

110TH CONGRESS
2D SESSION

S. _____

To achieve access to comprehensive primary health care services for all Americans and to improve primary care delivery through an expansion of the community health center and National Health Service Corps programs.

IN THE SENATE OF THE UNITED STATES

Mr. SANDERS (for himself, Mr. OBAMA, Mrs. CLINTON, and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To achieve access to comprehensive primary health care services for all Americans and to improve 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:

1 (1) Providing health coverage for all Americans
2 will be incomplete if access to services is not im-
3 proved.

4 (2) Currently, almost 60,000,000 Americans,
5 both insured and uninsured, have inadequate access
6 to primary care due to a shortage of such physicians
7 and other like providers in their community.

8 (3) Several demonstrations are underway at the
9 Federal and State levels to link patients to a pri-
10 mary care “medical home” as a means of assuring
11 access, controlling costs, and improving quality.

12 (4) Yet, there already exists a proven medical
13 home model that accomplishes these goals and has
14 done so over the past 40 years while serving over
15 17,000,000 Americans.

16 (5) Community health centers, also known as
17 Federally Qualified Health Centers (FQHCs), have
18 been found to more than pay for themselves by pro-
19 viding coordinated, comprehensive medical, dental,
20 behavioral health, and prescription drug services
21 that reduces unnecessary emergency room visits, am-
22 bulatory-sensitive hospitalizations, and avoidable
23 specialty care.

24 (6) The result is that the American Academy of
25 Family Practitioners’ Robert Graham Center found

1 that medical expenses for health center patients are
2 41 percent lower compared to patients seen else-
3 where, an average savings of \$1,810 per person per
4 year.

5 (7) The Lewin Group found that providing ac-
6 cess to a medical home for every American would
7 produce health care savings of \$60,700,000,000 per
8 year, more than 7 times the subsidy needed to sus-
9 tain the 1,100 current health centers and to create
10 3,700 new health centers to accomplish full access.

11 (8) Hand in hand with the expansion of the
12 community health center program, a renewed invest-
13 ment in the National Health Service Corps is essen-
14 tial to reverse the decline in the supply of primary
15 care physicians and dentists.

16 (9) Both the expansion of the community health
17 center program and the investment in the National
18 Health Service Corps can be accomplished for less
19 than 1 percent of total health care spending today.

20 (10) Finally, to encourage the broader adoption
21 of the cost-effective community health center model
22 of care beyond underserved areas and populations
23 and to encourage the pursuit and practice of pri-
24 mary care as a career, all willing primary care prac-
25 titioners should be provided with incentives and sup-

1 port to organize as community health center prac-
2 tices.

3 **SEC. 3. FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**
4 **OPERATING SUPPORT.**

5 (a) IN GENERAL.—The Secretary of health and
6 Human Services (referred to in this Act as the “Sec-
7 retary”), acting through the Administrator of the Health
8 Resources and Services Administration, shall award
9 grants to eligible entities to carry out activities under op-
10 erating plans submitted under section 5.

11 (b) ELIGIBILITY.—To be eligible to receive a grant
12 under subsection (a), an entity shall—

13 (1) be a public or nonprofit private entity that
14 in fiscal year 2009, was certified by the Secretary as
15 a federally qualified health center (including a re-
16 cipient of a grant under section 330 of the Public
17 Health Service Act (42 U.S.C. 254b), or an Urban
18 Indian Clinic or Indian Tribal Health Clinic);

19 (2) comply with the general requirements of
20 section 4; and

21 (3) submit to the Secretary an application at
22 such time, in such manner, and containing such in-
23 formation as the Secretary may require, including an
24 operating plan in accordance with section 5.

1 (c) CONVERSION OF EXISTING PRIMARY CARE PRAC-
2 TICES TO FQHC STATUS.—

3 (1) IN GENERAL.—A medical practice that is
4 organized solely for the purpose of providing pri-
5 mary care (family medicine, general internal medi-
6 cine, pediatrics, or general obstetric and gynecolo-
7 gical services that are furnished by physicians and,
8 where appropriate, physician assistants, nurse prac-
9 titioners, and nurse midwives) shall be eligible for
10 designation as a federally qualified health center
11 under section 1861(aa)(4)(B) of the Social Security
12 Act (42 U.S.C. 1395x(aa)(4)(B)) if such practice—

13 (A) is organized as a nonprofit private en-
14 tity; and

15 (B) meets the requirements of section 4.

16 (2) LOCATION.—An entity described in para-
17 graph (1) shall not be required to be located in a
18 medically underserved area.

19 (3) LIMITATION.—An entity that is designated
20 as a federally qualified health center under para-
21 graph (1) shall not be eligible for grants under this
22 Act unless such entity complies with the require-
23 ments of this Act, including serving areas that are
24 designated as medically underserved areas or popu-
25 lations.

1 **SEC. 4. GENERAL REQUIREMENTS.**

2 (a) SERVICE AREA.—To be eligible to receive a grant
3 under section 3, an entity shall agree to provide services
4 to designated medically underserved populations within
5 the service area of the entity.

6 (b) REQUIRED SERVICES.—

7 (1) IN GENERAL.—To be eligible to receive a
8 grant under section 3, an entity shall provide (di-
9 rectly or through contracts or cooperative agree-
10 ments) all of the required services described in para-
11 graph (2).

12 (2) REQUIRED SERVICES.—Required services
13 described in this paragraph shall include—

14 (A) basic health services (services of health
15 professionals, diagnostic lab and radiology serv-
16 ices, preventive health services, emergency
17 health services, dental services, and pharma-
18 ceutical services);

19 (B) referrals to providers of medical and
20 other health-related services;

21 (C) patient case management services (as
22 defined for purposes of the Medicaid program
23 under title XIX of the Social Security Act (42
24 U.S.C. 1396 et seq.)); and

25 (D) required enabling services (which may
26 include transportation, community and patient

1 outreach, patient education, and translation
2 services).

3 (3) ADDITIONAL SERVICES.—

4 (A) IN GENERAL.—An entity that receives
5 a grant under section 3 may provide any addi-
6 tional services that are approved by the Sec-
7 retary for inclusion in the operating plan of the
8 entity under section 5.

9 (B) TYPE OF SERVICES.—Additional serv-
10 ices under this paragraph may include any item
11 or service covered under the Medicare, Med-
12 icaid, or SCHIP programs (under titles XVIII,
13 XIX, or XXI of the Social Security Act), except
14 for inpatient hospital or psychiatric services, ex-
15 tended or intermediate care or nursing facility
16 services, residential mental health services, envi-
17 ronmental health services, and other enabling
18 services not otherwise required in this sub-
19 section.

20 (c) AVAILABILITY OF SERVICES.—

21 (1) IN GENERAL.—To be eligible to receive a
22 grant under section 3, an entity shall agree to make
23 its services available and accessible (subject only to
24 capacity limitations) to all individuals residing in the
25 service area of the entity in a manner that assures

1 continuity, except that this subsection shall not
2 apply to entities that serve only migrant or seasonal
3 farmworkers, homeless individuals, or Indians.

4 (2) ACCESSIBILITY.—To be eligible to receive a
5 grant under section 3, an entity shall agree to carry
6 out activities designed to make services and care ac-
7 cessible to all homeless persons, residents of public
8 housing, and individuals with HIV, tuberculosis or
9 other communicable disease who are located within
10 the entity's service area.

11 (d) GOVERNING BOARDS.—To be eligible to receive
12 a grant under section 3, an entity shall have a governing
13 board—

14 (1) a majority of whose members are receiving
15 services through the entity, except that such require-
16 ments shall not apply to an entity that is operated
17 by an Indian tribe or tribal organization;

18 (2) that meets at least quarterly;

19 (3) that establishes general policies for the op-
20 erations of the entity;

21 (4) that selects the director of the entity; and

22 (5) that approves the entity's operating plan
23 and application for funds under section 3.

24 (e) QUALITY ASSURANCE PROGRAM AND SYSTEM.—
25 To be eligible to receive a grant under section 3, an entity

1 shall agree to maintain an ongoing quality assurance pro-
2 gram and systems to protect the confidentiality of patient
3 records.

4 (f) REFERRAL RELATIONSHIP.—To be eligible to re-
5 ceive a grant under section 3, an entity shall agree to
6 maintain an ongoing referral relationship with one or more
7 hospitals.

8 (g) ACCOUNTING.—To be eligible to receive a grant
9 under section 3, an entity shall agree to comply with all
10 Federal accounting procedures related to the funding re-
11 ceived by such entity under this Act.

12 (h) FEE AND DISCOUNT SCHEDULES, PARTICIPA-
13 TION IN PROGRAMS.—To be eligible to receive a grant
14 under section 3, an entity shall agree to—

15 (1) establish a fee schedule that is consistent
16 with locally prevailing rates for similar services;

17 (2) establish a schedule of discounts for patient
18 payments that is based on their ability to pay;

19 (3) participate as a provider of services in the
20 Medicare and Medicaid program under title XVIII
21 and XIX of the Social Security Act, and under any
22 other Federal or State health insurance program;
23 and

24 (4) attempt to bill and collect payments for
25 services provided through the entity from patients

1 (with discounts) and from all third-party payers
2 (without discounts).

3 (i) NONDENIAL OF SERVICES.—To be eligible to re-
4 ceive a grant under section 3, an entity shall agree to not
5 deny its services to any individual for failure to pay.

6 (j) CULTURAL CONTEXT.—To be eligible to receive
7 a grant under section 3, an entity shall agree to provide
8 its services in the most appropriate cultural context for
9 its patients.

10 (k) REPORT.—To be eligible to receive a grant under
11 section 3, an entity shall agree to submit in a timely man-
12 ner all reports required under this Act concerning the ac-
13 tivities of the entity under this grant, including reports
14 on expenditures, utilization patterns, availability and ac-
15 ceptability of services, and its use of excess program in-
16 come.

17 (l) CONTINUITY OF CARE.—To be eligible to receive
18 a grant under section 3, an entity shall agree to continue
19 to provide services to any medically underserved popu-
20 lations in its service area, and continue meeting all other
21 requirements of this section during the period of the
22 grant.

23 **SEC. 5. OPERATING PLANS.**

24 (a) IN GENERAL.—To be eligible to receive a grant
25 under section 3, an entity shall submit, together with its

1 application under section 3(b)(3), a proposed operating
2 plan that meets the requirements of this section for the
3 fiscal year involved.

4 (b) REQUIREMENTS.—The proposed operating plan
5 under subsection (a) shall—

6 (1) include a complete operating budget for the
7 entity, including budgeting for the costs of—

8 (A) providing or arranging for all required
9 services and any additional services the entity
10 has received approval to provide;

11 (B) recruiting, training, and compensating
12 all employees of the entity;

13 (C) administering the entity (including the
14 cost of meeting all requirements, and the cost
15 of participating in one or more health plans);
16 and

17 (D) carrying out any offsite activities in-
18 volved in providing or arranging for the re-
19 quired and additional services in its operating
20 plan;

21 (2) describe the purposes for which the entity
22 intends to expend amounts received under the grant;

23 (3) include a projection of the total amount
24 that the entity expects to receive during the fiscal
25 year as payments for the services it provides; and

1 (4) in the case of an entity that is a public enti-
2 ty that does not have governing boards that fully
3 comply with section 4(d), include an agreement to
4 provide non-Federal matching funds in an amount
5 equal to at least 50 percent of the operating budget
6 of the entity.

7 (c) **ADDITIONAL BUDGETARY INFORMATION.**—In ad-
8 dition to the information required in the proposed oper-
9 ating plan under subsection (b)(1), an entity may provide
10 its proposed expenditures for—

11 (1) providing new additional services for which
12 the entity is seeking approval;

13 (2) expanding the capacity of the entity to serve
14 new patients;

15 (3) developing and operating school-based clin-
16 ics, mobile clinics, satellite clinics, or offsite loca-
17 tions;

18 (4) capital costs (including facilities and equip-
19 ment), subject to this Act; and

20 (5) any other allowable costs.

21 (d) **MODIFICATIONS TO PLAN.**—The Secretary may
22 approve modification to the operating plan or budget of
23 an entity during a fiscal year if requested by the entity,
24 and shall approve any such requested modifications that
25 do not involve an increase in grant funds or that do not

1 compromise the availability or accessibility of services pro-
2 vided through the entity.

3 **SEC. 6. AMOUNT OF GRANTS.**

4 (a) NEGOTIATIONS.—

5 (1) IN GENERAL.—Prior to approving the appli-
6 cation of an eligible entity under section 3(b)(3), the
7 Secretary shall enter into negotiations with such en-
8 tity with respect to the operating plan and budget
9 contained in the application for the fiscal year in-
10 volved.

11 (2) REQUIREMENTS.—In conducting negotia-
12 tions under paragraph (1), the Secretary shall—

13 (A) develop and utilize criteria for deter-
14 mining whether the requested expenditures of
15 an entity may be included in a entity's plan and
16 budget, and whether any limitations will apply
17 to such expenditures;

18 (B) permit all proposed expenditures that
19 are allowable under part 413 of title 42, Code
20 of Federal Regulations (relating to determina-
21 tion of allowable costs for purposes of Federally
22 qualified health center reimbursement under
23 Medicare and Medicaid under titles XVIII and
24 XIX of the Social Security Act), except that no

1 caps may be placed on any allowable expendi-
2 tures; and

3 (C) provide a written explanation of any
4 determinations concerning whether a requested
5 expenditure—

6 (i) is or is not allowable;

7 (ii) is limited in any way; and

8 (iii) is denied and, if the denied ex-
9 pense is for a requested additional service,
10 whether the Secretary believes that the
11 services is or is not needed by the center's
12 patients.

13 (3) CRITERIA.—The criteria developed under
14 paragraph (2)(A) shall ensure that the entity to
15 which such criteria are applied will be reasonably
16 and efficiently administered, taking into account the
17 cost of recruiting and providing competitive com-
18 pensation to staff (including health professionals),
19 the higher costs of operating entities in rural or
20 urban areas, the higher cost of serving a population
21 with greater health risks or more severe health con-
22 ditions, and the higher cost of participating in health
23 professions training programs.

24 (b) ALLOWABLE CAPITAL COSTS.—

1 (1) IN GENERAL.—For purposes of subsection
2 (a)(2)(B), allowable capital costs shall include the
3 costs of repaying loans, as well as loan guarantees
4 or interest subsidies, for the acquisition, expansion,
5 modernization, or construction (but only if construc-
6 tion is the only available mechanism) of buildings or
7 for the purchase of equipment.

8 (2) FEDERAL INTEREST.—The Federal Govern-
9 ment shall maintain an interest in any facility or
10 equipment that is purchased, expanded, modernized,
11 or constructed with Federal funds (in whole or in
12 part) under this Act. Such Federal interest may be
13 subordinated or waived if such subordination or
14 waiver will further the objectives of this Act.

15 (c) AMOUNT.—The amount of grant awarded to an
16 entity under this Act shall, subject to section 7, be equal
17 to the amount by which the approved allowable costs of
18 the entity (as determined by the Secretary based on the
19 application and plan submitted by the entity) exceed the
20 approved projection of payments that the entity expects
21 to receive during the fiscal year as payments for the serv-
22 ices provided by the entity during such year.

23 (d) NON-GRANT FUNDS.—Except as otherwise pro-
24 vided in this Act, the Secretary shall not restrict the ex-
25 penditure by an entity of non-grant funds as provided for

1 in the operating plan and budget of the entity, so long
2 as such funds are expended for purposes that are con-
3 sistent with this Act.

4 (e) RECONCILIATION.—If, at the end of a fiscal year,
5 the sum of the amount of the grant awarded to an entity
6 under this Act for the fiscal year and the actual non-grant
7 income of the entity exceeds the entity's costs in carrying
8 out the approved operating plan for the year, the entity
9 may retain such excess amount so long as the entity
10 agrees to use such excess amount to—

11 (1) expand and improve services;

12 (2) increase the number of individuals served by
13 the entity;

14 (3) purchase equipment;

15 (4) acquire, expand, modernize, or construct fa-
16 cilities;

17 (5) improve the administration of the entity;

18 (6) establish financial reserves;

19 (7) carry out health professions training pro-
20 grams; or

21 (8) develop approvable health center-controlled
22 networks.

1 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS; ALLOCA-**
2 **TION OF FUNDS.**

3 (a) AUTHORIZATION OF APPROPRIATIONS.—There is
4 authorized to be appropriated to carry out this Act such
5 sums as may be necessary for each of fiscal years 2009
6 through 2015.

7 (b) NATURE OF GRANT.—With respect to the pur-
8 poses for which a grant under section 3(a) is authorized
9 to be expended, modifications in such purposes enacted
10 after the date of the enactment of this Act shall not affect
11 the amount of appropriations authorized under subsection
12 (a) for any fiscal year.

13 (c) ALLOCATIONS FOR UNANTICIPATED NEEDS.—

14 (1) IN GENERAL.—Of the amount appropriated
15 for each fiscal year under subsection (a), the Sec-
16 retary shall reserve 2 percent of such amount for
17 awarding grants to any grantees under this Act
18 that, in the determination of the Secretary, has a
19 need for such a grant to assist the grantee in re-
20 sponding to unanticipated needs for required serv-
21 ices or additional services that have arisen in the
22 service area of the grantee, or in responding to other
23 unanticipated circumstances that have arisen in the
24 provision by the grantee of required services or addi-
25 tional services.

1 (2) ALLOCATION OF UNOBLIGATED
2 AMOUNTS.—With respect to amounts that are re-
3 served under paragraph (1) for a fiscal year and
4 that are unobligated as of September 30 of such fis-
5 cal year (referred to in this paragraph as the “unob-
6 ligated balance”), the Secretary shall pay to each
7 grantee under this Act, from such unobligated bal-
8 ance, an amount equal to the product of such bal-
9 ance and the percentage constituted by the ratio of
10 the amount of the grant for the fiscal year for such
11 grantee under this Act to the sum of the total
12 amount of grants under this Act for the year. The
13 amount paid to such grantee under the preceding
14 sentence shall be considered by the Secretary to be
15 part of the grant made for such fiscal year to the
16 grantee under section 3.

17 **SEC. 8. NATIONAL HEALTH SERVICE CORPS.**

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

20 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purposes of carrying out this subpart, there are authorized
22 to be appropriated such sums as may be necessary for
23 each of fiscal years 2009 through 2015.”.