

Comment Report

HF 289

A bill for an act relating to direct health care agreements, and including effective date and applicability provisions.(See HF 625, HF 2200.)

Subcommittee Members: Bush-CH, Brown-Powers, Fry

Date: 02/03/2021

Time: 01:00 PM

Location: House Lounge #1

Name: Chad Carlson

Comment: 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 longtime 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. Its 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 COVID19 pandemic. Thank you for your consideration of this bill.

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.

Name: Tracy Ray

Comment: On behalf of the American Medical Society for Sports Medicine (AMSSM) representing 4,100 boardcertified sports medicine physicians I am writing to express our support for HF 289. AMSSM is the largest physicianonly sports medicine organization in the United States, representing a multidisciplinary membership of physicians dedicated to education, research, advocacy, and the care of active individuals of all ages. The majority of AMSSM members are primary care physicians with additional fellowship training and board certification in sports medicine, who then combine their subspecialty practice of sports medicine with their primary specialty. In Iowa, AMSSM currently has 48 sports medicine physician members in a variety of settings from universities to private practice. AMSSMs members provide primary care as well as specialized care to thousands of active youth and adults in Iowa. Many smaller medical practices in Iowa and throughout the United States have plans to expand and grow their practices much like a small business seeks to expand and grow to bring more services to the community but are often limited by policies, however wellintentioned, that restrict growth. For instance, public policies that restrict contractual agreements between physicians and patients often prevent small private practices from achieving financial stability outside the thirdparty payment system and can result in a loss of overall access to health care for the public. HF 289 expands and clarifies the definitions in the Direct Primary Care Agreements legislation that was passed in 2018, to include physician subspecialties, which would liberate many of AMSSMs sports medicine physicians in private practice from current policies that restrict direct contractual arrangements. On behalf of AMSSM, I respectfully request that the Committee support HF 289.



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The Honorable Dennis Bush
Human Resources Committee
Iowa House of Representatives
1007 East Grand Avenue
Des Moines, Iowa 50319

VIA E-MAIL

Re: HF 289- Direct Health Care Agreements

Dear Representative Bush,

On behalf of the American Medical Society for Sports Medicine (AMSSM)—representing 4,100 board-certified sports medicine physicians—I am writing to express our support for HF 289.

AMSSM is the largest physician-only sports medicine organization in the United States, representing a multi-disciplinary membership of physicians dedicated to education, research, advocacy, and the care of active individuals of all ages. The majority of AMSSM members are primary care physicians with additional fellowship training and board certification in sports medicine, who then combine their subspecialty practice of sports medicine with their primary specialty. In Iowa, AMSSM currently has 48 sports medicine physician members in a variety of settings from universities to private practice. AMSSM’s members provide primary care as well as specialized care to thousands of active youth and adults in Iowa.

Many smaller medical practices in Iowa and throughout the United States have plans to expand and grow their practices—much like a small business seeks to expand and grow to bring more services to the community—but are often limited by policies, however well-intentioned, that restrict growth. For instance, public policies that restrict contractual agreements between physicians and patients often prevent small private practices from achieving financial stability outside the third-party payment system and can result in a loss of overall access to health care for the public.

HF 289 expands and clarifies the definitions in the Direct Primary Care Agreements legislation that was passed in 2018, to include physician subspecialties, which would liberate many of AMSSM’s sports medicine physicians in private practice from current policies that restrict direct contractual arrangements. On behalf of AMSSM, I respectfully request that the Committee support HF 289.

Sincerely yours,

Tracy Ray, MD, FAMSSM
President
American Medical Society for Sports Medicine