116TH CONGRESS
1ST SESSION

H. R. 4925

To require the Secretary of Health and Human Services to award grants to support community-based coverage entities to carry out a coverage program that provides to qualifying individuals health coverage and educational and occupational training, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 30, 2019

Mr. HUIZENGA introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To require the Secretary of Health and Human Services to award grants to support community-based coverage entities to carry out a coverage program that provides to qualifying individuals health coverage and educational and occupational training, 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 ''Community Multi-
5 share Coverage Program Act''.

SEC. 2. GRANTS TO COMMUNITY-BASED COVERAGE ENTITIES TO CARRY OUT A COVERAGE PROGRAM THAT PROVIDES HEALTH COVERAGE AND EDUCATIONAL AND OCCUPATIONAL TRAINING.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of the Community Multi-share Coverage Program Act, the Secretary shall award at least 3 and not more than 5 grants to support community-based coverage entities to carry out qualifying coverage benefit pilot programs. Such programs shall—

(1) reduce the number of uninsured individuals through hospital-community partnership initiatives that provide an affordable health coverage option for such individuals and provide a coverage transition for those limited to coverage through government-sponsored programs; and

(2) test the feasibility of moving individuals eligible for medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) with full-time employment into such programs.

(b) QUALIFYING COVERAGE BENEFIT PROGRAM REQUIREMENTS.—For purposes of this section, the term "qualifying coverage benefit program" means a program that satisfies each of the following program requirements:

1 (1) HEALTH COVERAGE.—Under the program,
2 a community-based coverage entity shall provide to
3 qualifying individuals health coverage offered in con-
4 nection with a qualifying coverage benefit program
5 that satisfies the following:
6 (A) First-dollar coverage (where such cov-
7 erage is furnished by network providers and
8 community resources) for—
9 (i) diagnostic laboratory tests and x-
10 rays;
11 (ii) emergency ambulance services
12 that are provided by ground transpor-
13 tation;
14 (iii) emergency services (as defined in
15 section 2719A(b)(2)(B) of the Public
16 Health Service Act (42 U.S.C. 300gg–
17 19a(b)(2)(B)));
18 (iv) inpatient and outpatient hospital
19 services;
20 (v) mental health services;
21 (vi) physician services;
22 (vii) population health improvement
23 services;
24 (viii) preventatives services;
25 (ix) prescription drugs; and

1 (x) substance abuse services.
2 (B) Coverage for—
3 (i) community and individual assess-
4 ment tools to identify any negative influ-
5 ences of health and economic self-suffi-
6 ciency to assist physicians in under-
7 standing the social determinants of health
8 impacting an individual;
9 (ii) a planning process to resolve any
10 negative influences identified pursuant to
11 clause (i) and promote well-being through
12 community partnerships between the com-
13 munity-based coverage entity and—
14 (I) businesses;
15 (II) educational institutions;
16 (III) investors;
17 (IV) local, State, and Federal
18 governmental agencies; and
19 (V) organizations described in
20 section 501(c)(3) of the Internal Rev-
21 enue Code of 1986 that focuses on
22 human service needs relating to be-
23 havioral health, poverty, education,
24 and access and safety;

(iii) the monitoring of and support (including health coaching services and coordination of services within a community to address the needs of an individual) with respect to financial, emotional, and physical health; and

(iv) any other benefit the community-based coverage entity determines appropriate.

(2) EDUCATIONAL AND OCCUPATIONAL TRAINING.—Under the program, a community-based coverage entity shall—

(A) connect and foster ongoing relationships between qualifying individuals and educational and occupational training (including classes, workshops, mentorships, and apprenticeships) designed to enhance preparation for work and support economic self-sufficiency in a manner that reflects the needs of such individuals and opportunities in the community;

(B) with respect to the comprehensive health improvement process described in subsection (e)(1)(C)(vi), identify and address barriers to employment and increasing income for qualifying individuals; and

1 (C) measure and assess the effectiveness of
2 the program in increasing employment and in-
3 creasing income for qualifying individuals.
4 (3) BOARD OF DIRECTORS.—For the purpose of
5 carrying out the program, the community-based cov-
6 erage entity shall form a board of directors, or uti-
7 lize an existing board of directors, in accordance
8 with subsection (e).
9 (c) COMMUNITY-BASED COVERAGE ENTITY.—For
10 the purposes of this section, the term ''community-based
11 coverage entity'' means an entity that maintains a phys-
12 ical presence within close geographic proximity to the indi-
13 viduals it is serving, with a focus on mitigating barriers
14 to engagement by enabling face-to-face interactions be-
15 tween the entity staff, the individuals served, and commu-
16 nity organizations.
17 (d) QUALIFYING INDIVIDUAL.—For the purposes of
18 this section, the term ''qualifying individual'' means an in-
19 dividual who meets the following requirements:
20 (1) Subject to any modification made by such
21 program pursuant to subsection (e)(2)(C)(vii), an in-
22 come that exceeds 100 percent but does not exceed
23 400 percent of the poverty line applicable to a family
24 of the size involved.

1 (2) Not enrolled under a qualified health plan
2 during the 180-day period preceding the date on
3 which such qualifying individual seeks to enroll
4 under the coverage program under this section.
5 (3) Ineligibility for enrollment in a Federal
6 health care program (including ineligibility to receive
7 health services through the Indian Health Service).
8 (4) Resides or works within the catchment area
9 of a hospital described in subsection (g)(2)(C).
10 (5) Works for a small employer that does not
11 make enrollment in qualified health plans in the
12 small group market such that the combined pre-
13 mium plus deductible cost to cover the employee's
14 household is less than seven percent of the employ-
15 ee's household income available to its employees
16 through—
17 (A) in the case that a State elects to pro-
18 vide one exchange in the State for both quali-
19 fying individuals and qualified small employers
20 pursuant to paragraph (2) of section 1311(b) of
21 the Patient Protection and Affordable Care Act
22 (42 U.S.C. 18031(b)), the American Health
23 Benefit Exchange (as such term is used in
24 paragraph (1) of such section) for the plan year
25 in which such qualifying individual seeks health

1 insurance coverage described in subsection
2 (b)(1) from a qualifying coverage benefit pro-
3 gram; and
4 (B) in the case that a State retains sepa-
5 rate exchanges for qualifying individuals and
6 qualified small employers, the Small Business
7 Health Options Program (as such term is used
8 in section 1311(b)(2) of the Patient Protection
9 and Affordable Care Act (42 U.S.C.
10 18031(b)(2))) for the plan year in which such
11 qualifying individual seeks health insurance cov-
12 erage described in subsection (b)(1) from a
13 qualifying coverage benefit program.
14 (6) Any other requirement the Secretary deter-
15 mines appropriate.
16 (e) BOARD OF DIRECTORS.—
17 (1) COMPOSITION.—A board of directors
18 formed pursuant to subsection (b)(3) shall be com-
19 posed of at least 9 members and not more than 15
20 members with representation from—
21 (A) local health care providers, of which
22 not more than two individuals may be from the
23 sponsoring health care organization;
24 (B) qualifying individuals;
25 (C) contributing employers;

1 (D) government representatives;
2 (E) the local health authority;
3 (F) local education systems; and
4 (G) other representatives as necessary to
5 reflect the community composition.
6 (2) DUTIES.—
7 (A) ENACTMENT OF BYLAWS.—A board of
8 directors shall enact bylaws relating to—
9 (i) public engagement with the board
10 of directors;
11 (ii) a shared goal of improving health
12 access and increasing affordability;
13 (iii) outcome-based goals for the pro-
14 gram that considers the needs of the com-
15 munity;
16 (iv) program costs; and
17 (v) an intent to receive comments re-
18 garding the health improvement goals for
19 the community.
20 (B) MEETINGS.—A board of directors shall
21 meet at least bimonthly.
22 (C) QUALIFYING COVERAGE BENEFITS
23 PROGRAM.—A board of directors shall—

1 (i) carry out the qualifying coverage
2 benefit program described in subsection
3 (b);
4 (ii) determine the share of payments
5 for benefits under the health coverage de-
6 scribed in subsection (b)(1) that are attrib-
7 utable to—
8 (I) the amount awarded to a
9 community-based coverage entity;
10 (II) a sponsoring health care or-
11 ganization;
12 (III) a qualifying individual; and
13 (IV) an employer of a qualifying
14 individual or a skilled trade organiza-
15 tion of a qualifying individual;
16 (iii) determine the premiums and limi-
17 tations on payments (including deductibles
18 and coinsurance amounts) for the health
19 coverage described in subsection (b)(1) for
20 a qualifying individual enrolled under such
21 coverage and the extent, if any, to which
22 such premiums and limitations for a quali-
23 fying individual shall increase as the in-
24 come of such qualifying individual in-

1 creases relative to the poverty line applica-
2 ble to a family of the size involved;
3 (iv) establish a procedure to—
4 (I) assist qualifying individuals in
5 enrolling under the health coverage
6 described in subsection (b)(1);
7 (II) assist a qualifying individual
8 that does not meet the requirements
9 of a qualified individual specified
10 under subsection (d), is eligible for
11 medical assistance under a State plan
12 under the Medicaid program under
13 title XIX of the Social Security Act
14 (42 U.S.C. 1396 et seq.), and resides
15 in the catchment area of the hospital
16 described in subsection (g)(2)(C) in
17 enrolling under the appropriate State
18 plan under such program;
19 (III) bill and collect the share of
20 payments for benefits described in
21 clause (ii);
22 (IV) bill and collect the pre-
23 miums and limitations on payment de-
24 scribed in clause (iii);

1 (V) for the purposes of integrating community resources, form partnerships with community population health initiatives;

5 (VI) remove a qualifying individual from the health insurance coverage described in subsection (b)(1) in the case the qualifying individual—

9 (aa) has been enrolled under the qualifying covered benefits program for a 4-year period; and

12 (bb) fails to meet the milestones identified pursuant to clause (vi); and

15 (VII) determine a maximum enrollment period for individual participation, including required milestones for addressing social determinants of health while enrolled;

20 (v) for the purpose of encouraging a qualifying individual to seek a primary care physician, establish incentives for a qualifying individual to initially seek such physician for care (including the reduction of benefits until a primary care physician

1 is engaged in the care of such qualifying
2 individual);
3 (vi) for the purpose of making
4 progress toward health and economic self-
5 sufficiency, establish routine milestones
6 and supportive services (to be known as
7 the "comprehensive health improvement
8 process") that a qualifying individual en-
9 rolled under health coverage described in
10 subsection (b)(1) shall meet to maintain
11 enrollment and such milestones shall in-
12 clude—
13 (I) an assessment relating to so-
14 cial determinants of health, health
15 risks, and any other assessment that
16 is appropriate as determined by the
17 circumstances of the qualifying indi-
18 vidual;
19 (II) meetings with a health coach
20 to address social influences of health
21 and to support the physical, emo-
22 tional, and financial health of the
23 qualifying individual;
24 (III) connections with local com-
25 munity linkage partners to offer

health-related programs and services; and

(IV) enrollment in group classes that address barriers to physical, emotional, and financial health;

(vii) for the purpose of tailoring a qualifying coverage benefits program to the needs and resources of the catchment area of the hospital described in subsection (g)(2)(C), determine the extent, if any, to narrow the income range specified in subsection (d)(1) with respect to first-time enrollees and continuing enrollees;

(viii) incorporate population health improvement strategies into the benefits of health coverage described in subsection (b)(1), including strategies that align with the objectives of the program of the Secretary regarding health-status goals for 2020, commonly referred to as Healthy People 2020;

(ix) select a plan administrator pursuant to subsection (g)(2)(E) to carry out administrative and accounting responsibil-

1 ities of the health coverage described in
2 subsection (b)(1); and
3 (x) conduct a community asset assess-
4 ment to determine the services to be made
5 available in the community to address so-
6 cial determinants of health and the eligi-
7 bility requirements for such services.
8 (3) ADVISORY COMMITTEE.—A board of direc-
9 tors shall establish a finance advisory committee and
10 a clinical and population health improvement advi-
11 sory committee.
12 (f) GRANT TERMS.—
13 (1) DURATION.—A grant awarded under this
14 section shall be made for a period of 4 years.
15 (2) AMOUNT.—The Secretary shall determine
16 the maximum amount of each grant awarded under
17 subsection (a).
18 (3) NUMBER.—The Secretary may not award
19 more than 4 grants under subsection (a).
20 (g) APPLICATIONS.—
21 (1) IN GENERAL.—To be eligible to be awarded
22 a grant under subsection (a), a community-based
23 coverage entity shall submit to the Secretary an ap-
24 plication at such time, in such manner, and con-
25 taining the certification described in paragraph (2)

1 and such other information as the Secretary may re-
2 quire.
3 (2) CERTIFICATION.—An application described
4 in paragraph (1) shall include a certification by the
5 community-based coverage entity that the entity
6 will—
7 (A) not impose any preexisting condition
8 exclusion (as such term is defined in section
9 2704(b)(1)(A)) of the Public Health Service
10 Act (42 U.S.C. 300gg–3(b)(1)(A)) with respect
11 to the health coverage described in subsection
12 (b)(1);
13 (B) not later than 2 years after the date
14 on which a grant is awarded under subsection
15 (a), establish a plan to measure quality and ef-
16 ficiency of care provided under the coverage
17 program;
18 (C) partner with a hospital that will estab-
19 lish a network of health care providers suffi-
20 cient to provide services to qualifying individ-
21 uals enrolled under the health insurance cov-
22 erage described in subsection (b)(1);
23 (D) seek to provide to 7 percent of individ-
24 uals whose household income is more than 300
25 percent of the poverty line for a family of the

1 size involved and less than the basic cost of liv-
2 ing (as determined in a manner consistent the
3 "Asset Limited, Income Constrained, Em-
4 ployed" or "ALICE" methodology that deter-
5 mines the cost of a basic household budget in
6 the county of a State in which the catchment
7 area of the hospital described in subparagraph
8 (C) health coverage described in subsection
9 (b)(1) is located) for the size of the family in-
10 volved living in such catchment area; and

11 (E) select an entity to carry out adminis-
12 trative and accounting responsibilities (includ-
13 ing monthly billing, verification of eligibility of
14 qualifying individuals, enrollment of qualifying
15 individuals, maintenance of a list of active en-
16 rollees, and operation of a benefit utilization
17 management program) necessary with respect
18 to the health insurance coverage described in
19 subsection (b)(1).

20 (h) REPORTING.—Not later than 1 year after the
21 date of the enactment of this section and annually for each
22 of the 3 succeeding years, the board of directors formed
23 pursuant to subsection (b)(3) shall submit to the Sec-
24 retary a report that—

1 (1) evaluates the progress of the qualifying cov-
2 erage benefits program; and
3 (2) evaluates measurements relating to quality
4 and efficiency of care described in subsection
5 (g)(2)(B) collected by the community-based coverage
6 entity.
7 (i) DEFINITIONS.—In this section:
8 (1) AGENCY.—The term ''agency'' means a
9 local, State, or Federal agency.
10 (2) FEDERAL HEALTH CARE PROGRAM.—The
11 term ''Federal health care program'' has the mean-
12 ing given such term in section 1128B(f) of the So-
13 cial Security Act (42 U.S.C. 1320a–7b(f)).
14 (3) FIRST DOLLAR COVERAGE.—The term
15 ''first dollar coverage'' means coverage of a benefit
16 by health coverage described in subsection (b)(1)
17 without requiring any payment by the qualifying in-
18 dividual.
19 (4) HEALTH COACH.—The term ''health coach''
20 means an individual who is a member of the staff
21 of the community-based coverage entity that has re-
22 ceived training to provide health coaching services
23 (including health improvement program services).
24 (5) HOSPITAL.—The term ''hospital'' means an
25 institution that—

1 (A) meets the requirements of section
2 1861(e) of the Social Security Act (42 U.S.C.
3 1395x(e)); and
4 (B) is an organization described in para-
5 graphs (c)(3) and (r)(3) of section 501 of the
6 Internal Revenue Code of 1986 and is exempt
7 from taxation under section 501(a) of such
8 Code.
9 (6) POPULATION HEALTH IMPROVEMENT SERV-
10 ICE.—
11 (A) IN GENERAL.—The term "population
12 health improvement service" means a service
13 that supports the physical, emotional, and fi-
14 nancial health of a qualifying individual
15 through—
16 (i) health coaching that—
17 (I) identifies any social deter-
18 minant of health that prevents a
19 qualifying individual from obtaining
20 physical, emotional, and financial
21 health;
22 (II) develops a personalized plan
23 to improve the physical, emotional,
24 and financial health of a qualifying in-
25 dividual based on the circumstances

1 and health domain score of such
2 qualifying individual; and
3 (III) measures and evaluates the
4 health domain score of an individual;
5 (ii) health education courses; and
6 (iii) integrated community linkage
7 partnerships with organizations serving the
8 catchment area of a hospital described in
9 subsection (g)(2)(C) that provide health
10 programs and services to qualifying indi-
11 viduals that—
12 (I) support a qualifying indi-
13 vidual with respect to any appropriate
14 social determinant of health; and
15 (II) support a qualifying indi-
16 vidual in job retention, including jobs
17 in childcare and transportation.
18 (B) HEALTH DOMAIN SCORE DEFINED.—
19 In this paragraph, the term ''health domain
20 score'' means a measurement of specific influ-
21 ences of physical, emotional, and financial
22 health with respect to a qualifying individual.
23 (7) QUALIFIED HEALTH PLAN.—The term
24 ''qualified health plan'' has the meaning given such

1 term in section 1301(a) of the Patient Protection
2 and Affordable Care Act (42 U.S.C. 18021(a)).
3 (8) SECRETARY.—The term ''Secretary'' means
4 the Secretary of Health and Human Services.
5 (9) SMALL BUSINESS HEALTH OPTIONS PRO-
6 GRAM.—The term ''Small Business Health Options
7 Program'' has the meaning given such term in sec-
8 tion 1311(b)(2) of the Patient Protection and Af-
9 fordable Care Act (42 U.S.C. 18031(b)(2)).
10 (10) SMALL EMPLOYER.—The term ''small em-
11 ployer'' has the meaning given such term in section
12 1304(b)(2) of the Patient Protection and Affordable
13 Care Act (42 U.S.C. 18024(b)(2)).
14 (11) SOCIAL DETERMINANTS OF HEALTH.—The
15 term ''social determinants of health'' has the mean-
16 ing given such term by the Director of the Centers
17 for Disease Control and Prevention.
18 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section—
20 (1) $4,800,000 for fiscal year 2020;
21 (2) $7,200,000 for fiscal year 2021; and
22 (3) $12,000,000 for each of fiscal years 2022
23 and 2023.

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