



Thank you for the opportunity to share this testimony in support of SB 1033. My name is Dr. Lee Gross, and I have been in the private practice of Family Medicine in SW Florida since 2002. In 2010, we added a Direct Primary Care (DPC) component to our practice, creating a hybrid traditional practice where we accept standard third-party agreements in addition to our DPC component to help care for those with high deductible health plans, those without insurance or those on Florida's share-of-cost Medicaid program. DPC is ideally suited to those that need to pay for their own healthcare services and need to find the highest quality services at the most affordable prices. As a result of the addition of the DPC component to my practice, my office remains the last independently owned and operated primary care practice in my community of 60,000 residents.

If one were to optimally reform the health care system, the following would be key features:

1. Complete price transparency
2. Routine medical and preventive services should be affordable for everyone
3. There would be no increased cost for routine care of those with pre-existing conditions
4. There would be no fee-for-service for routine medical and wellness care / eliminating barriers to access
5. Healthcare would not necessarily be tied to employment
6. Encourage wellness
7. Incentivize physicians to go into primary care
8. Encourage physicians to care for those on Medicaid
9. Improve the viability of rural practices
10. Reward physicians that provide better care for their patients
11. Simplify the incredibly complex process of medical billing
12. Reduce unnecessary hospital admissions

The Patient Protection and Affordable Care Act could not accomplish these objectives with 2,700 pages of legislation and nearly one hundred thousand pages of regulations. However, through the protection and expansion of DPC practices, SB 1033 moves towards accomplishing all of these objectives, since DPC has been shown to do all of the above. We have seen this first-hand in our own practice and in published articles around the Nation.

DPC is clearly not "health insurance". It is "health care". It is more like a fitness club membership, where you don't pay extra to use the sauna, showers or gym equipment. DPC offers an agreed-upon list of services for an agreed upon fee structure. It perfectly aligns the needs of the patient and the needs of the physician in what remains the only pure relationship in healthcare today. While we have seen across the Nation that health "insurance" is becoming unaffordable, we are seeing through the expansion of DPC practices that health "care" can be extremely affordable.

There is nothing in SB 1033 that prevents the regulation of DPC practices. Physician practices remain among the most highly regulated profession in the Nation. DPC practices will continue to fall under the

regulation by State Medical Boards, county and local health ordinances. They will continue to be held to high ethics standards and scrutinized by state ethics panels. SB 1033 simply clarifies that DPC practices will continue to fall under medical regulations and not health insurance regulations.

Thank you for seriously considering SB 1033 as it will help stabilize and improve the primary care delivery in Michigan.

Please do not hesitate to contact me if I may provide more information regarding this and any other matter.

Regards,

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