As an Iowa physician in private practice, I would like to testify in support of IA HF 289. This bill would extend legal clarification of certain direct contractual arrangements between physicians and their patients, by broadening the protections extended to primary physicians in the Direct Primary Care legislation that was passed in Iowa in 2018, to include physician subspecialists. This legislation would allow physicians in private practice to leverage their best asset – their own patients – in ways that would promote financial stability for practices, and optimize health care access to the public. Direct, monthly contracting for services between physicians and willing patients would provide patients with guaranteed access to care, and practices with financial revenue streams that are less liable to fluctuate with local disease activity – particularly during the current pandemic. Large health systems with scale can, and do, partner with commercial third party payers to create insurance products that tie patients into restricted provider networks. It is not unusual to see long-time patients move away from our clinic because their insurance will not participate with us. Allowing smaller practices such as ours to directly contract with these patients introduces some balance back into the health care marketplace, and allows the consumer to choose where to prioritize their health care spending. In the end, this bill simply extends the market advantages already secured by primary care physicians to all physicians. It’s passage would promote the state as a neutral arbiter, would benefit patients and would assist private practices in Iowa (all of which employ Iowans) as they try to maneuver the extraordinary economic challenges represented by the COVID-19 pandemic. Thank you for your consideration of this bill.