lations with limited access to health care, treating all patients regardless of ability to pay. These include low-income populations, the uninsured, individuals with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and individuals living in public housing. There are over 1,100 health centers across the country, delivering care at over 7,500 sites. These centers served more than 17 million patients in 2008 and are estimated to serve more than 20 million patients in 2010.

The American Recovery and Reinvestment Act of 2009 (Recovery Act) provided $2 billion for health centers, including $500 million to expand health centers' services to over 2 million new patients by opening new health center sites, adding new providers, and improving hours of operations. An additional $1.5 billion is supporting much-needed capital improvements, including funding to buy equipment, modernize clinic facilities, expand into new facilities, and adopt or expand the use of health information technology and electronic health records.

One of the key benefits health centers provide to the communities they serve is quality primary health care services. Health centers use interdisciplinary teams to treat the ''whole patient'' and focus on chronic disease management to reduce the use of costlier providers of care, such as emergency rooms and hospitals.

Federally qualified health centers provide an excellent environment to demonstrate the further improvements to health care that may be offered by the medical homes approach. In general, this approach emphasizes the patient's relationship with a primary care provider who coordinates the patient's care and serves as the patient's principal point of contact for care. The medical homes approach also emphasizes activities related to quality improvement, access to care, communication with patients, and care management and coordination. These activities are expected to improve the quality and efficiency of care and to help avoid preventable emergency and inpatient hospital care. Demonstration programs establishing the medical homes approach have been recommended by the Medicare Payment Advisory Commission, an independent advisory body to the Congress.

Therefore, I direct you to implement a Medicare Federally Qualified Health Center Advanced Primary Care Practice demonstration, pursuant to your statutory authority to conduct experiments and demonstrations on changes in payments and services that may improve the quality and efficiency of services to beneficiaries. Health centers participating in this demonstration must have shown their ability to provide comprehensive, coordinated, integrated, and accessible health care.

This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

You are authorized and directed to publish this memorandum in the Federal Register.

BARACK OBAMA.

§ 254b–1. State grants to health care providers who provide services to a high percentage of medically underserved populations or other special populations

(a) In general

A State may award grants to health care providers who treat a high percentage, as determined by such State, of medically underserved populations or other special populations in such State.

(b) Source of funds

A grant program established by a State under subsection (a) may not be established within a department, agency, or other entity of such State that administers the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and no Federal or State funds allocated to such Medicaid program, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), or the TRICARE program under chapter 55 of title 10 may be used to award grants or to pay administrative costs associated with a grant program established under subsection (a).

(Pub. L. 111–148, title V, § 5606, as added Pub. L. 111–148, title X, § 10501(k), Mar. 23, 2010, 124 Stat. 999.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (b), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII and XIX of the Act are classified generally to subchapters XVIII (§ 1395 et seq.) and XIX (§ 1396 et seq.), respectively, of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

§ 254b–2. Community health centers and the National Health Service Corps Fund

(a) Purpose

It is the purpose of this section to establish a Community Health Center Fund (referred to in this section as the ''CHC Fund''), to be administered through the Office of the Secretary of the Department of Health and Human Services to provide for expanded and sustained national investment in community health centers under section 254b of this title and the National Health Service Corps.

(b) Funding

There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the CHC Fund—

(1) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the community health center program under section 254b of this title—

(A) $1,000,000,000 for fiscal year 2011;

(B) $1,200,000,000 for fiscal year 2012;

(C) $1,500,000,000 for fiscal year 2013;

(D) $2,200,000,000 for fiscal year 2014;

(E) $3,600,000,000 for each of fiscal years 2015 through 2017;

(F) $3,800,000,000 for fiscal year 2018;

(G) $4,000,000,000 for each of fiscal years 2019 through 2023;

(H) $526,027,397 for the period beginning on October 1, 2023, and ending on November 17, 2023, $690,410,959 for the period beginning on November 18, 2023, and ending on January 19, 2024, $536,986,301 for the period beginning on January 20, 2024, and ending on March 8, 2024, and $3,592,328,767 for the period beginning on October 1, 2023,[1] and ending on December 31, 2024; and

[1] So in original.

(I) $1,050,410,959 for the period beginning on January 1, 2025, and ending on March 31, 2025.

(2) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the National Health Service Corps—

(A) $290,000,000 for fiscal year 2011;

(B) $295,000,000 for fiscal year 2012;

(C) $300,000,000 for fiscal year 2013;

(D) $305,000,000 for fiscal year 2014;

(E) $310,000,000 for each of fiscal years 2015 through 2017;

(F) $310,000,000 for each of fiscal years 2018 and 2019;

(G) $310,000,000 for fiscal year 2020;

(H) $310,000,000 for each of fiscal years 2021 through 2023;

(I) $40,767,123 for the period beginning on October 1, 2023, and ending on November 17, 2023, $53,506,849 for the period beginning on November 18, 2023, and ending on January 19, 2024, $41,616,438 for the period beginning on January 20, 2024, and ending on March 8, 2024, and $297,013,699 for the period beginning on October 1, 2023,[1] and ending on December 31, 2024; and

(J) $85,068,493 for the period beginning on January 1, 2025, and ending on March 31, 2025.

(c) Construction

There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, $1,500,000,000 to be available for fiscal years 2011 through 2015 to be used by the Secretary of Health and Human Services for the construction and renovation of community health centers.

(d) Use of fund

The Secretary of Health and Human Services shall transfer amounts in the CHC Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for community health centers and the National Health Service Corps.

(e) Availability

Amounts appropriated under subsections (b) and (c) shall remain available until expended.

(Pub. L. 111–148, title X, §10503, Mar. 23, 2010, 124 Stat. 1004; Pub. L. 111–152, title II, §2303, Mar. 30, 2010, 124 Stat. 1083; Pub. L. 114–10, title II, §221(a), Apr. 16, 2015, 129 Stat. 154; Pub. L. 115–96, div. C, title I, §3101(a), (b), Dec. 22, 2017, 131 Stat. 2048; Pub. L. 115–123, div. E, title IX, §50901(a), (c), Feb. 9, 2018, 132 Stat. 282, 287; Pub. L. 116–59, div. B, title I, §1101(a), (b), Sept. 27, 2019, 133 Stat. 1102; Pub. L. 116–69, div. B, title I, §1101(a), (b), Nov. 21, 2019, 133 Stat. 1136; Pub. L. 116–94, div. N, title I, §401(a), (b), Dec. 20, 2019, 133 Stat. 3113; Pub. L. 116–136, div. A, title III, §3831(a), (b), Mar. 27, 2020, 134 Stat. 433; Pub. L. 116–159, div. C, title I, §2101(a), (b), Oct. 1, 2020, 134 Stat. 728; Pub. L. 116–215, div. B, title II, §1201(a), (b), Dec. 11, 2020, 134 Stat. 1044; Pub. L. 116–260, div. BB, title III, §301(a), (b), Dec. 27, 2020, 134 Stat. 2922; Pub. L. 118–15, div. B, title III, §2321(b), (c), Sept. 30, 2023, 137 Stat. 94, 95; Pub. L. 118–22, div. B, title II, §201(b), (c), Nov. 17, 2023, 137 Stat. 119, 120; Pub. L. 118–35, div. B, title I, §101(b), (c), Jan. 19, 2024, 138 Stat. 4; Pub. L. 118–42, div. G, title I, §101(a), (b), Mar. 9, 2024, 138 Stat. 397; Pub. L. 118–158, div. C, title I, §3101(a), (b), Dec. 21, 2024, 138 Stat. 1762.)

Editorial Notes

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Public Health Service Act which comprises this chapter.

AMENDMENTS

2024—Subsec. (b)(1)(F). Pub. L. 118–158, §3101(a)(2), substituted semicolon for ‘‘, $4,000,000,000 for each of fiscal years 2019 through 2023, $526,027,397 for the period beginning on October 1, 2023, and ending on November 17, 2023, $690,410,959 for the period beginning on November 18, 2023, and ending on January 19, 2024, $536,986,301 for the period beginning on January 20, 2024, and ending on March 8, 2024, and $3,592,328,767 for the period beginning on October 1, 2023, and ending on December 31, 2024; and’’.

Pub. L. 118–42, §101(a), substituted ‘‘$536,986,301 for the period beginning on January 20, 2024, and ending on March 8, 2024, and $3,592,328,767 for the period beginning on October 1, 2023, and ending on December 31, 2024’’ for ‘‘and $536,986,301 for the period beginning on January 20, 2024, and ending on March 8, 2024’’.

Pub. L. 118–35, §101(b), substituted ‘‘$690,410,959 for the period beginning on November 18, 2023, and ending on January 19, 2024, and $536,986,301 for the period beginning on January 20, 2024, and ending on March 8, 2024’’ for ‘‘and $690,410,959 for the period beginning on November 18, 2023, and ending on January 19, 2024’’.

Subsec. (b)(1)(G) to (I). Pub. L. 118–158, §3101(a)(1), (3), added subpars. (G) to (I).

Subsec. (b)(2)(I). Pub. L. 118–42, §101(b), substituted ‘‘$41,616,438 for the period beginning on January 20, 2024, and ending on March 8, 2024, and $297,013,699 for the period beginning on October 1, 2023, and ending on December 31, 2024’’ for ‘‘and $41,616,438 for the period beginning on January 20, 2024, and ending on March 8, 2024’’.

Pub. L. 118–35, §101(c), substituted ‘‘$53,506,849 for the period beginning on November 18, 2023, and ending on January 19, 2024, and $41,616,438 for the period beginning on January 20, 2024, and ending on March 8, 2024’’ for ‘‘and $53,506,849 for the period beginning on November 18, 2023, and ending on January 19, 2024’’.

Subsec. (b)(2)(J). Pub. L. 118–158, §3101(b), added subpar. (J).

2023—Subsec. (b)(1)(F). Pub. L. 118–22, §201(b), substituted ‘‘$526,027,397 for the period beginning on October 1, 2023, and ending on November 17, 2023, and $690,410,959 for the period beginning on November 18, 2023, and ending on January 19, 2024’’ for ‘‘and $526,027,397 for the period beginning on October 1, 2023, and ending on November 17, 2023’’.

Pub. L. 118–15, §2321(b), substituted ‘‘, $4,000,000,000’’ for ‘‘and $4,000,000,000’’ and inserted ‘‘, and $526,027,397 for the period beginning on October 1, 2023, and ending on November 17, 2023’’ before the semicolon.

Subsec. (b)(2)(I). Pub. L. 118–22, §201(c), substituted ‘‘$40,767,123 for the period beginning on October 1, 2023, and ending on November 17, 2023, and $53,506,849 for the period beginning on November 18, 2023, and ending on January 19, 2024’’ for ‘‘$40,767,123 for the period beginning on October 1, 2023, and ending on November 17, 2023’’.

Pub. L. 118–15, §2321(c), added subpar. (I).

2020—Subsec. (b)(1)(F). Pub. L. 116–260, §301(a), substituted ‘‘and $4,000,000,000 for each of fiscal years 2019 through 2023’’ for ‘‘, $4,000,000,000 for fiscal year 2019, $4,000,000,000 for fiscal year 2020, and $865,753,425 for the period beginning on October 1, 2020, and ending on December 18, 2020’’.

Pub. L. 116–215, §1201(a), substituted ‘‘$865,753,425’’ for ‘‘$789,041,096’’ and ‘‘December 18, 2020’’ for ‘‘December 11, 2020’’.

Pub. L. 116–159, § 2101(a), substituted ''$789,041,096'' for ''$668,493,151'' and ''December 11, 2020'' for ''November 30, 2020''.

Pub. L. 116–136, § 3831(a), substituted ''$4,000,000,000 for fiscal year 2020, and $668,493,151 for the period beginning on October 1, 2020, and ending on November 30, 2020'' for ''and $2,575,342,466 for the period beginning on October 1, 2019, and ending on May 22, 2020''.

Subsec. (b)(2)(G). Pub. L. 116–136, § 3831(b), added subpar. (G) and struck out former subpar. (G) which read as follows: ''$199,589,041 for the period beginning on October 1, 2019, and ending on May 22, 2020.''

Subsec. (b)(2)(H). Pub. L. 116–260, § 301(b), substituted ''$310,000,000 for each of fiscal years 2021 through 2023'' for ''$67,095,890 for the period beginning on October 1, 2020, and ending on December 18, 2020''.

Pub. L. 116–215, § 1201(b), substituted ''$67,095,890'' for '$61,150,685'' and ''December 18, 2020'' for ''December 11, 2020''.

Pub. L. 116–159, § 2101(b), substituted ''$61,150,685'' for ''$51,808,219'' and ''December 11, 2020'' for ''November 30, 2020''.

Pub. L. 116–136, § 3831(b), added subpar. (H).

2019—Subsec. (b)(1)(F). Pub. L. 116–94, § 401(a), substituted ''$2,575,342,466'' for ''$887,671,223'' and ''May 22, 2020'' for ''December 20, 2019''.

Pub. L. 116–69, § 1101(a), substituted ''$887,671,223'' for ''$569,863,014'' and ''December 20, 2019'' for ''November 21, 2019''.

Pub. L. 116–59, § 1101(a), substituted ''2018, $4,000,000,000 for fiscal year 2019, and $569,863,014 for the period beginning on October 1, 2019, and ending on November 21, 2019; and'' for ''2018 and $4,000,000,000 for fiscal year 2019.''

Subsec. (b)(2)(G). Pub. L. 116–94, § 401(b), substituted ''$199,589,041'' for ''$68,794,521'' and ''May 22, 2020'' for ''December 20, 2019''.

Pub. L. 116–69, § 1101(a), substituted ''$887,671,223'' for ''$569,863,014'' and ''December 20, 2019'' for ''November 21, 2019''.

Pub. L. 116–59, § 1101(b), added subpar. (G).

2018—Subsec. (b)(1)(F). Pub. L. 115–123, § 50901(a), amended subpar. (F) generally. Prior to amendment, subpar. (F) read as follows: ''$550,000,000 for the period of the first and second quarters of fiscal year 2018;''.

Subsec. (b)(2)(F). Pub. L. 115–123, § 50901(c), amended subpar. (F) generally. Prior to amendment, subpar. (F) read as follows: ''$65,000,000 for period of the first and second quarters of fiscal year 2018.''

2017—Subsec. (b)(1)(F). Pub. L. 115–96, § 3101(a), added subpar. (F).

Subsec. (b)(2)(F). Pub. L. 115–96, § 3101(b), added subpar. (F).

2015—Subsec. (b)(1)(E), (2)(E). Pub. L. 114–10 substituted ''for each of fiscal years 2015 through 2017'' for ''for fiscal year 2015''.

2010—Subsec. (b)(1)(A). Pub. L. 111–152, § 2303(1), substituted ''1,000,000,000'' for ''700,000,000''.

Subsec. (b)(1)(B). Pub. L. 111–152, § 2303(2), substituted ''1,200,000,000'' for ''800,000,000''.

Subsec. (b)(1)(C). Pub. L. 111–152, § 2303(3), substituted ''1,500,000,000'' for ''1,000,000,000''.

Subsec. (b)(1)(D). Pub. L. 111–152, § 2303(4), substituted ''2,200,000,000'' for ''1,600,000,000''.

Subsec. (b)(1)(E). Pub. L. 111–152, § 2303(5), substituted ''3,600,000,000'' for ''2,900,000,000''.

§ 254c. Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs

(a) Purpose

The purpose of this section is to provide grants for expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of small health care provider quality improvement activities.

(b) Definitions

(1) Director

The term ''Director'' means the Director specified in subsection (d).

(2) Federally qualified health center; rural health clinic

The terms ''Federally qualified health center'' and ''rural health clinic'' have the meanings given the terms in section 1395x(aa) of this title.

(3) Health professional shortage area

The term ''health professional shortage area'' means a health professional shortage area designated under section 254e of this title.

(4) Medically underserved community

The term ''medically underserved community'' has the meaning given the term in section 295p(6) of this title.

(5) Medically underserved population

The term ''medically underserved population'' has the meaning given the term in section 254b(b)(3) of this title.

(c) Program

The Secretary shall establish, under section 241 of this title, a small health care provider quality improvement grant program.

(d) Administration

(1) Programs

The rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs established under section 241 of this title shall be administered by the Director of the Office of Rural Health Policy of the Health Resources and Services Administration, in consultation with State offices of rural health or other appropriate State government entities.

(2) Grants

(A) In general

In carrying out the programs described in paragraph (1), the Director may award grants under subsections (e), (f), and (g) to expand access to, coordinate, and improve the quality of basic health care services, and enhance the delivery of health care, in rural areas.

(B) Types of grants

The Director may award the grants to—

(i) promote expanded delivery of health care services in rural areas under subsection (e);

(ii) provide for the planning and implementation of integrated health care networks in rural areas under subsection (f); and

(iii) provide for the planning and implementation of small health care provider quality improvement activities under subsection (g).

(e) Rural health care services outreach grants

(1) Grants

The Director may award grants to eligible entities to promote rural health care services