MASSACHUSETTS MEDICAL SOCIETY
Every physician matters, each patient counts.

TESTIMONY IN SUPPORT OF H.1160/S.2732,
AN ACT RELATIVE TO DIRECT PRIMARY CARE
BEFORE THE COMMITTEE ON FINANCIAL SERVICES
January 13, 2026

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.1160/S.2732, An Act Relative to Direct Primary Care. These identical bills would improve access to care by allowing patients to receive covered services from specialists contracted with their insurance plan when referred by a primary care physician who is not contracted with that plan. The bills would also authorize physician in-office dispensing of medications by striking current statutory restrictions that limit dispensing toa single dose or circumstances requiring immediate and proper treatment.

Direct Primary Care (DPC) is an alternative payment model, whereby patients and physicians bypass traditional insurance contracting. Instead, patients pay their primary care physician a set fee. The Direct Primary Care Coalition, formed to promote DPC in the state of Massachusetts, defines DPC as "a membership-based alternative payment model in which patients, employers, or health plans pay primary care providers in flat, simple periodic fees directly for unlimited access to primary care and prevention services in a medical home environment."

Today, about 2,300 DPC practices in 48 states and Washington, DC, provide primary care services to over 300,000 American patients[1]. 1 Advocates of DPC tout that the model promotes access to high functioning, affordable, comprehensive personal primary care. They also assert that DPC strengthens the patient-provider relationship and encourage patients to be more active partners in healthcare by enabling more frequent interactions and discussions about lifestyle choices and treatment decisions aimed at long-term health and wellbeing. As the sustainability of small, private physician practices is increasingly in jeopardy, the Medical Society has prioritized identifying innovative models of primary care delivery that will ensure that patients have access to a diversity of practice types.

House bill 1160 seeks to improve patient's ability to access care through a DPC model by addressing an existing referral barrier. Many patients who chose DPC purchase traditional health insurance to cover services outside of primary care. As a result, they must navigate both the DPC model and the insurance system, which can create friction that ultimately negatively impact patients. This bill is intended to mitigate one such challenge.

Specifically, many insurers require patients to obtain a referral from an in-network primary care provider (PCP) prior to receiving care from a specialist or other clinician. However, most DPC primary care physicians do not contract with insurers, as they are paid directly by patients. Consequently, DPC patients are often unable to obtain in-network referrals from their own physicians. To obtain specialty care, they must schedule duplicative visits with in-network PCPs to secure in-network referrals. These redundant visits unnecessarily burden patients and increase health system costs and utilization in the Commonwealth. This legislation would solve that problem, thereby facilitating access to specialty care and while preserving patients' right to choose the primary care model that best meets their needs.

[1] Direct Primary Care Coalition, available at https://www.dpcare.org/about.

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The bills also authorize physicians to dispense pharmaceutical medications from their offices, allowing them to offer patients an opportunity to avoid certain intermediaries that increase costs and reduce convenience. Many states already allow this practice.

In-office dispensing of pharmaceutical medications is about more than convenience; it is about patient access. The HPC's recent report on pharmacy deserts "When the Closest Pharmacy is Too Far: Mapping Pharmacy Deserts in Massachusetts," found that 8.3% of the Massachusetts population, about 580,000 people, currently live in a pharmacy desert. This figure has grown by roughly 90,000 individuals since 2019. This rise in pharmacy deserts is a direct consequence of the closure of nearly 200 pharmacies between 2019 and 2025. Another 7.5% of the population, or 525,000 people, live in an area that would be a desert if the sole pharmacy in the area closed.

In this shrinking pharmacy landscape, access to prescription medication has become a significant barrier to care for many patients. In-office dispensing, particularly in pharmacy deserts, can facilitate access to pharmaceuticals, eliminating an obstacle, improving treatment and medication adherence, and increasing the likelihood of better patient outcomes.

For these reasons, the Medical Society believes that policies addressing barriers within the DPC modes and in-office dispensing merit serious consideration as innovative approaches that preserve patient access to care and promote a diverse health care delivery system. The MMS urges the Committee on Financial Services to report H.1160 and S.2732 out of Committee favorably.