

March 23, 2026

Dear Chair and Members of the Committee,

My name is Laura Slings, MD, and I am the sole physician and owner of True North Direct Primary Care in White Bear Lake, Minnesota. I am writing in support of legislation that clearly defines Direct Primary Care (DPC) as not insurance, while also sharing concerns that portions of HF 1724 may be overly restrictive and could unintentionally add administrative burden or limit how DPC practices care for patients.

As insurance premiums and deductibles continue to rise, many hardworking Minnesotans are finding both coverage and care increasingly out of reach. Even those with insurance often delay or avoid care due to cost or limited access. Direct Primary Care offers a different approach. For a simple low monthly fee, patients receive direct access to their physician and care that addresses the majority of their healthcare needs. DPC is not insurance. Like car insurance, which covers unexpected events but not routine maintenance, DPC separates everyday care from insurance—improving access while keeping costs down. We encourage all of our patients to carry backup coverage, such as insurance or a health share, for high-cost events. By carving out primary care, DPC makes care more accessible while preserving insurance for what it does best.

In my practice, I routinely see patients who thrive within a Direct Primary Care model.

- **Self-employed individuals and small business owners:** These patients often cannot afford high insurance premiums but still want reliable, high-quality care for themselves and their employees. DPC provides a budget-friendly solution with transparent monthly pricing that covers the majority of primary care needs.
- **Working Minnesotans seeking affordability and transparency:** Many of our members—including truck drivers, hairdressers, tradespeople, and teachers—value predictable costs, discounted labs, and help accessing lower-cost imaging and medications (often at a fraction of typical prices). This model allows them to keep more of their income for essential household expenses while still receiving excellent care.
- **Patients with complex healthcare needs:** Many come from traditional systems where they experienced poor access to their physician, fragmented care, and brief visits that felt like temporary fixes—often leading them to delay care due to cost. In Direct Primary Care, we offer 60–90 minute visits that allow for a more comprehensive, root-cause approach and a personalized treatment plan, all included in a predictable monthly membership.

These are not theoretical benefits—this is care that is working right now for Minnesotans.

For this reason, it is essential that any legislation preserve the flexibility and simplicity that make DPC effective. While I support efforts to clarify that DPC is not insurance, I am concerned that overly prescriptive language or additional regulatory requirements could introduce unnecessary

barriers, increase administrative burden, and ultimately reduce access for the very patients this model is helping.

At a time when primary care access is strained and physician burnout remains high, DPC offers a meaningful, patient-centered solution. I respectfully urge you to protect the core principle that DPC is not insurance, while ensuring that legislation does not inadvertently limit the ability of DPC practices to care for their patients.

Thank you for your time and consideration.

Sincerely,
Laura Slings, MD
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