JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY

Bill No: H1343

Title: AN ACT RELATIVE TO DIRECT PRIMARY CARE

Sponsor: Rep. Thomas P. Walsh (*Peabody*)

Hearing Date: October 14, 2025

Reporting Deadline: December 3, 2025

Prior History:
2023-24 (H1160): Ordered to a House Study
2021-22 (H1212): Ordered to a House Study
2019-20 (H1121): Ordered to a House Study

Similar Matters: H1120 (Cusack)

CURRENT LAW:
M.G.L. c. 32A Contributory Group General or Blanket Insurance for Persons in the Service of the Commonwealth

M.G.L. c. 32B Contributory Group General or Blanket Insurance for Persons in the Service of Counties, Cities, Towns and Districts, and their Dependents

M.G.L. c. 94C Controlled Substances Act § 9 Administering and dispensing of controlled substances in course of professional practice; records, inspection
(b) a physician, physician assistant, dentist, podiatrist, optometrist, certified nurse midwife, nurse practitioner, psychiatric nurse mental health clinical specialist, nurse anesthetist, pharmacist… may, when acting in good faith and in the practice of medicine, dentistry, podiatry, optometry, nurse-midwifery, pharmacy or veterinary medicine or as a nurse, as the case may be, and when authorized by a physician, dentist, podiatrist, optometrist, nurse practitioner, physician assistant, certified nurse midwife, psychiatric nurse mental health clinical specialist, nurse anesthetist, or veterinarian in the course of such nurse's professional practice, dispense by delivering to an ultimate user a controlled substance in a single dose or in a quantity that is, in the opinion of such physician, dentist, podiatrist, optometrist, nurse practitioner, physician assistant, certified midwife, psychiatric nurse mental health clinical specialist, nurse anesthetist, pharmacist or veterinarian, *essential for the treatment of a patient*. *The amount or quantity of any controlled substance dispensed under this subsection shall not exceed the quantity of a controlled substance necessary for the immediate and proper treatment of the patient until it is possible for the patient to have a prescription filled by a pharmacy.*

(e) a physician, nurse practitioner, physician assistant, pharmacist…, or in a clinic licensed by the department to provide comparable medical services or a registered nurse, …authorized by

such physician, nurse practitioner, physician assistant, pharmacist …certified nurse midwife may lawfully dispense controlled substances … to recipients of such services in such quantity as needed for treatment *and shall be exempt from the requirement that such dispensing be in a single dose or as necessary for immediate and proper treatment under subsection (b).*

M.G.L. c. 94C Controlled Substances Act § 19: Prescription; restrictions on issuance
(a) A prescription for a controlled substance to be valid shall be issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances shall be upon the prescribing practitioner, but *a corresponding responsibility shall rest with the pharmacist who fills the prescription.*

M.G.L. c. 118E Division of Medical Assistance (MassHealth)

M.G.L. c. 175 Insurance

M.G.L. c. 176A Non-Profit Hospital Service Corporations (Blue Cross of Massachusetts)

M.G.L. c. 176B Medical Service Corporations (Blue Shield of Massachusetts)

M.G.L. c. 176G Health Maintenance Organizations (HMOs)

M.G.L. c. 176I Preferred Provider Arrangements (PPOs)

One Big Beautiful Bill Act (OBBBA), 2025
This act sets out federal rules for direct primary care arrangements (DPCs). Effective January 1, 2026, the act permits individuals with HSA qualified high-deductible health plans to also have a DPC arrangement and use HSA funds to pay the DPC fee. However, to qualify, the DPC arrangement cannot include prescription drugs, other than vaccines, in its set fee. Further, the act establishes a DPC fee structure capped at $150 per month per individual or $300 per month for arrangements covering more than one individual.

SUMMARY:

- This bill would address issues that arise within a Direct Primary Care (DPC) payment model. In these arrangements, patients pay physicians directly for providing primary care, thus bypassing the traditional health insurance model. Most patients who elect this model purchase traditional health insurance as well since DPC excludes major medical events such as hospitalization, emergency room visits, and complex surgeries. These arrangements also generally do not cover specialist care, advanced imaging like MRIs or CT scans, and certain prescription drugs, as these are considered outside the scope of primary care services.
- Unless a DPC physician participates in a health insurer’s physician network, an insurer may not recognize a referral from a such physician, even where the referral is to a health care provider that participates in the insurer's network.

- This bill would prohibit policies of the Group Insurance Commission (GIC), MassHealth, and commercial health insurers from denying insurance payment of a covered service, solely on the basis that an out-of-network provider made the referral.

- This bill would authorize physicians to dispense pharmaceutical medications from their offices.