

110TH CONGRESS
2D SESSION

H. R. 5544

To amend the Public Health Service Act to authorize a demonstration project for integrated health systems to expand access to primary and preventive care for the medically underserved, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2008

Mr. BURGESS (for himself and Mr. STUPAK) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize a demonstration project for integrated health systems to expand access to primary and preventive care for the medically underserved, and for other purposes.

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 “Patients and Public
5 Health Partnership Act of 2008”.

1 **SEC. 2. DEMONSTRATION PROJECT FOR INTEGRATED**
 2 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
 3 **PRIMARY AND PREVENTIVE SERVICES FOR**
 4 **THE MEDICALLY UNDERSERVED.**

5 Part D of title III of the Public Health Service Act
 6 (42 U.S.C. 259b et seq.) is amended by adding at the end
 7 the following new subpart:

8 **“Subpart XI—Demonstration Project for Integrated**
 9 **Health Systems to Expand Access to Primary**
 10 **and Preventive Services for the Medically Un-**
 11 **derserved**

12 **“SEC. 340H. DEMONSTRATION PROJECT FOR INTEGRATED**
 13 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
 14 **PRIMARY AND PREVENTIVE CARE FOR THE**
 15 **MEDICALLY UNDERSERVED.**

16 **“(a) ESTABLISHMENT OF DEMONSTRATION.—**

17 **“(1) IN GENERAL.—**Not later than January 1,
 18 2009, the Secretary shall establish a demonstration
 19 project (hereafter in this section referred to as the
 20 ‘demonstration’) under which up to 30 qualifying in-
 21 tegrated health systems receive grants for the costs
 22 of their operations to expand access to primary and
 23 preventive services for the medically underserved.

24 **“(2) RULE OF CONSTRUCTION.—**Nothing in
 25 this section shall be construed as authorizing grants
 26 to be made or used for the costs of specialty care or

1 hospital care furnished by an integrated health sys-
2 tem.

3 “(b) APPLICATION.—Any integrated health system
4 desiring to participate in the demonstration shall submit
5 an application in such manner, at such time, and con-
6 taining such information as the Secretary may require.

7 “(c) CRITERIA FOR SELECTION.—In selecting inte-
8 grated health systems to participate in the demonstration
9 (hereafter referred to as ‘participating integrated health
10 systems’), the Secretary shall ensure representation of in-
11 tegrated health systems that are located in a variety of
12 States (including the District of Columbia and the terri-
13 tories and possessions of the United States) and locations
14 within States, including rural areas, inner-city areas, and
15 frontier areas.

16 “(d) DURATION.—Subject to the availability of ap-
17 propriations, the demonstration shall be conducted (and
18 operating grants be made to each participating integrated
19 health system) for a period of 3 years.

20 “(e) REPORTS.—

21 “(1) IN GENERAL.—The Secretary shall submit
22 to the appropriate committees of the Congress in-
23 terim and final reports with respect to the dem-
24 onstration, with an interim report being submitted
25 not later than 3 months after the demonstration has

1 been in operation for 24 months and a final report
2 being submitted not later than 3 months after the
3 close of the demonstration.

4 “(2) CONTENT.—Such reports shall evaluate
5 the effectiveness of the demonstration in providing
6 greater access to primary and preventive care for
7 medically underserved populations, and how the co-
8 ordinated approach offered by integrated health sys-
9 tems contributes to improved patient outcomes.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—There is authorized to be
12 appropriated \$25,000,000 for each of the fiscal
13 years 2009, 2010, and 2011 to carry out this sec-
14 tion.

15 “(2) CONSTRUCTION.—Nothing in this section
16 shall be construed as requiring or authorizing a re-
17 duction in the amounts appropriated for grants to
18 health centers under section 330 for the fiscal years
19 referred to in paragraph (1).

20 “(g) DEFINITIONS.—For purposes of this section:

21 “(1) FRONTIER AREA.—The term ‘frontier
22 area’ has the meaning given to such term in regula-
23 tions promulgated pursuant to section 330I(r).

1 “(2) INTEGRATED HEALTH SYSTEM.—The term
2 ‘integrated health system’ means a health system
3 that—

4 “(A) has a demonstrated capacity and
5 commitment to provide a full range of primary
6 care, specialty care, and hospital care in both
7 inpatient and outpatient settings; and

8 “(B) is organized to provide such care in
9 a coordinated fashion.

10 “(3) QUALIFYING INTEGRATED HEALTH SYS-
11 TEM.—

12 “(A) IN GENERAL.—The term ‘qualifying
13 integrated health system’ means a public or pri-
14 vate nonprofit entity that is an integrated
15 health system that meets the requirements of
16 subparagraph (B) and serves a medically under-
17 served population (either through the staff and
18 supporting resources of the integrated health
19 system or through contracts or cooperative ar-
20 rangements) by providing—

21 “(i) required primary and preventive
22 health and related services (as defined in
23 paragraph (4)); and

24 “(ii) as may be appropriate for a pop-
25 ulation served by a particular integrated

1 health system, integrative health services
2 (as defined in paragraph (5)) that are nec-
3 essary for the adequate support of the re-
4 quired primary and preventive health and
5 related services and that improve care co-
6 ordination.

7 “(B) OTHER REQUIREMENTS.—The re-
8 quirements of this subparagraph are that the
9 integrated health system—

10 “(i) will make the required primary
11 and preventive health and related services
12 of the integrated health system available
13 and accessible in the service area of the in-
14 tegrated health system promptly, as appro-
15 priate, and in a manner which assures con-
16 tinuity;

17 “(ii) will demonstrate financial re-
18 sponsibility by the use of such accounting
19 procedures and other requirements as may
20 be prescribed by the Secretary;

21 “(iii) provides or will provide services
22 to individuals who are eligible for medical
23 assistance under title XIX of the Social
24 Security Act or for assistance under title
25 XXI of such Act;

1 “(iv) has prepared a schedule of fees
2 or payments for the provision of its serv-
3 ices consistent with locally prevailing rates
4 or charges and designed to cover its rea-
5 sonable costs of operation and has pre-
6 pared a corresponding schedule of dis-
7 counts to be applied to the payment of
8 such fees or payments, which discounts are
9 adjusted on the basis of the patient’s abil-
10 ity to pay;

11 “(v) will assure that no patient will be
12 denied health care services due to an indi-
13 vidual’s inability to pay for such services;

14 “(vi) will assure that any fees or pay-
15 ments required by the system for such
16 services will be reduced or waived to enable
17 the system to fulfill the assurance de-
18 scribed in clause (v);

19 “(vii) provides assurances that any
20 grant funds will be expended to supple-
21 ment, and not supplant, the expenditures
22 of the integrated health system for primary
23 and preventive health services for the
24 medically underserved; and

1 “(viii) submits to the Secretary such
2 reports as the Secretary may require to de-
3 termine compliance with this subpara-
4 graph.

5 “(C) TREATMENT OF CERTAIN ENTI-
6 TIES.—The term ‘qualifying integrated health
7 system’ may include a nurse-managed health
8 clinic if such clinic meets the requirements of
9 subparagraphs (A) and (B) (except those re-
10 quirements that have been waived under para-
11 graph (4)(B)).

12 “(4) REQUIRED PRIMARY AND PREVENTIVE
13 HEALTH AND RELATED SERVICES.—

14 “(A) IN GENERAL.—Except as provided in
15 subparagraph (B), the term ‘required primary
16 and preventive health and related services’
17 means basic health services consisting of—

18 “(i) health services related to family
19 medicine, internal medicine, pediatrics, ob-
20 stetrics, or gynecology that are furnished
21 by physicians where appropriate, physician
22 assistants, nurse practitioners, and nurse
23 midwives;

24 “(ii) diagnostic laboratory services
25 and radiologic services;

1 “(iii) preventive health services, in-
2 cluding prenatal and perinatal care; appro-
3 priate cancer screening; well-child services;
4 immunizations against vaccine-preventable
5 diseases; screenings for elevated blood lead
6 levels, communicable diseases, and choles-
7 terol; pediatric eye, ear, and dental
8 screenings to determine the need for vision
9 and hearing correction and dental care;
10 and voluntary family planning services;

11 “(iv) emergency medical services; and

12 “(v) pharmaceutical services, behav-
13 ioral, mental health, and substance abuse
14 services, preventive dental services, and re-
15 cuperative care, as may be appropriate.

16 “(B) EXCEPTION.—In the case of an inte-
17 grated health system serving a targeted popu-
18 lation, the Secretary shall, upon a showing of
19 good cause, waive the requirement that the in-
20 tegrated health system provide each required
21 primary and preventive health and related serv-
22 ice under this paragraph if the Secretary deter-
23 mines one or more such services are inappro-
24 priate or unnecessary for such population.

1 “(5) INTEGRATIVE HEALTH SERVICES.—The
2 term ‘integrative health services’ means services that
3 are not included as required primary and preventive
4 health and related services and are associated with
5 achieving the greater integration of a health care de-
6 livery system to improve patient care coordination so
7 that the system either directly provides or ensures
8 the provision of a broad range of culturally com-
9 petent services. Integrative health services include
10 but are not limited to the following:

11 “(A) Outreach activities.

12 “(B) Case management and patient navi-
13 gation services.

14 “(C) Chronic care management.

15 “(D) Transportation to health care facili-
16 ties.

17 “(E) Development of provider networks
18 and other innovative models to engage local
19 physicians and other providers to serve the
20 medically underserved within a community.

21 “(F) Recruitment, training, and compensa-
22 tion of necessary personnel.

23 “(G) Acquisition of technology for the pur-
24 pose of coordinating care.

1 “(H) Improvements to provider commu-
2 nication, including implementation of shared in-
3 formation systems or shared clinical systems.

4 “(I) Determination of eligibility for Fed-
5 eral, State, and local programs that provide, or
6 financially support the provision of, medical, so-
7 cial, housing, educational, or other related serv-
8 ices.

9 “(J) Development of prevention and dis-
10 ease management tools and processes.

11 “(K) Translation services.

12 “(L) Development and implementation of
13 evaluation measures and processes to assess pa-
14 tient outcomes.

15 “(M) Integration of primary care and men-
16 tal health services.

17 “(N) Carrying out other activities that
18 may be appropriate to a community and that
19 would increase access by the uninsured to
20 health care, such as access initiatives for which
21 private entities provide non-Federal contribu-
22 tions to supplement the Federal funds provided
23 through the grants for the initiatives.

24 “(6) SPECIALTY CARE.—The term ‘specialty
25 care’ means care that is provided through a referral

1 and by a physician or nonphysician practitioner,
2 such as surgical consultative services, radiology serv-
3 ices requiring the immediate presence of a physician,
4 audiology, optometric services, cardiology services,
5 magnetic resonance imagery (MRI) services, comput-
6 erized axial tomography (CAT) scans, nuclear medi-
7 cine studies, and ambulatory surgical services.

8 “(7) NURSE-MANAGED HEALTH CLINIC.—The
9 term ‘nurse-managed health clinic’ means a nurse-
10 practice arrangement, managed by advanced practice
11 nurses, that provides care for underserved and vul-
12 nerable populations and is associated with a school,
13 college, or department of nursing or an independent
14 nonprofit health or social services agency.”.

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