

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.

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## 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

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## 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.”.

