Expanding and Strengthening
Free Market Solutions for Healthcare

President Trump's 2017 Healthcare Executive Order directed the Secretaries of Labor, Treasury, and Health and Human Services to consider new and/or revised regulations to expand access, improve choice and drive down the cost of health care for the greatest number of Americans possible. Following on the President's Executive Order, several key amendments and proposals to the current health care laws have been floated within the three key agencies above.

First, the U.S. Department of Labor published a Notice of Proposed Rulemaking (NPRM) aimed at clarifying WHO and HOW certain classes of workers may access and participate in the Department of Labor’s Employee Retirement Income Security Act (DOL ERISA) approved group health care plans;

While the current proposed DOL ERISA changes and improvements are a step in the right direction, a more comprehensive approach would be to ALSO INCLUDE a clarification to existing laws that would ensure access to ERISA approved group health plans for ALL self-employed individuals, small business owners, and their employees more swiftly and comprehensively.

This change is well within the lawful authority of the Secretary of Labor and would greatly and immediately benefit the 30+ million self-employed individuals and employees of small businesses who have recently seen up to 300% increases in their health insurance premiums;

Second, “Direct Primary Care” (DPC) is the fastest growing delivery model for primary health care in the country and is decreasing health care costs by up to 90%.

Direct care models charge around $50 per month for virtually unlimited office visits, home visits, telemedicine, no co-pays, all office procedures free, wholesale medications and labs discounted for up to 95%.

At a time when most Americans don’t have $1000 of savings, the current value of Health Savings Accounts (HSA) dollars are severely limited in the context of a bloated and expensive health care marketplace.

However Direct Primary Care effectively decreases the cost of the vast majority of care that most Americans will utilize any given year by up to 90%. Effectively increasing the purchasing power of every single HSA dollar to a degree that is unprecedented.

Preserving the sanctity of the physician-patient relationship
Not only does direct primary care (DPC) maximize the value of every HSA dollar making health care as affordable as a penny a pill, but it achieves the quadruple aim of 1) more care, 2) more often, 3) more accessible and 4) at a lower price point.

This innovative approach is not just bending the cost curve but breaking it.

We propose to protect this innovation in health care: Establish through the various Federal agencies a policy position protecting the sanctity of the DPC doctor - patient relationship as a small business medical service transaction not subject to bureaucratic entanglements and insurance regulation. Doctors are already accountable to their many state medical boards. Adding or expanding regulatory compliance adds nothing to the protection of the doctor or the patient.

In 2010, there were less than a dozen DPC clinics in the United States; now there are nearly 1000 DPC physicians and the number keeps growing every month. The Docs 4 Patient Care Foundation is actively training hundreds of physicians annually to adopt this practice model in every demographic setting from rural, through suburban, to urban at a price point accessible to Americans of all economic levels.

DPC has already been protected by law in more than 20 states from classification as insurance and regulation by insurance commissioners. Federal guidance in understanding this innovation will accelerate and expand the free market certainty allowing the continued explosive growth of the practice model and the delivery of practical, real care to unserved and under-served patients nationwide.

This will encourage the continuing march of states protecting DPC with the force of law.

A specific fix or fixes:

1) The IRS must make a specific clarification that says that “direct care memberships” are a qualified medical expense.

2) Recommend allowing universal acceptance of HSA dollars for DPC contracts as a qualified HSA medical expense.

3) Direct Primary Care protection through policy results in increased purchasing power for HSA funds when, for example, your migraine medicine goes from $100/month to $5/month

4) Establish Administration and Agency policy recognizing DPC as a contract between a primary care provider and individual patient ensuring it is not classified as insurance and not subject to federal and/or state insurance regulators.