



Introduced Version

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## SENATE RESOLUTION No. 29

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### DIGEST OF INTRODUCED RESOLUTION

A SENATE RESOLUTION urging the legislative council to assign to the appropriate study committee the topic of a direct primary care pilot program for Indiana Medicaid and Healthy Indiana Plan (HIP) participants.

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February 19, 2018, read first time and referred to Committee on Health and Provider Services.

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2018

SR 29—SR 2511/DI 84



## SENATE RESOLUTION No. 29

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MADAM PRESIDENT:

I offer the following resolution and move its adoption:

1           A SENATE RESOLUTION urging the legislative council  
2 to assign to the appropriate study committee the topic of a direct  
3 primary care pilot program for Indiana Medicaid and Healthy  
4 Indiana Plan (HIP) participants.

5           *Whereas, As defined in Senate Enrolled Act 303-2017,*  
6 *"direct primary care agreement" means a contract entered into*  
7 *between a primary care provider or an employer of a primary*  
8 *care provider and an individual patient or the patient's legal*  
9 *representative in which the primary care provider or the*  
10 *employer of the primary care provider agrees to provide*  
11 *primary care health services to the individual patient for an*  
12 *agreed upon fee and time, does not bill a third party that*  
13 *provides coverage to the patient for the primary care health*  
14 *services, and charges a periodic fee for the primary care health*  
15 *services;*

16           *Whereas, Direct primary care programs allow individuals to*  
17 *obtain care without worrying about co-pays or insurance*  
18 *claims, deductibles, and limited networks;*

19           *Whereas, Direct primary care program members have direct*  
20 *access to a physician regardless of pre-existing conditions, age,*  
21 *or illness;*

22           *Whereas, Medicaid patients often exhibit complex and*  
23 *expensive co-morbidities and pre-existing conditions, yet are*



1     *less likely to have regular contact with a dedicated primary*  
2     *care physician, resulting in a less medically compliant, higher*  
3     *cost health population, due to limited acceptance of Medicaid*  
4     *patients by physicians primarily due to Medicaid payments*  
5     *being insufficient to offset the cost of providing such care, and*  
6     *nonclinical administrative burdens placed upon physicians who*  
7     *treat Medicaid patients; and*

8             *Whereas, Direct primary care programs may offer Medicaid*  
9     *and HIP patients improved access to care at a lower cost:*  
10    *Therefore,*

11                             *Be it resolved by the Senate*  
12                             *of the General Assembly of the State of Indiana:*

13             SECTION 1. That the legislative council is urged to assign to  
14     the appropriate study committee the topic of a direct primary  
15     care pilot program for Indiana Medicaid and Healthy Indiana  
16     Plan participants.

