



WISCONSIN LEGISLATURE

P. O. Box 7882 Madison, WI 53707-7882

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Contact:

Representative Joe Sanfelippo
Rep.Sanfelippo@legis.wi.gov
608.266.0620

Senator Chris Kapenga
Sen.Kapenga@legis.wi.gov
608.266.9174

Sanfelippo and Kapenga pleased with endorsement of direct primary care

Legislators eager to move forward with direct primary care bill next session

Madison, Wis. – After the conclusion of the Legislative Council Study Committee on Direct Primary Care, State Representative Joe Sanfelippo and Senator Chris Kapenga expressed their appreciation for the committee’s efforts.

“We are grateful to Senator Darling, Representative Nygren, and everyone else who participated in the study committee on direct primary care this summer for their hard work and attention to this important issue. It’s great to see that the committee agreed with us that DPC is a promising model for offering Wisconsinites access to great quality healthcare at an affordable price,” said Sanfelippo.

Direct primary care is not health insurance. Rather, it’s an agreement between a healthcare provider and a patient wherein a provider offers routine health services for a defined fee over a stated time period. This means that, for a low flat fee, patients receive unlimited 24/7 access to their doctor for in-depth office visits, phone calls, telemedicine, or even house calls – all without further copays or deductibles.

Twenty-five other states in the US have already defined direct primary care in their state laws, including specifying that these agreements are not insurance. [2017 Assembly Bill 798](#), introduced by Sanfelippo and Kapenga earlier this year, mirrored those widely-accepted principles and also required DPC agreements to include additional disclosures and consumer protections, such as ensuring that patients couldn’t be denied care based on their preexisting medical conditions. While AB 798 passed unanimously, the Senate session ended before a companion bill could be taken up.

“Throughout the legislative process, we listened to doctors, regulators, and other healthcare stakeholders. We’re confident that our final bill addressed their feedback and was in line with what half of the states in the country have been doing on DPC,” said Sanfelippo, adding, “It’s important to clarify in statute that DPC isn’t insurance both for keeping consumers fully informed and to give doctors who may be considering opening up DPC clinics here in Wisconsin confidence that there’s a stable regulatory framework in place in our state. Eliminating this uncertainty will encourage more doctors to participate in DPC, which will offer consumers more options for their healthcare.”

The study committee was empaneled this summer because of continued interest in the topic ahead of the next legislative session. “After hearing many hours of testimony and even more hours of discussion, we are pleased that this summer’s study committee has affirmed that direct primary care is a valuable component of Wisconsin’s healthcare market and should continue to exist and grow in our state. I look forward to building on the work of the committee and continuing to protect this innovative model that is delivering unmatched care and savings for patients,” said Kapenga. Sanfelippo echoed this sentiment, stating, “We’re excited to reintroduce our bill on the first day of the upcoming session and move it across the finish line.”

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Rep. Sanfelippo represents Wisconsin’s [15th Assembly District](#), which includes most of West Allis and the northern half of New Berlin.

Sen. Kapenga represents Wisconsin’s [33rd Senate District](#), which covers all or parts of the following communities: Chenequa, Delafield, Dousman, Genesee, Hartland, Merton, Nashotah, North Prairie, Ottawa, Pewaukee, Oconomowoc Lake, Summit, Sussex, and Waukesha.