

118TH CONGRESS  
1ST SESSION

# H. R. 3836

To facilitate direct primary care arrangements under Medicaid.

---

## IN THE HOUSE OF REPRESENTATIVES

JUNE 6, 2023

Mr. CRENSHAW (for himself, Ms. SCHRIER, Mr. SMUCKER, and Mr. BLUMENAUER) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

## 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:

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

1           (2) Primary care creates increased patient sat-  
2           isfaction, physician engagement, and better patient  
3           outcomes.

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

8 **SEC. 3. CLARIFYING THAT CERTAIN PAYMENT ARRANGE-**  
9                                   **MENTS ARE ALLOWABLE UNDER THE MED-**  
10                                  **ICAID PROGRAM.**

11           (a) IN GENERAL.—Nothing in title XIX of the Social  
12 Security Act (42 U.S.C. 1396 et seq.) shall be construed  
13 as prohibiting a State, under its State plan (or waiver of  
14 such plan) under such title (including through a medicaid  
15 managed care organization (as defined in section 1903(m)  
16 of such Act)), from providing medical assistance consisting  
17 of primary care services through a direct primary care ar-  
18 rangement with a health care provider, including as part  
19 of a value-based care arrangement established by the State  
20 (or such organization). For purposes of the preceding sen-  
21 tence, the term “direct primary care arrangement” means,  
22 with respect to any individual, an arrangement under  
23 which such individual is provided medical assistance con-  
24 sisting solely of primary care services provided by primary  
25 care practitioners (as defined in section 1833(x)(2)(A) of

1 the Social Security Act, determined without regard to  
2 clause (ii) thereof), if the sole compensation for such care  
3 is a fixed periodic fee.

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

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

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

20 (2) an analysis of quality of care and cost of  
21 care furnished to individuals enrolled under such  
22 title where such care is paid for under a direct pri-  
23 mary care arrangement (as defined in subsection  
24 (a)) through a medicaid managed care organization  
25 (as so defined).

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

○