

113TH CONGRESS
1ST SESSION

H. R. 29

To amend the Public Health Service Act to improve the provision of medical services to the homeless.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 3, 2013

Ms. VELÁZQUEZ introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to improve the provision of medical services to the homeless.

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 “Mobile Medical Home-
5 less Health Improvement Act of 2013”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The number of people experiencing home-
9 lessness on a single night increased by 1.1 percent
10 from 643,067 in January 2009 to 649,917 in Janu-

1 ary 2010. California, New York, and Florida ac-
2 counted for 40 percent of the total homeless popu-
3 lation.

4 (2) A total of 79,446 family households, includ-
5 ing 241,951 persons in families, were homeless as of
6 January 2010. Since 2009, the number of homeless
7 families increased 1.2 percent, and the number of
8 homeless persons in families increased 1.6 percent.

9 (3) The number of people who were chronically
10 homeless, persons with severe disabilities and long-
11 term homeless histories, decreased 1 percent between
12 2009 and 2010, from 110,917 to 109,812.

13 (4) Out of those homeless individuals in a shel-
14 ter, 34.7 percent suffered from substance abuse and
15 26.2 percent had a serious mental illness.

16 (5) Mobile medical health care services can ef-
17 fectively reach homeless populations and provide pri-
18 mary care, screenings, dental care, medications, be-
19 havioral health care, immunizations, lab tests, case
20 management, benefits assistance and assessments,
21 and triage.

22 (6) Mobile medical health care services can pro-
23 vide health care to homeless adults and children in
24 urban, rural, and suburban areas.

1 (7) The average cost of a visit to a provider of
 2 mobile medical health care services is significantly
 3 below the average cost of an emergency department
 4 visit. Visiting a mobile medical health care service
 5 instead of the emergency department can result in
 6 a cost savings of more than \$800 per visit.

7 **SEC. 3. IMPROVING ACCESS OF HOMELESS INDIVIDUALS**
 8 **TO MEDICAL SERVICES.**

9 Subpart I of Part D of title III of the Public Health
 10 Service Act (42 U.S.C. 254b et seq.) is amended by adding
 11 at the end the following new section:

12 **“SEC. 330M. PARTNERSHIPS TO IMPROVE ACCESS OF**
 13 **HOMELESS INDIVIDUALS TO MEDICAL SERV-**
 14 **ICES.**

15 “(a) IN GENERAL.—The Secretary may award
 16 grants, contracts, or cooperative agreements to eligible en-
 17 tities described in subsection (b) to enable such entities
 18 to improve access of homeless individuals to mobile med-
 19 ical health care services.

20 “(b) ELIGIBLE ENTITIES.—To be eligible for a grant,
 21 contract, or agreement under this section an entity shall—

22 “(1) be a partnership consisting of—

23 “(A) one or more hospitals; and

24 “(B) one or more other local health care
 25 facilities, including clinics, health centers, pri-

1 mary care facilities, mental health centers,
2 pharmacies, or other mobile medical assets (as
3 such term is defined for purposes of section
4 319C–2), whether or not such a local health
5 care facility is owned (either in whole or in
6 part) by a partnering hospital described in sub-
7 paragraph (A); and

8 “(2) submit to the Secretary, an application at
9 such time, in such manner, and containing such in-
10 formation as the Secretary may require.

11 “(c) USE OF FUNDS.—A grant, contract, or agree-
12 ment awarded under this section may be expended only
13 for activities to increase access of homeless individuals to
14 mobile medical services, including primary health services
15 (as defined in section 330(b)(1)), substance abuse services
16 (as defined in section 330(h)(5)), and mental health coun-
17 seling.

18 “(d) LIMITATION ON AWARDS.—A hospital or health
19 care facility shall not be eligible for a grant, contract, or
20 agreement under this section with respect to more than
21 one partnership described in subsection (b)(1).

22 “(e) PREFERENCE.—In awarding a grant, contract,
23 or agreement under this section, the Secretary shall give
24 priority to any application from a geographic area that

1 has a comparatively high ratio of homeless individuals to
2 non-homeless individuals.

3 “(f) SUPPLEMENT NOT SUPPLANT REQUIREMENT.—
4 A grant, contract, or agreement awarded under this sec-
5 tion shall be expended to supplement, and not supplant,
6 the expenditures of the eligible entity involved and the
7 value of in kind contributions for the delivery of services
8 to homeless individuals.

9 “(g) TEMPORARY CONTINUED PROVISION OF SERV-
10 ICES TO CERTAIN FORMER HOMELESS INDIVIDUALS.—If
11 any grantee under this section has provided services de-
12 scribed in this section to a homeless individual under the
13 grant, contract, or agreement awarded under this section,
14 such grantee may, notwithstanding that the individual is
15 no longer homeless as a result of becoming a resident in
16 permanent housing, expend the amount so awarded to con-
17 tinue to provide such services to the individual for not
18 more than 12 months.

19 “(h) DEFINITIONS.—For purposes of this section:

20 “(1) HOMELESS INDIVIDUAL.—The term
21 ‘homeless individual’ has the meaning given such
22 term in section 330(h)(5).

23 “(2) MOBILE MEDICAL HEALTH CARE SERV-
24 ICES.—The term ‘mobile medical health care service’

- 1 means any health care related service provided in a
- 2 moveable vehicle or a non-permanent clinic.”.

