

SCR5, As Adopted by Senate, April 15, 2015

Senators Colbeck, Meekhof and Proos offered the following concurrent resolution:

Senate Concurrent Resolution No. 5.

A concurrent resolution to request the United States Congress to enact legislation and the U.S. Department of Health and Human Services to promulgate rules that would promote the opportunity for consumers to choose Direct Primary Care Services as an integral part of their health care plan.

Whereas, Direct Primary Care Services (DPCS) provides patients with low-cost access to primary care services that promote preventative care; and

Whereas, Access to preventative care provided by primary care service providers has been demonstrated to reduce hospitalization, improve health outcomes for consumers, and lower the premiums for catastrophic insurance plans; and

Whereas, Gaps in health care services provided by DPCS can be filled with wraparound insurance plans at a much lower cost than traditional insurance plans inclusive of primary care services; and

Whereas, Section 10104 of the Affordable Care Act (ACA) allows for Direct Primary Care Medical Home Plans; and

Whereas, Section 1301 of the ACA requires a Qualified Health Plan; and

Whereas, Section 1302 of the ACA requires health coverage that meets the minimum essential benefit requirements in order to avoid tax penalties from the Internal Revenue Service; and

Whereas, DPCS used in concert with wraparound insurance plans provides a means of satisfying the requirements of the ACA in a manner that lowers the cost of health care, expands access to care, and improves the quality of care received; and

Whereas, The current federal tax code treats direct care membership as a form of insurance, inhibiting individuals from opening Health Savings Accounts if they are also enrolled in a high-deductible insurance plan; and

Whereas, Current law allows direct primary care practices to be treated as medical home services if the practices meet certain requirements. The U.S. Department of Health and Human Services is responsible for setting these requirements, but has not yet done so; and

Whereas, Current law features balanced billing limitations that require physicians to drop out of Medicare for two years if they accept direct payment from Medicare beneficiaries; now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That we request the United States Congress to enact legislation reforming the federal tax code to allow direct primary care payment for services through tax-deferred or tax-exempt accounts, such as Health Savings Accounts; and be it further

Resolved, That we request the United States Congress to enact legislation and the U.S. Department of Health and Human Services to promulgate rules that explicitly allow medical home services to include direct primary care arrangements; and be it further

Resolved, That we request the United States Congress to enact legislation and the U.S. Department of Health and Human Services to promulgate rules that allow Medicare patients to pay doctors directly outside of the traditional Medicare program; and be it further

Resolved, That we request the United States Congress to enact legislation and the U.S. Department of Health and Human Services to promulgate rules that encourage states to enable Medicaid patients to pay doctors directly for routine medical services; and be it further

Resolved, That copies of this resolution be transmitted to the Secretary of the U.S. Department of Health and Human Services, the President of the United States Senate, the Speaker of

the United States House of Representatives, and the members of the Michigan congressional delegation.