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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To facilitate direct primary care arrangements under Medicaid.

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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) REPORT.—Not later than 1 year after the date  
8 of the enactment of this Act, the Secretary of Health and  
9 Human Services shall submit to Congress a report con-  
10 taining an analysis of the extent to which States are con-  
11 tracting with independent physicians, independent physi-  
12 cian practices, and primary care practices for purposes of  
13 furnishing medical assistance under State plans (or waiv-  
14 ers of such plans) under title XIX of the Social Security  
15 Act (42 U.S.C. 1396 et seq.).

16 (c) RULE OF CONSTRUCTION.—Nothing in this sec-  
17 tion shall be construed to alter statutory limits on Med-  
18 icaid enrollee cost-sharing or be construed to limit Med-  
19 icaid services solely to those provided under a direct pri-  
20 mary care arrangement.