



Written by [Michael Tennant](#) on May 24, 2019

## Georgia Allows Doctors to Offer Flat-rate Care Agreements

Georgia Governor Brian Kemp recently signed into law legislation that should spur the growth of free-market medicine in the Peach State, a move some observers believe will hasten the demise of ObamaCare.



On April 25, Kemp, a Republican, [signed](#) the Direct Primary Care Act, which allows doctors and patients to enter into private healthcare agreements unencumbered by the bureaucracy of insurance. The state Senate and House of Representatives passed the bills almost unanimously. The law will take effect July 1.

According to the [Tenth Amendment Center's Mike Maharrey](#):

The new law specifies that direct primary care agreements (sometimes called medical retainer agreements) do not constitute insurance, thereby freeing doctors and patients from the onerous requirements and regulations under the state insurance code. Under the new law, a physician offering, marketing, selling, or entering into a direct primary care agreement will not be required to obtain a certificate of authority or license other than to maintain a current license to practice medicine with the State of Georgia.

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Under direct primary care agreements, doctors and patients enter into a contract whereby the patient pays a flat fee for a specified array of physician services, which may include everything from office, home, and virtual visits to minor surgical procedures. Some doctors even offer prescription drugs to their patients at little to no cost.

Such agreements do not involve either public or private insurance and thus are free of the associated red tape and high costs.

“What’s not to like about a very inexpensive relationship that covers all your family’s routine health care needs with no burdensome insurance paperwork, copays and bureaucracy?” Jack McHugh, legislative analyst with the Mackinac Center for Public Policy, said when [Michigan passed a similar law in 2015](#). “This can be liberating for doctors too, who are freed up to focus purely on patients’ needs rather than insurance company and bureaucrats’ needs.”

The [Direct Primary Care Coalition](#), an organization of healthcare providers and employers who want the direct primary care model to spread across the country, says that under this model, “patients receive unrestricted access to their healthcare provider, report little to no wait time, and longer appointments (in person, virtually, or phone). In turn, creating a real therapeutic relationship between patient and provider.” The group also claims that most such agreements “cost less than the average cell phone bill.”

“It’s Marcus Welby medicine with an iPhone,” Kansas physician Dr. Josh Umbehrr, who runs a direct primary care practice, told podcaster [Tom Woods](#).



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“Now we’re not limited to what insurance will allow or pay for,” he explained, so in addition to unlimited visits, his patients can get numerous other services for no additional fee, including “stitches, biopsies, joint injections, ultrasounds, bone scans, lung scans, urine testing, strep throat testing, [and] minor surgical procedures.” The lack of insurance involvement also means his practice can get by with one full-time employee for every two doctors, while others have seven per doctor.

Umbehr argued that direct primary care agreements aren’t just for the rich and healthy, as opponents charge. In fact, he said, “this works out best for the sick and the poor” because they’re the ones who most need to save money on healthcare.

“This represents the kind of cost control ObamaCare promised but failed to deliver,” observed Maharrey. Since ObamaCare classifies direct primary care agreements as primary care services rather than insurance, they are exempt from that law’s countless mandates and regulations.

Maharrey believes that the growth of direct primary care could bring about the end of ObamaCare.

“Under such agreements, market forces will set price for services based on demand instead of relying on central planners with a political agenda,” he wrote. “The end result will be better care delivered at a lower cost.”

“A more open healthcare marketplace within a state will help spur de facto nullification [of] the federal program by providing an affordable alternative. As patients flock to these arrangements and others spurred by ingenuity and market forces, the old system will begin to crumble,” he maintained.

There’s only one way to find out if Maharrey is correct, and that is for states to continue to open up their healthcare markets — something they should be doing anyway.

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