

118TH CONGRESS
1ST SESSION

H. R. 2884

To facilitate direct primary care arrangements under Medicaid.

IN THE HOUSE OF REPRESENTATIVES

APRIL 26, 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) REPORT.—Not later than 1 year after the date
5 of the enactment of this Act, the Secretary of Health and
6 Human Services shall submit to Congress a report con-
7 taining an analysis of the extent to which States are con-
8 tracting with independent physicians, independent physi-
9 cian practices, and primary care practices for purposes of
10 furnishing medical assistance under State plans (or waiv-
11 ers of such plans) under title XIX of the Social Security
12 Act (42 U.S.C. 1396 et seq.).

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

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