

119TH CONGRESS
1ST SESSION

S. 3298

To facilitate direct primary care arrangements under Medicaid.

IN THE SENATE OF THE UNITED STATES

DECEMBER 2, 2025

Mrs. BLACKBURN introduced the following bill; which was read twice and referred to the Committee on Finance

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
11 as prohibiting a State, under its State plan (or waiver of

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

7 (b) DEFINITIONS.—In this Act:

8 (1) DIRECT PRIMARY CARE ARRANGEMENT.—

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

15 (2) MEDICAID MANAGED CARE ORGANIZA-

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

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

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

24 (1) convene at least 1 virtual open door meeting
 25 to seek input from stakeholders, including primary

1 care providers who practice under the direct primary
2 care model, State Medicaid agencies, and medicaid
3 managed care organizations; and

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

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

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

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

24 (e) RULE OF CONSTRUCTION.—Nothing in this sec-
25 tion shall be construed to alter statutory requirements ap-

1 plicable to State plans (or waivers of such plans) under
2 title XIX of the Social Security Act (42 U.S.C. 1396 et
3 seq.), including requirements relating to cost-sharing and
4 requirements relating to the amount, duration, and scope
5 of medical assistance that is required to be made available
6 to individuals who are eligible for such assistance under
7 such a plan or waiver.

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