

119TH CONGRESS
2^D SESSION

H. R. 8765

To amend title XI of the Social Security Act to require reports on primary care spending under Federal health care programs and to establish a working group on primary care.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2026

Mr. ROUZER (for himself, Mrs. KIGGANS of Virginia, Mr. COURTNEY, and Mr. BERA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XI of the Social Security Act to require reports on primary care spending under Federal health care programs and to establish a working group on primary care.

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 “Prioritizing Primary
5 Care Act of 2026”.

1 **SEC. 2. REQUIRING REPORTS AND ESTABLISHING WORK-**
2 **ING GROUP ON PRIMARY CARE.**

3 (a) REPORT.—Part A of title XI of the Social Secu-
4 rity Act (42 U.S.C. 1301 et seq.) is amended by adding
5 at the end the following new section:

6 **“SEC. 1150D. REPORT ON PRIMARY CARE SPENDING.**

7 “Not later than 1 year after the date of the enact-
8 ment of this section, and not less frequently than annually
9 thereafter, each head of a Federal agency that administers
10 a Federal health care program (as such term is defined
11 in section 1128B) or the health program established under
12 chapter 89 of title 5, United States Code, shall submit
13 to Congress a report on primary care spending (as defined
14 by the Secretary) under each such program administered
15 by such head, including, with respect to the 1-year period
16 ending on the date that is 90 days before the date on
17 which the report is required to be submitted—

18 “(1) the total dollar amount of Federal funds
19 expended or obligated under such program during
20 such period that is attributable to primary care
21 spending; and

22 “(2) the percentage of the total amount of Fed-
23 eral funds expended or obligated to provide health
24 benefits under such program during such period that
25 is attributable to primary care spending.”.

26 (b) WORKING GROUP ON PRIMARY CARE.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of the enactment of this Act, the Secretary
3 of Health and Human Services (in this section re-
4 ferred to as the “Secretary”) shall establish a work-
5 ing group (in this subsection referred to as the
6 “Working Group”) to study and make recommenda-
7 tions on—

8 (A) how each Federal health care program
9 (as such term is defined in section 1128B of
10 the Social Security Act (42 U.S.C. 1320a–7b))
11 and the health program established under chap-
12 ter 89 of title 5, United States Code, may
13 prioritize primary care spending (as defined by
14 the Secretary for purposes of 1150D of the So-
15 cial Security Act);

16 (B) how to increase the accessibility of pri-
17 mary care providers (as defined by the Sec-
18 retary); and

19 (C) how to improve the availability and
20 quality of primary care services (as defined by
21 the Secretary), including with respect to indi-
22 viduals in rural and medically underserved
23 areas (as defined by the Working Group).

24 (2) MEMBERSHIP.—The Working Group shall
25 consist of members from relevant Federal agencies

1 and nongovernmental entities, as determined appro-
2 priate by the Secretary.

3 (3) REPORT.—Not later than 1 year after the
4 date on which the Working Group is established
5 under paragraph (1), the Working Group shall sub-
6 mit to Congress a report containing the rec-
7 ommendations described in such paragraph.

8 (4) CONSULTATION.—In conducting the study
9 and making the recommendations required under
10 paragraph (1), the Working Group shall solicit input
11 from States and relevant nongovernmental entities
12 (as determined appropriate by the Working Group),
13 including entities that represent patients, health care
14 professionals, researchers, or health care industries.

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