

119TH CONGRESS  
1ST SESSION

# H. R. 1162

To facilitate direct primary care arrangements under Medicaid.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 10, 2025

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

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## 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. CLARIFYING THAT CERTAIN PAYMENT ARRANGE-**  
7 **MENTS ARE ALLOWABLE UNDER THE MED-**  
8 **ICAID PROGRAM.**

9 (a) **RULE OF CONSTRUCTION.**—Nothing in title XIX  
10 of the Social Security Act (42 U.S.C. 1396 et seq.) shall

1 be construed as prohibiting a State, under its State plan  
2 (or waiver of such plan) under such title (including  
3 through a medicaid managed care organization (as defined  
4 in section 1903(m)(1)(A) of such Act)), from providing  
5 medical assistance consisting of primary care services  
6 through a direct primary care arrangement with a health  
7 care provider, including as part of a value-based care ar-  
8 rangement established by the State. For purposes of the  
9 preceding sentence, the term “direct primary care ar-  
10 rangement” means, with respect to any individual, an ar-  
11 rangement under which such individual is provided med-  
12 ical assistance consisting solely of primary care services  
13 provided by primary care practitioners, if the sole com-  
14 pensation for such care is a fixed periodic fee.

15 (b) GUIDANCE.—Not later than 1 year after the date  
16 of the enactment of this Act, the Secretary of Health and  
17 Human Services shall—

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

23 (2) taking into account such input, issue guid-  
24 ance to States on how a State may implement direct  
25 primary care arrangements (as defined in subsection

1 (a) under title XIX of the Social Security Act (42  
2 U.S.C. 1396 et seq.).

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

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

14 (2) an analysis of quality of care and cost of  
15 care furnished to individuals enrolled under such  
16 title where such care is paid for under a direct pri-  
17 mary care arrangement (as defined in subsection  
18 (a)) through a medicaid managed care organization  
19 (as so defined).

20 (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
21 tion shall be construed to alter statutory requirements  
22 under the State plan (or waiver of such plan) under title  
23 XIX of the Social Security Act (42 U.S.C. 1396 et seq.)  
24 for cost-sharing requirements or be construed to limit

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- 1 medical assistance solely to those provided under a direct
- 2 primary care arrangement.

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