

[DISCUSSION DRAFT]115TH CONGRESS
1ST SESSION**H. R.** _____

To amend title XI of the Social Security Act to provide for a **[Medicaid]***[should this be limited to Medicaid or possibly also include Medicare?]* demonstration project through the Centers for Medicare and Medicaid Innovation on reimbursement for primary care and specialty physicians to serve low-income residents of medically underserved, rural areas.

IN THE HOUSE OF REPRESENTATIVES

Mr. DENHAM introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XI of the Social Security Act to provide for a **[Medicaid]***[should this be limited to Medicaid or possibly also include Medicare?]* demonstration project through the Centers for Medicare and Medicaid Innovation on reimbursement for primary care and specialty physicians to serve low-income residents of medically underserved, rural areas.

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. [MEDICAID] DEMONSTRATION PROJECT ON RE-**
2 **IMBURSEMENT FOR PRIMARY AND SPE-**
3 **CIALTY PHYSICIAN SERVICES FOR LOW-IN-**
4 **COME RESIDENTS OF MEDICALLY UNDER-**
5 **SERVED, RURAL AREAS.**

6 Section 1115A(b) of the Social Security Act (42
7 U.S.C. 1315a(b)) is amended—

8 (1) in paragraph (2)(B), by adding at the end
9 the following new clause:

10 “(xxv) Focusing primarily on title
11 XIX on payment models for recruiting and
12 retaining primary care and specialty physi-
13 cians to serve low-income individuals in
14 medically underserved, rural areas.”; and

15 (2) by adding at the end the following new
16 paragraph:

17 “(5) [MEDICAID] PHYSICIANS’ SERVICE MODEL
18 FOR LOW-INCOME INDIVIDUALS IN MEDICALLY UN-
19 DERSERVED, RURAL AREAS.—

20 “(A) SELECTION.—[Typically these
21 projects are left to the discretion of CMI to im-
22 plement:] The Secretary shall select for testing
23 one or more models described in paragraph
24 (2)(B)(xxv).

1 “(B) TESTING.—In conducting testing of
2 such a model under this subsection, CMI
3 shall—

4 “(i) review the most successful models
5 for recruiting and retaining primary care
6 and speciality physicians to serve low-in-
7 come individuals in medically underserved,
8 rural areas; and

9 “(ii) incorporate lessons from success-
10 ful strategies that take into account how
11 primary care practices interact with Feder-
12 ally-qualified health centers, rural health
13 centers, and teaching health centers to
14 serve low-income individuals in rural, medi-
15 cally underserved areas.

16 “(C) EVALUATION.—In evaluating the per-
17 formance of such a model under paragraph (3),
18 CMI shall—

19 “(i) evaluate the scalability of the
20 model to inform national strategies to best
21 leverage federal funds to improve access of
22 low-income individuals to physicians’ serv-
23 ices in rural, medically underserved areas;
24 and

1 “(ii) examine the degree to which
2 Medicaid payment strategies, such as the
3 use of primary case management, pay-
4 ments by Federally-qualified health centers
5 to primary care and specialty physicians in
6 rural, medically underserved areas, and
7 technology add-ons, improve access, out-
8 comes, and patient satisfaction for such in-
9 dividuals.”.