

111<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 2925

To amend the Public Health Service Act to provide for community projects that will reduce the number of individuals who are uninsured with respect to health care, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 2009

Mr. HOEKSTRA (for himself, Mr. EHLERS, Mr. HELLER, and Mr. BARRETT of South Carolina) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to provide for community projects that will reduce the number of individuals who are uninsured with respect to health care, 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 “Communities Building  
5       Access Act”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

1           (1) Two models of community programs for the  
2 uninsured have emerged as effective in generating  
3 community support and funding in urban and rural  
4 areas; in providing effective care and coverage for  
5 the uninsured; in avoiding displacement of private  
6 coverage; and in avoiding duplication of other Fed-  
7 eral programs for the uninsured.

8           (2) These community models have dem-  
9 onstrated community-wide economic benefit. Em-  
10 ployers in the community experience less health care  
11 cost-shifting, in addition to increased productivity  
12 and employee retention. With greater emphasis on  
13 preventive and chronic care, a community's unin-  
14 sured population becomes less of a financial burden  
15 on State and local budgets.

16           (3) These community models have dem-  
17 onstrated potential national solutions for certain un-  
18 insured populations, including the working unin-  
19 sured. Such lessons learned from these models in-  
20 clude, for example, the level of subsidy necessary to  
21 get small employers to purchase coverage for their  
22 employees, how to effectively market access pro-  
23 grams to the uninsured, and how to effectively man-  
24 age chronic care among lower-income populations.

1           (4) These community models have succeeded in  
2           raising much of the funding necessary to function,  
3           but have lacked financial stability and would enjoy  
4           greater success with a stable partial funding stream  
5           from the Federal Government.

6           (5) These community models, if involved in a  
7           Federal partnership, have the ability and willingness  
8           to be accountable for a return on investment for  
9           Federal funding, and to disseminate expertise to  
10          like-minded communities.

11 **SEC. 3. GRANTS FOR MULTI-SHARE HEALTH CARE COV-**  
12 **ERAGE PROJECTS FOR UNINSURED WORKING**  
13 **INDIVIDUALS.**

14          Subpart I of part D of title III of the Public Health  
15          Service Act (42 U.S.C. 254b et seq.) is amended by adding  
16          at the end the following:

17 **“SEC. 330M. MULTI-SHARE HEALTH CARE COVERAGE**  
18 **PROJECTS FOR UNINSURED WORKING INDI-**  
19 **VIDUALS.**

20          “(a) IN GENERAL.—The Secretary shall make grants  
21          to public or nonprofit private entities to carry out dem-  
22          onstration projects for the purpose of—

23                 “(1) making available, on a cost-sharing basis  
24                 as described in subsection (c)(2)(C), health care cov-  
25                 erage to qualifying employees through employers

1 that have not contributed to health care benefits for  
2 employees during the 12-month period prior to par-  
3 ticipating in such a project; and

4 “(2) making available, on such basis, health  
5 care coverage to qualifying self-employed individuals  
6 who have been without such coverage during the 12-  
7 month period prior to participating in such a  
8 project.

9 “(b) QUALIFYING EMPLOYEES AND SELF-EMPLOYED  
10 INDIVIDUALS.—For purposes of this section, the term  
11 ‘qualifying’, with respect to an employee or self-employed  
12 individual, means that the employee or self-employed indi-  
13 vidual is not eligible for health services under the program  
14 under title XVIII, XIX, or XXI of the Social Security Act  
15 (relating to the Medicare program, the Medicaid program,  
16 and the State children’s health insurance program, respec-  
17 tively).

18 “(c) REQUIREMENTS FOR GRANT.—

19 “(1) IN GENERAL.—A grant may be made  
20 under subsection (a) for a project only if the appli-  
21 cant involved—

22 “(A) has defined a service area for the  
23 project;

24 “(B) has formed a consortium of entities  
25 in such service area, which consortium is com-

1 posed of employers whose employees may or  
2 may not be served by the project, health care  
3 providers who will provide services through the  
4 project, and other appropriate entities;

5 “(C) has ensured that the consortium has  
6 established a set of unified goals for the project;

7 “(D) has conducted a basic level of demo-  
8 graphic research to obtain data on the unin-  
9 sured businesses, working uninsured, and pro-  
10 vider community within the service area in  
11 order to determine the potential value and ef-  
12 fectiveness of operating such a project, which  
13 data includes—

14 “(i) the rate of uncompensated care;

15 “(ii) the number of women lacking  
16 prenatal services;

17 “(iii) immunization rates; and

18 “(iv) the number of employers that do  
19 not provide health insurance to their em-  
20 ployees; and

21 “(E) has conducted a basic evaluation of  
22 State health insurance and local laws that  
23 might impact the implementation of the project.

1           “(2) AGREEMENTS.—A grant may be made  
2 under subsection (a) for a project only if the appli-  
3 cant involved agrees as follows:

4           “(A) Eligibility criteria will be established  
5 for employers to participate in the project, in-  
6 cluding the requirement that the employers be  
7 located within the service area defined under  
8 paragraph (1)(A) for the project, which may in-  
9 clude—

10           “(i) a maximum average income  
11 earned by the employees of the business;

12           “(ii) criteria, in addition to the 12-  
13 month periods under subsection (a), to  
14 avoid creating any incentive for an em-  
15 ployer or self-employed individual to dis-  
16 continue health plans or health insurance  
17 policies; and

18           “(iii) such other criteria as the con-  
19 sortium under paragraph (1)(B) considers  
20 to be appropriate.

21           “(B) A network of health care providers  
22 will be formed to provide services to qualifying  
23 employees and self-employed individuals who  
24 participate in the project, which services will be

1 provided according to a schedule of fees and co-  
2 payments negotiated by the project.

3 “(C) Of the cost of providing health care  
4 coverage through the project—

5 “(i) not more than 30 percent will be  
6 paid by the project with funds from the  
7 grant; and

8 “(ii) not less than 70 percent will be  
9 paid by the employer, the employee, and  
10 any additional sources of funds (such as  
11 the community in which the project is lo-  
12 cated) that may be available pursuant to  
13 arrangements with the project.

14 “(D) A minimum benefit package will be  
15 selected that includes—

16 “(i) physicians services;

17 “(ii) prescription drug benefits;

18 “(iii) in-patient hospital services;

19 “(iv) out-patient services;

20 “(v) emergency room visits;

21 “(vi) emergency ambulance services;

22 and

23 “(vii) diagnostic laboratory tests and  
24 x-rays.

1 With respect to compliance with the agreement  
2 under this subparagraph, the project is not re-  
3 quired to provide coverage for any service per-  
4 formed outside the service area of the project,  
5 except to the extent that a service specified in  
6 any of clauses (i) through (vii) is not reasonably  
7 available within the service area.

8 “(E) The minimum benefit package will  
9 not exclude coverage of a medical condition on  
10 the basis that it is a pre-existing condition.

11 “(F) An entity will be selected by the con-  
12 sortium under paragraph (1)(B) to carry out  
13 administrative and accounting functions with  
14 respect to the health care coverage to be offered  
15 by the project, including monthly billings,  
16 verification and enrollment of eligible employers  
17 and employees, maintenance of membership ros-  
18 ters, operation of the utilization management  
19 program under subparagraph (G), and develop-  
20 ment of a marketing plan.

21 “(G) A utilization management program  
22 will be selected that ensures delivery of care in  
23 the appropriate setting, using appropriate re-  
24 sources and clinical practice guidelines.



1           “(H) A plan will be implemented for meas-  
2           uring quality and efficiency of care provided  
3           through the project within 2 years after the  
4           project begins operation.

5           “(I) A plan will be implemented for man-  
6           aging care for enrollees with chronic illness, as  
7           well as additional cost-control initiatives that  
8           will be employed by the project within 2 years  
9           after the project begins operation.

10           “(J) A plan will be implemented for pro-  
11           tecting the project from high risks, which may  
12           include affiliation with State high-risk pool or  
13           local safety net program, and purchase of rein-  
14           surance.

15           “(K) A plan will be implemented for evalu-  
16           ating the project on an interim basis, not less  
17           frequently than annually.

18           “(d) APPLICATION FOR GRANT.—A grant may be  
19           made under subsection (a) only if an application for the  
20           grant is submitted to the Secretary and the application  
21           is in such form, is made in such manner, and contains  
22           such agreements, assurances, and information as the Sec-  
23           retary determines to be necessary to carry out this section.

24           “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
25           purpose of making grants under subsection (a), there is

1 authorized to be appropriated \$36,000,000 in the aggre-  
2 gate for the fiscal years 2010 through 2016, of which  
3 there are authorized to be appropriated amounts as fol-  
4 lows:

5           “(1) For fiscal year 2010, \$2,000,000.

6           “(2) For each of the fiscal years 2011 and  
7       2012, \$5,000,000.

8           “(3) For each of the fiscal years 2013 through  
9       2016, \$6,000,000.

10 **“SEC. 330N. GRANTS FOR VOLUNTEER SPECIALTY PRO-**  
11 **VIDER NETWORKS.**

12       “(a) **IN GENERAL.**—The Secretary shall make grants  
13 to public or nonprofit private entities to carry out dem-  
14 onstration projects for the purpose of forming and main-  
15 taining networks composed of health care specialists who  
16 volunteer health services to eligible individuals.

17       “(b) **ELIGIBLE INDIVIDUALS.**—For purposes of this  
18 section, the term ‘eligible individual’ means an individual  
19 who has been enrolled by a project under subsection (a)  
20 and—

21           “(1) whose employer does not provide health  
22       care coverage;

23           “(2) is unable to obtain health care coverage  
24       through a family member or common law partner;

1           “(3) is at or below a poverty level specified by  
2           the Secretary; and

3           “(4) is not eligible for health services under the  
4           program under title XVIII, XIX, or XXI of the So-  
5           cial Security Act (relating to the Medicare program,  
6           the Medicaid program, and the State children’s  
7           health insurance program, respectively).

8           “(c) QUALIFIED GRANT EXPENDITURES.—A grant  
9           may be made under subsection (a) for a project only if  
10          the applicant involved agrees that the grant will be ex-  
11          pended to assist specialists that are participants in the  
12          network involved through any or all of the following  
13          means:

14                 “(1) Paying nominal administrative fees to the  
15                 participants for the costs of providing services to eli-  
16                 gible individuals.

17                 “(2) Assisting with the cost of training primary  
18                 care practitioners to manage the chronic conditions  
19                 that are most often treated by the network special-  
20                 ists.

21                 “(3) Assisting participants with the costs of  
22                 providing fees to recruit specialists to practice in the  
23                 service area of the project.

1           “(4) Assisting with the costs of operating a  
2           community clinic staffed by volunteer network spe-  
3           cialists.

4           “(5) Assisting participants with the costs of in-  
5           stalling or operating information technology that is  
6           of benefit to patients, such as technology to avoid  
7           medical errors or to facilitate the authorized elec-  
8           tronic transfer of the health records of eligible indi-  
9           viduals.

10           “(6) Paying for necessary prescription drug  
11           costs for necessary treatment prescribed by network  
12           specialists.

13           “(7) Such additional means as the Secretary  
14           may authorize.

15           “(d) CERTAIN REQUIREMENTS FOR GRANT.—A  
16           grant may be made under subsection (a) for a project only  
17           if the applicant involved—

18           “(1) has defined a service area for the project;

19           “(2) has formed a consortium of various com-  
20           munity members, leaders, and organizations in such  
21           area;

22           “(3) has ensured that the consortium has estab-  
23           lished a set of unified goals for the project;

1           “(4) has conducted the basic level of demo-  
2           graphic research described in section  
3           330M(c)(1)(D);

4           “(5) has a plan for managing the care of eligi-  
5           ble individuals with chronic illness; and

6           “(6) has a plan for evaluating the project on an  
7           interim basis, not less frequently than once each  
8           year.

9           “(e) MATCHING FUNDS.—

10           “(1) IN GENERAL.—With respect to the costs of  
11           the project to be carried out under subsection (a) by  
12           an applicant, a grant under such subsection may be  
13           made only if the applicant agrees to make available  
14           (directly or through donations from public or private  
15           entities) non-Federal contributions toward such  
16           costs in an amount that is not less than  $\frac{1}{3}$  of such  
17           costs (\$1 for each \$2 provided in the grant).

18           “(2) DETERMINATION OF AMOUNT CONTRIB-  
19           UTED.—Non-Federal contributions required in para-  
20           graph (1) may be in cash or in kind, fairly evalu-  
21           ated, including plant, equipment, or services.  
22           Amounts provided by the Federal Government, or  
23           services assisted or subsidized to any significant ex-  
24           tent by the Federal Government, may not be in-

1       cluded in determining the amount of such non-Fed-  
2       eral contributions.

3       “(f) APPLICATION FOR GRANT.—A grant may be  
4       made under subsection (a) only if an application for the  
5       grant is submitted to the Secretary and the application  
6       is in such form, is made in such manner, and contains  
7       such agreements, assurances, and information as the Sec-  
8       retary determines to be necessary to carry out this section.

9       “(g) AUTHORIZATION OF APPROPRIATIONS.—For the  
10      purpose of making grants under subsection (a), there is  
11      authorized to be appropriated \$9,000,000 in the aggregate  
12      for the fiscal years 2010 through 2016, of which there  
13      are authorized to be appropriated amounts as follows:

14             “(1) For each of the fiscal years 2010 and  
15             2011, \$500,000.

16             “(2) For each of the fiscal years 2012 and  
17             2013, \$1,000,000.

18             “(3) For each of the fiscal years 2014 through  
19             2016, \$2,000,000.

20      **“SEC. 3300. CLEARINGHOUSE FOR INFORMATION ON COM-**  
21                             **MUNITY-INITIATED PROJECTS TO PROVIDE**  
22                             **HEALTH CARE COVERAGE TO UNINSURED IN-**  
23                             **DIVIDUALS.**

24       “(a) IN GENERAL.—The Secretary shall make an  
25      award of a grant or contract for the establishment and

1 operation of a clearinghouse to collect and make available,  
2 on a national basis, information on projects under sections  
3 330M and 330N and similar projects that are community-  
4 initiated (referred to in this section as ‘access projects’).

5 “(b) CERTAIN REQUIREMENTS.—The Secretary shall  
6 ensure that the information collected and made available  
7 under subsection (a) by the Clearinghouse includes the fol-  
8 lowing:

9 “(1) A database identifying technical-assistance  
10 experts who are or have been involved in the plan-  
11 ning or operation of access projects.

12 “(2) Information regarding the success and  
13 progress of access projects, including—

14 “(A) information on best-practices identi-  
15 fied for such projects;

16 “(B) the number of individuals who lacked  
17 health care coverage prior to receiving such cov-  
18 erage through the projects;

19 “(C) the number of individuals served by  
20 the projects who have chronic conditions that  
21 are managed by the projects;

22 “(D) the economic impact of the projects  
23 for businesses in the communities in which the  
24 projects operated; and

1           “(E) the savings of hospitals and other  
2           health care providers in such communities that  
3           resulted from the operation of the projects.

4           “(c) APPLICATION.—An award may be made under  
5           subsection (a) only if an application for the award is sub-  
6           mitted to the Secretary and the application is in such  
7           form, is made in such manner, and contains such agree-  
8           ments, assurances, and information as the Secretary de-  
9           termines to be necessary to carry out this section.

10          “(d) SOLICITATION OF REPORTS.—The Secretary  
11          may carry out a program to encourage public and private  
12          entities that plan or operate access projects to submit to  
13          the Clearinghouse reports that provide information on the  
14          projects.

15          “(e) DEFINITION.—For purposes of this section, the  
16          term ‘Clearinghouse’ means the clearinghouse under sub-  
17          section (a).

18          “(f) AUTHORIZATION OF APPROPRIATION.—For the  
19          purpose of making awards under subsection (a), there are  
20          authorized to be appropriated such sums as may be nec-  
21          essary for each of the fiscal years 2010 through 2016.”.

○