee,

I write today in support of SB685, but with one simple amendment that is drawn from states that have had direct primary care laws for years. I write on behalf of the Foundation for Government Accountability, a group of public policy experts committed to sharing proven solutions to help communities and states.

There are many benefits of direct health care arrangements such as patients and providers having a higher-quality relationship that enables better management of care, especially for those with special needs and chronic conditions. They can reduce avoidable health care spending over time, reduce wait times for patients, and reduce instances of surprise bills as costs are transparent upfront.

That is why we strongly suggest the committee and Maryland Senate move this bill forward, but not to limit these arrangements to just primary care.

States that have passed direct primary care laws in the past have started to update their laws to allow other kinds of providers and specialists to make such direct arrangements. Direct health care relationships are beneficial for a range of services from dentistry to primary care, mental health counseling, or physical therapy, as just a few examples.

Limiting direct health care arrangements to just primary care may be short-sighted, as it denies residents immediate access to innovative, high-quality care arrangements that deliver high-value, quality care for less. A simple amendment to remove the word ‘primary’ in a few sections of the bill as currently drafted would open the door to these innovative care models.

Thank you.