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(Original Signature of Member)

118TH CONGRESS
1ST SESSION

H. R. _____

To facilitate direct primary care arrangements under Medicaid.

IN THE HOUSE OF REPRESENTATIVES

Mr. CRENSHAW introduced the following bill; which was referred to the
Committee on _____

A BILL

To facilitate direct primary care arrangements under
Medicaid.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicaid Primary Care
5 Improvement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) Primary care services are able to reduce
2 healthcare costs, emergency room visits, and hos-
3 pitalizations.

4 (2) Primary care creates increased patient sat-
5 isfaction, physician engagement, and better patient
6 outcomes.

7 (3) The model of direct primary care can
8 change patient usage patterns, with more personal-
9 ized preventative care versus high-acuity episodic
10 care.

11 **SEC. 3. CLARIFYING THAT CERTAIN PAYMENT ARRANGE-**
12 **MENTS ARE ALLOWABLE UNDER THE MED-**
13 **ICAID PROGRAM.**

14 (a) IN GENERAL.—Nothing in title XIX of the Social
15 Security Act (42 U.S.C. 1396 et seq.) shall be construed
16 as prohibiting a State, under its State plan (or waiver of
17 such plan) under such title (including through a medicaid
18 managed care organization (as defined in section 1903(m)
19 of such Act)), from providing medical assistance consisting
20 of primary care services through a direct primary care ar-
21 rangement with a health care provider, including as part
22 of a value-based care arrangement established by the State
23 (or such organization). For purposes of the preceding sen-
24 tence, the term “direct primary care arrangement” means,
25 with respect to any individual, an arrangement under

1 which such individual is provided medical assistance con-
2 sisting solely of primary care services provided by primary
3 care practitioners (as defined in section 1833(x)(2)(A) of
4 the Social Security Act, determined without regard to
5 clause (ii) thereof), if the sole compensation for such care
6 is a fixed periodic fee.

7 (b) GUIDANCE.—The Secretary of Health and
8 Human Services shall issue guidance to States on how a
9 State may implement direct primary care arrangements
10 (as defined in subsection (a)) under title XIX of the Social
11 Security Act (42 U.S.C. 1396 et seq.).

12 (c) REPORT.—Not later than 1 year after the date
13 of the enactment of this Act, the Secretary of Health and
14 Human Services shall submit to Congress a report con-
15 taining—

16 (1) an analysis of the extent to which States
17 are contracting with independent physicians, inde-
18 pendent physician practices, and primary care prac-
19 tices for purposes of furnishing medical assistance
20 under State plans (or waivers of such plans) under
21 title XIX of the Social Security Act (42 U.S.C. 1396
22 et seq.); and

23 (2) an analysis of quality of care and cost of
24 care furnished to individuals enrolled under such
25 title where such care is paid for under a direct pri-

1 mary care arrangement (as defined in subsection
2 (a)) through a medicaid managed care organization
3 (as so defined).

4 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
5 tion shall be construed to alter statutory limits on Med-
6 icaid enrollee cost-sharing or be construed to limit Med-
7 icaid services solely to those provided under a direct pri-
8 mary care arrangement.