109TH CONGRESS *2d Session* | HOUSE OF REPRESENTATIVES | REPORT 109–509

HEALTH CENTERS RENEWAL ACT OF 2006

JUNE 20, 2006.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BARTON of Texas, from the Committee on Energy and Commerce, submitted the following

REPORT

[To accompany H.R. 5573]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5573) to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

The purpose of H.R. 5573, the Health Centers Renewal Act of 2006, is to reauthorize the existing Community Health Center Program for fiscal years 2007 through 2011. The Health Centers Re-

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newal Act will ensure that community health centers can continue to offer health care services to millions of medically underserved and uninsured people.

BACKGROUND AND NEED FOR LEGISLATION

Community Health Centers (CHCs) have been in existence since the 1960s to provide health services in underserved communities. In 1996, the Health Centers Consolidation Act combined the various federally qualified health centers (FQHCs)—community, migrant, homeless, and health centers for residents of public housing—under Section 330 of the Public Health Service Act (PHSA) and created the Consolidated Health Centers Program. The program was later reauthorized through FY2006 as part of the Health Care Safety Net Amendments of 2002. The CHC program is administered by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care.

CHCs have in common several specific features, as provided by subsection 330(k)(3) of the PHSA. CHCs (1) serve either a federally designated, medically underserved area or a population; (2) have nonprofit, public, or tax exempt status; (3) provide comprehensive primary health care services, referrals, and other services needed to facilitate access to care, such as care management, translation, and transportation; (4) have a governing board in which the majority of members are patients of the health center; and (5) provide services to all in the service area, regardless of ability to pay, and offer a sliding fee schedule that adjusts according to family income.

Once designated, an FQHC is eligible for cost-based reimbursement from Medicaid, access to physicians through the National Health Service Corps and J–1 Visa Waiver Program, and medical malpractice coverage under the Federal Tort Claims Act.

Presently, there are over 900 CHCs operating 3,600 urban and rural sites in every State and territory. Primary health services delivered at CHCs also include pre-natal care, mental health services, blood pressure and cholesterol checks, and care of chronic diseases such as diabetes. According to the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care, CHCs in 2003 treated over 12 million people in medically underserved areas, including 4.8 million uninsured patients. In 2003, CHCs delivered mammograms to over 200,000 women, gave check-ups and other health services to 1.6 million children, and administered over 2.2 million immunizations. By the end of 2007, 15.8 million patients will be receiving affordable primary and preventative health care at 4,015 sites across the country. Notably, nearly 90 percent of the CHC patient population lives under 200 percent of the Federal poverty level.

The Secretary may make grants, for a period of not to exceed two years, for the costs of the operation of public and nonprofit private entities which provide health services to medically underserved populations but with respect to which the Secretary is unable to make each of the determinations required by subsection (k)(3).

In the May 4, 2006, hearing, witnesses differed in their interpretation of HRSAs current authority to provide waivers of the community governance board requirement. The Committee intends that the waiver authority of subsection (e)(1)(B) apply to all re-

quirements set forth in subsection (k), including the ability to waive the majority patient board requirement.

The Committee notes that look-alike centers, as outlined in the Social Security Act, must meet the same standards as FQHCs receiving grants under Section 330 of the PHSA. It is the intent of the Committee to clarify that the authority of the Secretary under existing law to provide waivers to entities receiving grants under Section 330 of the PHSA for particular requirements under subsection 330(k) also be available to the Secretary when making the determination that an entity applying for look-alike status meets the requirements set forth under Section 330. This bill does not expand the scope of the Secretary's waiver authority under existing law but rather clarifies the current waiver authority of the Secretary.

Hearings

On May 4, 2006, the Subcommittee on Health held a hearing entitled "The Critical Role of Community Health Centers in Ensuring Access to Care." The Subcommittee received testimony from: Elisabeth Handley, Division Director for Policy and Development, Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services; Roy C. Brooks, Commissioner of Tarrant County, Texas; Kathy Grant-Davis, Executive Director, New Jersey Primary Care Association; and Dan Hawkins, Vice President for Federal, State and Public Affairs, National Association of Community Health Centers, Inc.

Committee Consideration

On Thursday, June 8, 2006, the Subcommittee on Health met in open markup session and approved H.R. 5573 for Full Committee consideration, without amendment, by a voice vote, a quorum being present. On Thursday, June 15, 2006, the Committee on Energy and Commerce met in open markup session and ordered H.R. 5573 reported to the House, without amendment, by a voice vote, a quorum being present.

Committee Votes

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 5573 reported. A motion by Mr. Deal to order H.R. 5573 reported to the House, without amendment, was agreed to by a voice vote.

Committee Oversight Findings

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee held an oversight hearing and made findings that are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The goal of H.R. 5573 is to allow Community Health Centers to continue providing health care services to the Nation's medically underserved.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 5573, the Health Centers Renewal Act of 2006, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 19, 2006.

Hon. JOE BARTON,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 5573, the Health Centers Renewal Act of 2006.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Camile Williams.

Sincerely,

DONALD B. MARRON,
Acting Director.

Enclosure.

H.R. 5573—Health Centers Renewal Act of 2006

Summary: H.R. 5573 would amend section 330 of the Public Health Service Act to authorize through 2011 a program that provides grants to community health centers (CHCs). Assuming appropriation of the authorized amounts, CBO estimates that implementing the bill would cost $1.0 billion in 2007 and $8.9 billion over the 2007–2011 period.

H.R. 5573 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated Cost to the Federal Government: The estimated budgetary impact of H.R. 5573 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars					
	2006	2007	2008	2009	2010	2011
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law:						
Budget Authority [1]	1,690	0	0	0	0	0
Estimated Outlays	896	710	0	0	0	0
Proposed Changes:						
Authorization Level	0	1,963	1,999	2,015	2,041	2,041
Estimated Outlays	0	1,040	1,884	1,966	1,988	1,999
Spending Under H.R. 5573:						
Authorization Level [1]	1,690	1,963	1,999	2,015	2,041	2,041
Estimated Outlays	896	1,750	1,884	1,966	1,988	1,999

[1] The 2006 level is the amount appropriated for that year for grants to community health centers.

Basis of Estimate: The Health Resources and Services Administration administers a program that provides grants to community organizations for the development and operation of community health centers. Those health centers provide medical care to poor and underserved populations. Authorization for that grant program expires in 2006.

H.R. 5573 would renew funding for that program by authorizing appropriation of about $2 billion a year in 2007 through 2011.

Based on historical patterns of spending for community health centers, CBO estimates that implementing the bill would cost $1.0 billion in 2007 and $8.9 billion over the 2007–2011 period, assuming appropriation of authorized amounts.

Intergovernmental and Private-Sector Impact: H.R. 5573 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal Costs: Camile Williams. Impact on State, Local, and Tribal Governments: Leo Lex. Impact on the Private Sector: Paige Shevlin.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

Federal Mandates Statement

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

Advisory Committee Statement

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

Constitutional Authority Statement

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with the Indian tribes.

Applicability to Legislative Branch

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or

accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short Title.

Section 1 designates the title of the bill as the "Health Centers Renewal Act of 2006."

Section 2. Findings.

Section 2 establishes the findings for the legislation.

Section 3. Additional Authorization of Appropriations for Health Centers Program of Public Health Service Act.

Section 3 authorizes to be appropriated to the Department of Health and Human Services to carry out the Act $1.963 billion for fiscal year 2007, $1.999 billion for fiscal year 2008, $2.015 billion for fiscal year 2009, $2.041 billion for fiscal year 2010, and $2.041 billion for fiscal year 2011.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

SECTION 330 OF THE PUBLIC HEALTH SERVICE ACT

SEC. 330. HEALTH CENTERS.

(a) * * *

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(r) AUTHORIZATION OF APPROPRIATIONS.—

【(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated $1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006.】

(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated $1,963,000,000 for fiscal year 2007, $1,999,000,000 for fiscal year 2008, $2,015,000,000 for fiscal year 2009, $2,041,000,000 for fiscal year 2010, and $2,041,000,000 for fiscal year 2011.

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