

111TH CONGRESS
1ST SESSION

H. R. 1296

To achieve access to comprehensive primary health care services for all Americans and to reform the organization of primary care delivery through an expansion of the Community Health Center and National Health Service Corps programs.

IN THE HOUSE OF REPRESENTATIVES

MARCH 4, 2009

Mr. CLYBURN (for himself, Mr. ABERCROMBIE, Mr. BERMAN, Mr. BISHOP of New York, Mr. BLUMENAUER, Ms. BORDALLO, Mr. BOSWELL, Mr. BOUCHER, Mr. BUTTERFIELD, Mr. CARNEY, Mrs. CHRISTENSEN, Mr. CLAY, Mr. COSTA, Mr. DAVIS of Illinois, Mr. DAVIS of Tennessee, Mr. DEFazio, Ms. DEGETTE, Mr. COOPER, Mr. DELAHUNT, Mr. DOGGETT, Mr. ELLISON, Ms. ESHOO, Mr. FILNER, Mr. FRANK of Massachusetts, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HIGGINS, Mr. HINOJOSA, Mr. LARSON of Connecticut, Ms. LEE of California, Mr. LEWIS of Georgia, Mrs. MALONEY, Mr. MARKEY of Massachusetts, Mr. MEEK of Florida, Mr. MOORE of Kansas, Ms. MOORE of Wisconsin, Mr. MORAN of Virginia, Mr. MURTHA, Mr. NADLER of New York, Mrs. NAPOLITANO, Ms. NORTON, Mr. OLVER, Mr. ORTIZ, Mr. PASCRELL, Mr. PASTOR of Arizona, Mr. PAYNE, Mr. PERLMUTTER, Mr. PRICE of North Carolina, Mr. RAHALL, Mr. RODRIGUEZ, Mr. ROTHMAN of New Jersey, Ms. ROYBAL-ALLARD, Mr. RUSH, Mr. SARBANES, Ms. SCHWARTZ, Mr. SCOTT of Georgia, Mr. SERRANO, Ms. SHEA-PORTER, Mr. SIRES, Ms. SLAUGHTER, Mr. SPRATT, Mr. TOWNS, Ms. VELÁZQUEZ, Mr. WEINER, Mr. WELCH, Mr. WEXLER, Mr. WILSON of Ohio, Mr. WU, Mr. YARMUTH, Mr. CLEAVER, Mr. FARR, Ms. CLARKE, Mr. SALAZAR, Mr. ROSS, Mr. THOMPSON of California, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To achieve access to comprehensive primary health care services for all Americans and to reform the organization

of primary care delivery through an expansion of the Community Health Center and National Health Service Corps programs.

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 “Access for All America
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Providing universal coverage for health care
9 for all Americans will be incomplete if access to
10 medical and other health services is not improved.

11 (2) Currently, 56,000,000 Americans, both in-
12 sured and uninsured, have inadequate access to pri-
13 mary care due to a shortage of physicians and other
14 like providers in their community.

15 (3) Several demonstrations are underway at the
16 Federal and State level to link patients to a primary
17 care “medical home” as a means of assuring access,
18 controlling costs, and improving quality.

19 (4) Yet, there already exists a proven medical
20 home model that accomplishes these goals and has
21 done so over the past 40 years while serving over
22 18,000,000 Americans.

1 (5) Community health centers, also known as
2 Federally Qualified Health Centers (FQHCs), have
3 been found to more than pay for themselves by pro-
4 viding coordinated, comprehensive medical, dental,
5 behavioral health, and prescription drug services
6 that reduce unnecessary emergency room visits, am-
7 bulatory-sensitive hospitalizations, and avoidable
8 specialty care.

9 (6) The result is that the American Academy of
10 Family Physicians' Robert Graham Center found
11 that medical expenses for health center patients are
12 41 percent lower compared to patients seen else-
13 where, an average savings of \$1,810 per person per
14 year.

15 (7) The Lewin Group found that providing ac-
16 cess to a medical home for every American would
17 produce health care savings of \$67,000,000,000 per
18 year, more than 8 times the subsidy needed to sus-
19 tain the 1,100 current health centers and to create
20 3,900 new or expanded health center sites to accom-
21 plish full access.

22 (8) Hand in hand with the expansion of the
23 community health center program, a renewed invest-
24 ment in the National Health Service Corps is essen-

1 tial to reverse the decline in the supply of primary
2 care physicians and dentists.

3 (9) Both the expansion of the community health
4 center program and the investment in the National
5 Health Service Corps can be accomplished for less
6 than 1 percent of total health care spending today.

7 (10) Finally, to encourage broader adoption of
8 the cost-effective community health center model of
9 care beyond underserved areas and populations and
10 to encourage the pursuit and practice of primary
11 care as a career, all willing primary care practi-
12 tioners should be encouraged to collaborate with
13 community health centers.

14 **SEC. 3. SPENDING FOR FEDERALLY QUALIFIED HEALTH**
15 **CENTERS (FQHCS).**

16 Section 330(r) of the Public Health Service Act (42
17 U.S.C. 254b(r)) is amended by striking paragraph (1) and
18 inserting the following:

19 “(1) GENERAL AMOUNTS FOR GRANTS.—For
20 the purpose of carrying out this section, in addition
21 to the amounts authorized to be appropriated under
22 subsection (d), there is authorized to be appro-
23 priated the following:

24 “(A) For fiscal year 2010,
25 \$2,988,821,592.

1 “(B) For fiscal year 2011,
2 \$3,862,107,440.

3 “(C) For fiscal year 2012, \$4,990,553,440.

4 “(D) For fiscal year 2013,
5 \$6,448,713,307.

6 “(E) For fiscal year 2014,
7 \$7,332,924,155.

8 “(F) For fiscal year 2015,
9 \$8,332,924,155.

10 “(G) For fiscal year 2016, and each subse-
11 quent fiscal year, the amount appropriated for
12 the preceding fiscal year adjusted by the prod-
13 uct of—

14 “(i) one plus the average percentage
15 increase in costs incurred per patient
16 served; and

17 “(ii) one plus the average percentage
18 increase in the total number of patients
19 served.”.

20 **SEC. 4. OTHER PROVISIONS.**

21 (a) **SETTINGS FOR SERVICE DELIVERY.**—Section
22 330(a)(1) of the Public Health Service Act (42 U.S.C.
23 254b(a)(1)) is amended by adding at the end the fol-
24 lowing: “Required primary health services and additional
25 health services may be provided either at facilities directly

1 operated by the center or at any other inpatient or out-
2 patient settings determined appropriate by the center to
3 meet the needs of its patents.”.

4 (b) LOCATION OF SERVICE DELIVERY SITES.—Sec-
5 tion 330(a) of the Public Health Service Act (42 U.S.C.
6 254b(a)) is amended by adding at the end the following:

7 “(3) CONSIDERATIONS.—

8 “(A) LOCATION OF SITES.—Subject to
9 subparagraph (B), a center shall not be re-
10 quired to locate its service facility or facilities
11 within a designated medically underserved area
12 in order to serve either the residents of its
13 catchment area or a special medically under-
14 served population comprised of migratory and
15 seasonal agricultural workers, the homeless, or
16 residents of public housing, if that location is
17 determined by the center to be reasonably ac-
18 cessible to and appropriate to meet the needs of
19 the medically underserved residents of the cen-
20 ter’s catchment area or the special medically
21 underserved population, in accordance with sub-
22 paragraphs (A) and (J) of subsection (k)(3).

23 “(B) LOCATION WITHIN ANOTHER CEN-
24 TER’S AREA.—The Secretary may permit appli-
25 cants for grants under this section to propose

1 the location of a service delivery site within an-
2 other center's catchment area if the applicant
3 demonstrates sufficient unmet need in such
4 area and can otherwise justify the need for ad-
5 ditional Federal resources in the catchment
6 area. In determining whether to approve such a
7 proposal, the Secretary shall take into consider-
8 ation whether collaboration between the two
9 centers exists, or whether the applicant has
10 made reasonable attempts to establish such col-
11 laboration, and shall consider any comments
12 timely submitted by the affected center con-
13 cerning the potential impact of the proposal on
14 the availability or accessibility of services the
15 affected center currently provides or the finan-
16 cial viability of the affected center.”.

17 (c) AFFILIATION AGREEMENTS.—Section
18 330(k)(3)(B) of the Public Health Service Act (42 U.S.C.
19 254b(k)(3)(B)) is amended by inserting before the semi-
20 colon the following: “, including contractual arrangements
21 as appropriate, while maintaining full compliance with the
22 requirements of this section, including the requirements
23 of subparagraph (H) concerning the composition and au-
24 thorities of the center's governing board, and, except as
25 otherwise provided in clause (ii) of such subparagraph, en-

1 suring full autonomy of the center over policies, direction,
2 and operations related to health care delivery, personnel,
3 finances, and quality assurance”.

4 (d) GOVERNANCE REQUIREMENTS.—Section
5 330(k)(3) of the Public Health Service Act (42 U.S.C.
6 254b(k)(3)) is amended—

7 (1) in subparagraph (H)—

8 (A) in clause (ii), by striking “; and” and
9 inserting “, except that in the case of a public
10 center (as defined in the second sentence of this
11 paragraph), the public entity may retain au-
12 thority to establish financial and personnel poli-
13 cies for the center; and”;

14 (B) in clause (iii), by adding “and” at the
15 end; and

16 (C) by inserting after clause (iii) the fol-
17 lowing:

18 “(iv) in the case of a co-applicant with
19 a public entity, meets the requirements of
20 clauses (i) and (ii);”;

21 (2) in the second sentence, by inserting before
22 the period the following: “that is governed by a
23 board that satisfies the requirements of subpara-
24 graph (H) or that jointly applies (or has applied) for

1 funding with a co-applicant board that meets such
2 requirements”.

3 (e) ADJUSTMENT IN CENTER’S OPERATING PLAN
4 AND BUDGET.—Section 330(k)(3)(I)(i) of the Public
5 Health Service Act (42 U.S.C. 254b(k)(3)(I)(i)) is amend-
6 ed by inserting before the semicolon the following: “,
7 which may be modified by the center at any time during
8 the fiscal year involved if such modifications do not require
9 additional grant funds, do not compromise the availability
10 or accessibility of services currently provided by the center,
11 and otherwise meet the conditions of subsection (a)(3)(B),
12 except that any such modifications that do not comply
13 with this clause, as determined by the health center, shall
14 be submitted to the Secretary for approval”.

15 (f) JOINT PURCHASING ARRANGEMENTS FOR RE-
16 DUCED COST.—Section 330(l) of the Public Health Serv-
17 ice Act (42 U.S.C. 254b(l)) is amended—

18 (1) by striking “The Secretary” and inserting
19 the following:

20 “(1) IN GENERAL.—The Secretary”; and

21 (2) by adding at the end the following:

22 “(2) ASSISTANCE WITH SUPPLIES AND SERV-
23 ICES COSTS.—The Secretary, directly or through
24 grants or contracts, may carry out projects to estab-
25 lish and administer arrangements under which the

1 costs of providing the supplies and services needed
2 for the operation of federally qualified health centers
3 are reduced through collaborative efforts of the cen-
4 ters, through making purchases that apply to mul-
5 tiple centers, or through such other methods as the
6 Secretary determines to be appropriate.”.

7 (g) OPPORTUNITY TO CORRECT MATERIAL FAILURE
8 REGARDING GRANT CONDITIONS.—Section 330(e) of the
9 Public Health Service Act (42 U.S.C. 254b(e)) is amended
10 by adding at the end the following:

11 “(6) OPPORTUNITY TO CORRECT MATERIAL
12 FAILURE REGARDING GRANT CONDITIONS.—If the
13 Secretary finds that a center materially fails to meet
14 any requirement (except for any requirements
15 waived by the Secretary) necessary to qualify for its
16 grant under this subsection, the Secretary shall pro-
17 vide the center with an opportunity to achieve com-
18 pliance (over a period of up to 1 year from making
19 such finding) before terminating the center’s grant.
20 A center may appeal and obtain an impartial review
21 of any Secretarial determination made with respect
22 to a grant under this subsection, or may appeal and
23 receive a fair hearing on any Secretarial determina-
24 tion involving termination of the center’s grant enti-
25 tlement, modification of the center’s service area,

1 termination of a medically underserved population
 2 designation within the center’s service area, disallow-
 3 ance of any grant expenditures, or a significant re-
 4 duction in a center’s grant amount.”.

5 **SEC. 5. FUNDING FOR NATIONAL HEALTH SERVICE CORPS.**

6 Section 338H(a) of the Public Health Service Act (42
 7 U.S.C. 254q(a)) is amended to read as follows:

8 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
 9 purpose of carrying out this section, there is authorized
 10 to be appropriated, out of any funds in the Treasury not
 11 otherwise appropriated, the following:

12 “(1) For fiscal year 2010, \$320,461,632.

13 “(2) For fiscal year 2011, \$414,095,394.

14 “(3) For fiscal year 2012, \$535,087,442.

15 “(4) For fiscal year 2013, \$691,431,432.

16 “(5) For fiscal year 2014, \$893,456,433.

17 “(6) For fiscal year 2015, \$1,154,510,336.

18 “(7) For fiscal year 2016, and each subsequent
 19 fiscal year, the amount appropriated for the pre-
 20 ceding fiscal year adjusted by the product of—

21 “(A) one plus the average percentage in-
 22 crease in the costs of health professions edu-
 23 cation during the prior fiscal year; and

24 “(B) one plus the average percentage
 25 change in the number of individuals residing in

1 health professions shortage areas designated
2 under section 333 during the prior fiscal year,
3 relative to the number of individuals residing in
4 such areas during the previous fiscal year.”.

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