

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 3836  
OFFERED BY MR. CRENSHAW OF TEXAS**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Medicaid Primary Care  
3 Improvement Act”.

**4 SEC. 2. CLARIFYING THAT CERTAIN PAYMENT ARRANGE-  
5                   MENTS ARE ALLOWABLE UNDER THE MED-  
6                   ICAID PROGRAM.**

7       (a) **RULE OF CONSTRUCTION.**—Nothing in title XIX  
8 of the Social Security Act (42 U.S.C. 1396 et seq.) shall  
9 be construed as prohibiting a State, under its State plan  
10 (or waiver of such plan) under such title (including  
11 through a medicaid managed care organization (as defined  
12 in section 1903(m)(1)(A) of such Act)), from providing  
13 medical assistance consisting of primary care services  
14 through a direct primary care arrangement with a health  
15 care provider, including as part of a value-based care ar-  
16 rangement established by the State. For purposes of the  
17 preceding sentence, the term “direct primary care ar-  
18 rangement” means, with respect to any individual, an ar-

1 rangement under which such individual is provided med-  
2 ical assistance consisting solely of primary care services  
3 provided by primary care practitioners, if the sole com-  
4 pensation for such care is a fixed periodic fee.

5 (b) GUIDANCE.—Not later than 1 year after the date  
6 of the enactment of this Act, the Secretary of Health and  
7 Human Services shall—

8 (1) convene at least one virtual open door meet-  
9 ing to seek input from stakeholders, including pri-  
10 mary care providers who practice under the direct  
11 primary care model, state Medicaid agencies, and  
12 Medicaid managed care organizations; and

13 (2) taking into account such input, issue guid-  
14 ance to States on how a State may implement direct  
15 primary care arrangements (as defined in subsection  
16 (a)) under title XIX of the Social Security Act (42  
17 U.S.C. 1396 et seq.).

18 (c) REPORT.—Not later than 2 years after the date  
19 of the enactment of this Act, the Secretary of Health and  
20 Human Services shall submit to Congress a report con-  
21 taining—

22 (1) an analysis of the extent to which States  
23 are contracting with independent physicians, inde-  
24 pendent physician practices, and primary care prac-  
25 tices for purposes of furnishing medical assistance

1 under State plans (or waivers of such plans) under  
2 title XIX of the Social Security Act (42 U.S.C. 1396  
3 et seq.); and

4 (2) an analysis of quality of care and cost of  
5 care furnished to individuals enrolled under such  
6 title where such care is paid for under a direct pri-  
7 mary care arrangement (as defined in subsection  
8 (a)) through a medicaid managed care organization  
9 (as so defined).

10 (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
11 tion shall be construed to alter statutory requirements  
12 under the State plan (or waiver of such plan) under title  
13 XIX of the Social Security Act (42 U.S.C. 1396 et seq.)  
14 for cost-sharing requirements or be construed to limit  
15 medical assistance solely to those provided under a direct  
16 primary care arrangement.

