

118TH CONGRESS
2D SESSION

S. _____

To facilitate direct primary care arrangements under Medicaid.

IN THE SENATE OF THE UNITED STATES

Mrs. BLACKBURN (for herself and Mr. KELLY) introduced the following bill;
which was read twice and referred to the Committee on

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) IN GENERAL.—Nothing in title XIX of the Social
10 Security Act (42 U.S.C. 1396 et seq.) shall be construed

1 as prohibiting a State, under its State plan (or waiver of
2 such plan) under such title (including through a medicaid
3 managed care organization), from providing medical as-
4 sistance consisting of primary care services through a di-
5 rect primary care arrangement with a health care pro-
6 vider, including as part of a value-based care arrangement
7 established by the State.

8 (b) DEFINITIONS.—In this Act:

9 (1) DIRECT PRIMARY CARE ARRANGEMENT.—

10 The term “direct primary care arrangement” means,
11 with respect to any individual, an arrangement
12 under which such individual is provided medical as-
13 sistance consisting solely of primary care services
14 provided by primary care practitioners, if the sole
15 compensation for such care is a fixed periodic fee.

16 (2) MEDICAID MANAGED CARE ORGANIZA-
17 TION.—The term “medicaid managed care organiza-
18 tion” has the meaning given that term in section
19 1903(m)(1)(A) of the Social Security Act (42 U.S.C.
20 1396b(m)(1)(A)).

21 (3) SECRETARY.—The term “Secretary” means
22 the Secretary of Health and Human Services.

23 (c) GUIDANCE.—Not later than 1 year after the date
24 of enactment of this Act, the Secretary shall—

1 (1) convene at least 1 virtual open door meeting
2 to seek input from stakeholders, including primary
3 care providers who practice under the direct primary
4 care model, state Medicaid agencies, and medicaid
5 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 under title XIX of the
9 Social Security Act (42 U.S.C. 1396 et seq.).

10 (d) REPORT.—Not later than 2 years after the date
11 of enactment of this Act, the Secretary shall submit to
12 Congress a report containing—

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.) through direct primary care arrangements;
20 and

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

1 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion shall be construed to alter statutory requirements ap-
3 plicable to State plans (or waivers of such plans) under
4 title XIX of the Social Security Act (42 U.S.C. 1396 et
5 seq.), including requirements relating to cost-sharing and
6 requirements relating to the amount, duration, and scope
7 of medical assistance that is required to be made available
8 to individuals who are eligible for such assistance under
9 such a plan or waiver.