

107TH CONGRESS
1ST SESSION

H. R. 504

To amend part D of title III of the Public Health Service Act to provide grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2001

Mr. GREEN of Texas (for himself, Ms. PELOSI, Mr. DEUTSCH, Mr. NADLER, Mr. FILNER, Mr. FROST, Mr. JEFFERSON, Mr. HINCHEY, Mr. COYNE, Mrs. MEEK of Florida, Mr. STARK, Mr. RODRIGUEZ, Mr. BASS, Mr. BENTSEN, Mr. CAPUANO, Mr. BARRETT, Mr. REYES, Mrs. CHRISTENSEN, Mr. STENHOLM, Ms. DEGETTE, Mr. KLECZKA, Mrs. JONES of Ohio, Mrs. MORELLA, Mr. ABERCROMBIE, Mr. FORD, Ms. MCCARTHY of Missouri, Mr. CLYBURN, Mr. RUSH, Ms. BALDWIN, Mr. McDERMOTT, Mr. LANTOS, Mr. WEXLER, Mr. BLAGOJEVICH, Mr. UDALL of New Mexico, Mr. PASTOR, and Mr. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend part D of title III of the Public Health Service Act to provide grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured.

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. SHORT TITLE.**

2 This Act may be cited as the “Community Access to
3 Health Care Act of 2001”.

4 **SEC. 2. PURPOSE.**

5 The purpose of this Act is to provide assistance to
6 communities and to consortia of health care providers and
7 others, including those in rural areas and including Amer-
8 ican Indian and Alaska Native entities, in order to develop
9 or strengthen integrated health care delivery systems that
10 coordinate health services for individuals who are unin-
11 sured and individuals who are underinsured, through—

12 (1) coordination of services to allow such indi-
13 viduals to receive efficient and higher quality care
14 and to gain entry into a comprehensive system of
15 care;

16 (2) development of the infrastructure for a
17 health care delivery system characterized by effective
18 collaboration, information sharing, and clinical and
19 financial coordination among all providers of care in
20 the community; and

21 (3) provision of new Federal resources that do
22 not supplant funding for existing Federal categorical
23 programs that support entities providing services to
24 low-income populations.

1 **SEC. 3. CREATION OF COMMUNITY ACCESS PROGRAM.**

2 Part D of title III of the Public Health Service Act
3 (42 U.S.C. 254b et seq.) is amended by inserting after
4 subpart IV the following new subpart:

5 “Subpart V—Community Access Program

6 **“SEC. 340. GRANTS TO STRENGTHEN THE EFFECTIVENESS,**
7 **EFFICIENCY, AND COORDINATION OF SERV-**
8 **ICES FOR THE UNINSURED AND UNDER-**
9 **INSURED.**

10 “(a) **IN GENERAL.**—The Secretary may make grants
11 for the purpose of assisting the development of integrated
12 health care delivery systems—

13 “(1) to serve communities of individuals who
14 are uninsured and individuals who are underinsured;

15 “(2) to expand the scope of services provided;
16 and

17 “(3) to improve the efficiency and coordination
18 among the providers of such services.

19 “(b) **ELIGIBLE ENTITIES.**—To be eligible to receive
20 a grant under this section, an entity must—

21 “(1) be a public or nonprofit private entity such
22 as—

23 “(A) a Federally qualified health center
24 (as defined under section 1861(aa)(4) of the
25 Social Security Act);

1 “(B) a hospital that meets the require-
2 ments of section 340B(a)(4)(L) (or, if none are
3 available in the area, a hospital that is a pro-
4 vider of a substantial volume of non-emergency
5 health services to uninsured individuals and
6 families without regard to their ability to pay)
7 without regard to 340B (a)(4)(L)(iii); or

8 “(C) a public health department; and

9 “(2) represent a consortium of providers and,
10 as appropriate, related agencies or entities—

11 “(A) whose principal purpose is to provide
12 a broad range of coordinated health care serv-
13 ices for a community defined in the entity’s
14 grant application (which may be a special popu-
15 lation group such as migrant and seasonal farm
16 workers, homeless persons or individuals with
17 disabilities);

18 “(B) that includes all health care providers
19 that serve the community and that have tradi-
20 tionally provided care (beyond emergency serv-
21 ices) to uninsured and underinsured individuals
22 without regard to the individuals’ ability to pay
23 (if there are any such providers) unless any
24 such provider or providers declines to partici-
25 pate; and

1 “(C) that may include other health care
2 providers and related agencies and organiza-
3 tions;

4 except that preference shall be given to applicants that
5 are health care providers identified in paragraph (1).

6 “(c) APPLICATIONS.—To be eligible to receive a grant
7 under this section, an eligible entity shall submit to the
8 Secretary an application, in such form and manner as the
9 Secretary shall prescribe, that shall—

10 “(1) define a community of uninsured and
11 underinsured individuals that consists of all such
12 individuals—

13 “(A) in a specified geographical area; or

14 “(B) in a specified population within such
15 an area;

16 “(2) identify the providers who will participate
17 in the consortium’s program under the grant, and
18 specify each one’s contribution to the care of unin-
19 sured and underinsured individuals in the commu-
20 nity, including the volume of care it provides to
21 medicare and medicaid beneficiaries and to privately
22 paid patients;

23 “(3) describe the activities that the applicant
24 and the consortium propose to perform under the
25 grant to further the purposes of this section;

1 “(4) demonstrate the consortium’s ability to
2 build on the current system for serving uninsured
3 and underinsured individuals by involving providers
4 who have traditionally provided a significant volume
5 of care for that community;

6 “(5) demonstrate the consortium’s ability to de-
7 velop coordinated systems of care that either directly
8 provide or ensure the prompt provision of a broad
9 range of high-quality, accessible services, including,
10 as appropriate, primary, secondary, and tertiary
11 services, as well as substance abuse treatment and
12 mental health services in a manner which assures
13 continuity of care in the community;

14 “(6) provide evidence of community involvement
15 in the development, implementation, and direction of
16 the program that it proposes to operate;

17 “(7) demonstrate the consortium’s ability to en-
18 sure that individuals participating in the program
19 are enrolled in public insurance programs for which
20 they are eligible;

21 “(8) present a plan for leveraging other sources
22 of revenue, which may include State and local
23 sources and private grant funds, and integrating
24 current and proposed new funding sources in a way
25 to assure long-term sustainability;

1 “(9) describe a plan for evaluation of the activi-
2 ties carried out under the grant, including measure-
3 ment of progress toward the goals and objectives of
4 the program;

5 “(10) demonstrate fiscal responsibility through
6 the use of appropriate accounting procedures and
7 appropriate management systems;

8 “(11) include such other information as the
9 Secretary may prescribe; and

10 “(12) demonstrate the commitment to serve the
11 community without regard to the ability of the indi-
12 vidual or family to pay by arranging for or providing
13 free or reduced charge care for the poor.

14 “(d) PRIORITIES.—In awarding grants under this
15 section, the Secretary may accord priority to applicants—

16 “(1) whose consortium includes public hospitals,
17 Federally qualified health centers (as defined in sec-
18 tion 1905(l)(2)(B) of the Social Security Act), and
19 other providers that are covered entities as defined
20 by section 340B(a)(4) of this Act (or that would be
21 covered entities as so defined but for subparagraph
22 (L)(iii) of such section);

23 “(2) that identify a community whose geo-
24 graphical area has a high or increasing percentage
25 of individuals who are uninsured;

1 “(3) whose consortium includes other health
2 care providers that have a tradition of serving unin-
3 sured individuals and underinsured individuals in
4 the community;

5 “(4) who show evidence that the program would
6 expand utilization of preventive and primary care
7 services for uninsured and underinsured individuals
8 and families in the community, including mental
9 health services or substance abuse services;

10 “(5) whose proposed program would improve
11 coordination between health care providers and ap-
12 propriate social service providers, including local and
13 regional human services agencies, school systems,
14 and agencies on aging;

15 “(6) that demonstrate collaboration with State
16 and local governments;

17 “(7) that make use of non-Federal contribu-
18 tions to the greatest extent possible; or

19 “(8) that demonstrate a likelihood that the pro-
20 posed program will continue after support under this
21 section ceases.

22 “(e) USE OF FUNDS.—

23 “(1) USE BY GRANTEES.—

1 “(A) IN GENERAL.—Except as provided in
2 paragraphs (2) and (3), a grantee may use
3 amounts provided under this section only for—

4 “(i) direct expenses associated with
5 planning, developing, and operating the
6 greater integration of a health care deliv-
7 ery system so that it either directly pro-
8 vides or ensures the provision of a broad
9 range of services, as appropriate, including
10 primary, secondary, and tertiary services,
11 as well as substance abuse treatment and
12 mental health services; and

13 “(ii) direct patient care and service
14 expansions to fill identified or documented
15 gaps within an integrated delivery system.

16 “(B) SPECIFIC USES.—The following are
17 examples of purposes for which a grantee may
18 use grant funds, when such use meets the con-
19 ditions stated in subparagraph (A):

20 “(i) Increase in outreach activities.

21 “(ii) Improvements to case manage-
22 ment.

23 “(iii) Improvements to coordination of
24 transportation to health care facilities.

1 “(iv) Development of provider net-
2 works.

3 “(v) Recruitment, training, and com-
4 pensation of necessary personnel.

5 “(vi) Acquisition of technology.

6 “(vii) Identifying and closing gaps in
7 services being provided.

8 “(viii) Improvements to provider com-
9 munication, including implementation of
10 shared information systems or shared clin-
11 ical systems.

12 “(ix) Other activities that may be ap-
13 propriate to a community that would in-
14 crease access to the uninsured.

15 “(2) DIRECT PATIENT CARE LIMITATION.—No
16 more than 15 percent of the funds provided under
17 a grant may be used for providing direct patient
18 care and services.

19 “(3) RESERVATION OF FUNDS FOR NATIONAL
20 PROGRAM PURPOSES.—The Secretary may use not
21 more than 3 percent of funds appropriated to carry
22 out this section for technical assistance to grantees,
23 obtaining assistance of experts and consultants,
24 meetings, dissemination of information, evaluation,

1 and activities that will extend the benefits of funded
2 programs to communities other than the one funded.

3 “(f) MAINTENANCE OF EFFORT.—With respect to
4 activities for which a grant under this section is author-
5 ized, the Secretary may award such a grant only if the
6 recipient of the grant and each of the participating pro-
7 viders agree that each one will maintain its expenditures
8 of non-Federal funds for such activities at a level that is
9 not less than the level of such expenditures during the year
10 immediately preceding the fiscal year for which the appli-
11 cant is applying to receive such grant.

12 “(g) REPORTS TO THE SECRETARY.—The recipient
13 of a grant under this section shall report to the Secretary
14 annually regarding—

15 “(1) progress in meeting the goals stated in its
16 grant application; and

17 “(2) such additional information as the Sec-
18 retary may require.

19 The Secretary may not renew an annual grant under this
20 section unless the Secretary is satisfied that the consor-
21 tium has made reasonable and demonstrable progress in
22 meeting the goals set forth in its grant application for the
23 preceding year.

24 “(h) AUDITS.—Each entity which receives a grant
25 under this section shall provide for an independent annual

1 financial audit of all records that relate to the disposition
2 of funds received through this grant.

3 “(i) TECHNICAL ASSISTANCE.—The Secretary may,
4 either directly or by grant or contract, provide any funded
5 entity with technical and other non-financial assistance
6 necessary to meet the requirements of this section.

7 “(j) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there are authorized
9 to be appropriated \$250,000,000 in fiscal year 2002 and
10 such sums as may be necessary for each of fiscal years
11 2003 through 2006.”.

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