

118TH CONGRESS
2D SESSION

H. R. 3836

IN THE SENATE OF THE UNITED STATES

MARCH 6, 2024

Received; read twice and referred to the Committee on Finance

AN ACT

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,*

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-
19 rangement under which such individual is provided med-
20 ical assistance consisting solely of primary care services
21 provided by primary care practitioners, if the sole com-
22 pensation for such care is a fixed periodic fee.

23 (b) **GUIDANCE.**—Not later than 1 year after the date
24 of the enactment of this Act, the Secretary of Health and
25 Human Services shall—

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

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

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

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

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

1 (a)) through a medicaid managed care organization
2 (as so defined).

3 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
4 tion shall be construed to alter statutory requirements
5 under the State plan (or waiver of such plan) under title
6 XIX of the Social Security Act (42 U.S.C. 1396 et seq.)
7 for cost-sharing requirements or be construed to limit
8 medical assistance solely to those provided under a direct
9 primary care arrangement.

Passed the House of Representatives March 5,
2024.

Attest: KEVIN F. MCCUMBER,
Clerk.