

115TH CONGRESS  
1ST SESSION

# H. R. 3926

To provide for an extension for community health centers, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

OCTOBER 3, 2017

Mr. BILIRAKIS (for himself and Ms. STEFANIK) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

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## A BILL

To provide for an extension for community health centers,  
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 Coordina-  
5 tion And Resource Empowerment Act” or the “Commu-  
6 nity CARE Act”.

7 **SEC. 2. EXTENSION FOR COMMUNITY HEALTH CENTERS.**

8 (a) COMMUNITY HEALTH CENTERS FUNDING.—Sec-  
9 tion 10503(b)(1)(E) of the Patient Protection and Afford-

1 able Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended  
2 by striking “2017” and inserting “2019”.

3 (b) OTHER COMMUNITY HEALTH CENTERS PROVI-  
4 SIONS.—Section 330 of the Public Health Service Act (42  
5 U.S.C. 254b) is amended—

6 (1) in subsection (b)(1)(A)(ii), by striking  
7 “abuse” and inserting “use disorder”;

8 (2) in subsection (b)(2)(A), by striking “abuse”  
9 and inserting “use disorder”;

10 (3) in subsection (c)—

11 (A) by striking subparagraphs (B) through  
12 (D);

13 (B) by striking “(1) IN GENERAL” and all  
14 that follows through “The Secretary” and in-  
15 serting the following:

16 “(1) CENTERS.—The Secretary”; and

17 (C) in such paragraph (1), as amended, by  
18 redesignating clauses (i) through (v) as sub-  
19 paragraphs (A) through (E) and moving the  
20 margin of each of such redesignated subpara-  
21 graph 2 ems to the left;

22 (4) by striking subsection (d) and inserting the  
23 following:

24 “(d) IMPROVING QUALITY OF CARE.—

1           “(1) SUPPLEMENTAL AWARDS.—The Secretary  
2           may award supplemental grant funds to health cen-  
3           ters funded under this section to implement evi-  
4           dence-based models for increasing access to high-  
5           quality primary care services, which may include  
6           models related to—

7                   “(A) improving the delivery of care for in-  
8                   dividuals with multiple chronic conditions;

9                   “(B) workforce configuration;

10                  “(C) reducing the cost of care;

11                  “(D) enhancing care coordination;

12                  “(E) expanding the use of telehealth and  
13                  technology enabled collaborative learning and  
14                  capacity building models;

15                  “(F) care integration, including integration  
16                  of behavioral health, mental health, or sub-  
17                  stance use disorder services; and

18                  “(G) addressing emerging public health or  
19                  substance use disorder issues to meet the health  
20                  needs of the population served by the health  
21                  center.

22           “(2) SUSTAINABILITY.—In making supple-  
23           mental awards under this subsection, the Secretary  
24           may consider whether the health center involved has  
25           submitted a plan for continuing the activities funded

1 under this subsection after supplemental funding is  
2 expended.

3 “(3) SPECIAL CONSIDERATION.—The Secretary  
4 may give special consideration to applications for  
5 supplemental funding under this subsection that  
6 seek to address significant barriers to access to care  
7 in areas with a greater shortage of health care pro-  
8 viders and health services relative to the national av-  
9 erage.”;

10 (5) in subsection (e)(1)—

11 (A) in subparagraph (B)—

12 (i) by striking “2 years” and inserting  
13 “1 year”; and

14 (ii) by adding at the end the fol-  
15 lowing: “The Secretary shall not make a  
16 grant under this paragraph unless the ap-  
17 plicant provides assurances to the Sec-  
18 retary that within 120 days of receiving  
19 grant funding for the operation of the  
20 health center, the applicant will submit, for  
21 approval by the Secretary, an implementa-  
22 tion plan to meet the requirements of sub-  
23 section (1)(3). The Secretary may extend  
24 such 120-day period for achieving compli-

- 1           ance upon a demonstration of good cause  
2           by the health center.”; and  
3           (B) in subparagraph (C)—
- 4                 (i) in the subparagraph heading, by  
5                 striking “AND PLANS”;
- 6                 (ii) by striking “or plan (as described  
7                 in subparagraphs (B) and (C) of sub-  
8                 section (c)(1))”;
- 9                 (iii) by striking “or plan, including  
10                the purchase” and inserting the following:  
11                “including—
- 12                 “(i) the purchase”;
- 13                 (iv) by inserting “, which may include  
14                 data and information systems” after “of  
15                 equipment”;
- 16                 (v) by striking the period at the end  
17                 and inserting a semicolon; and
- 18                 (vi) by adding at the end the fol-  
19                 lowing:
- 20                 “(ii) the provision of training and  
21                 technical assistance; and  
22                 “(iii) other activities that—
- 23                 “(I) reduce costs associated with  
24                 the provision of health services;

1                   “(II) improve access to, and  
2                   availability of, health services provided  
3                   to individuals served by the centers;

4                   “(III) enhance the quality and  
5                   coordination of health services; or

6                   “(IV) improve the health status  
7                   of communities.”;

8                   (6) in subsection (e)(5)(B), by striking “and  
9                   subparagraphs (B) and (C) of subsection (e)(1) to a  
10                  health center or to a network or plan” and inserting  
11                  “to a health center”;

12                  (7) by striking subsection (s);

13                  (8) by redesignating subsections (g) through (r)  
14                  as subsections (h) through (s), respectively;

15                  (9) by inserting after subsection (f), the fol-  
16                  lowing:

17                  “(g) NEW ACCESS POINTS AND EXPANDED SERV-  
18                  ICES.—

19                   “(1) APPROVAL OF NEW ACCESS POINTS.—

20                   “(A) IN GENERAL.—The Secretary may  
21                   approve applications for grants under subpara-  
22                   graph (A) or (B) of subsection (e)(1), sub-  
23                   section (h), subsection (i), and subsection (j) to  
24                   establish new delivery sites.

1           “(B) SPECIAL CONSIDERATION.—In car-  
2           rying out subparagraph (A), the Secretary may  
3           give special consideration to applicants that  
4           have demonstrated the new delivery site will be  
5           located within a sparsely populated area, or an  
6           area which has a level of unmet need that is  
7           higher relative to other applicants.

8           “(C) CONSIDERATION OF APPLICATIONS.—  
9           In carrying subparagraph (A), the Secretary  
10          shall approve applications for grants under sub-  
11          paragraphs (A) and (B) of subsection (e)(1) in  
12          such a manner that the ratio of the medically  
13          underserved populations in rural areas which  
14          may be expected to use the services provided by  
15          the applicants involved to the medically under-  
16          served populations in urban areas which may be  
17          expected to use the services provided by the ap-  
18          plicants is not less than two to three or greater  
19          than three to two.

20          “(D) SERVICE AREA OVERLAP.—If in car-  
21          rying out subparagraph (A) the applicant pro-  
22          poses to serve an area that is currently served  
23          by another health center funded under this sec-  
24          tion, the Secretary may consider whether the  
25          award of funding to an additional health center

1 in the area can be justified based on the unmet  
2 need for additional services within the catch-  
3 ment area.

4 “(2) APPROVAL OF EXPANDED SERVICE APPLI-  
5 CATIONS.—

6 “(A) IN GENERAL.—The Secretary may  
7 approve applications for grants under subpara-  
8 graph (A) or (B) of subsection (e)(1) to expand  
9 the capacity of the applicant to provide required  
10 primary health services described in subsection  
11 (b)(1) or additional health services described in  
12 subsection (b)(2).

13 “(B) PRIORITY EXPANSION PROJECTS.—In  
14 carrying out subparagraph (A), the Secretary  
15 may give special consideration to expanded  
16 service applications that seek to address emerg-  
17 ing public health or behavioral health, mental  
18 health, or substance abuse issues through in-  
19 creasing the availability of additional health  
20 services described in subsection (b)(2) in an  
21 area in which there are significant barriers to  
22 accessing care.

23 “(C) CONSIDERATION OF APPLICATIONS.—  
24 In carrying out subparagraph (A), the Sec-  
25 retary shall approve applications for applicants



1 in such a manner that the ratio of the medically  
2 underserved populations in rural areas which  
3 may be expected to use the services provided by  
4 the applicants involved to the medically under-  
5 served populations in urban areas which may be  
6 expected to use the services provided by such  
7 applicants is not less than two to three or  
8 greater than three to two.”;

9 (10) in subsection (i) (as so redesignated)—

10 (A) in paragraph (1), by striking “and  
11 children and youth at risk of homelessness” and  
12 inserting “, children and youth at risk of home-  
13 lessness, homeless veterans, and veterans at  
14 risk of homelessness”; and

15 (B) in paragraph (5)—

16 (i) by striking subparagraph (B);

17 (ii) by redesignating subparagraph

18 (C) as subparagraph (B); and

19 (iii) in subparagraph (B) (as so redesi-  
20 gnated)—

21 (I) in the subparagraph heading,  
22 by striking “ABUSE” and inserting  
23 “USE DISORDER”; and

24 (II) by striking “abuse” and in-  
25 serting “use disorder”;

1 (11) in subsection (l) (as so redesignated)—

2 (A) in paragraph (2)—

3 (i) in the paragraph heading, by in-  
4 serting “UNMET” before “NEED”;

5 (ii) in the matter preceding subpara-  
6 graph (A), by inserting “and an applica-  
7 tion for a grant under subsection (g)”  
8 after “subsection (e)(1)”;

9 (iii) in subparagraph (A), by inserting  
10 “unmet” before “need for health services”;

11 (iv) in subparagraph (B), by striking  
12 “and” at the end;

13 (v) in subparagraph (C), by striking  
14 the period at the end and inserting “;  
15 and”; and

16 (vi) by adding after subparagraph (C)  
17 the following:

18 “(D) in the case of an application for a  
19 grant pursuant to subsection (g)(1), a dem-  
20 onstration that the applicant has consulted with  
21 appropriate State and local government agen-  
22 cies, and health care providers regarding the  
23 need for the health services to be provided at the  
24 proposed delivery site.”;

25 (B) in paragraph (3)—

1 (i) in the matter preceding subpara-  
2 graph (A), by inserting “or subsection (g)”  
3 after “subsection (e)(1)(B)”;

4 (ii) in subparagraph (B), by striking  
5 “in the catchment area of the center” and  
6 inserting “, including other health care  
7 providers that provide care within the  
8 catchment area, local hospitals, and spe-  
9 cialty providers in the catchment area of  
10 the center, to provide access to services not  
11 available through the health center and to  
12 reduce the non-urgent use of hospital  
13 emergency departments”;

14 (iii) in subparagraph (H)(ii), by in-  
15 sserting “who shall be directly employed by  
16 the center” after “approves the selection of  
17 a director for the center”;

18 (iv) in subparagraph (L), by striking  
19 “and” at the end;

20 (v) in subparagraph (M), by striking  
21 the period and inserting “; and”; and

22 (vi) by inserting after subparagraph  
23 (M), the following:

24 “(N) the center has written policies and  
25 procedures in place to ensure the appropriate

1 use of Federal funds in compliance with appli-  
2 cable Federal statutes, regulations, and the  
3 terms and conditions of the Federal award.”;  
4 and

5 (C) by striking paragraph (4);

6 (12) in subsection (m) (as so redesignated), by  
7 adding at the end the following: “Funds expended to  
8 carry out activities under this subsection and oper-  
9 ational support activities under subsection (n) shall  
10 not exceed three percent of the amount appropriated  
11 for this section for the fiscal year involved.”;

12 (13) in subsection (q) (as so redesignated), by  
13 striking “grants for new health centers under sub-  
14 sections (c) and (e)” and inserting “operating grants  
15 under subsection (e), applications for new access  
16 points and expanded service pursuant to subsection  
17 (g)”;

18 (14) in subsection (r)(4) (as so redesignated),  
19 by adding at the end the following: “A waiver pro-  
20 vided by the Secretary under this paragraph may  
21 not remain in effect for more than 1 year and may  
22 not be extended after such period. An entity may not  
23 receive more than one waiver under this paragraph  
24 in consecutive years.”; and

25 (15) in subsection (s)(3) (as so redesignated)—

1 (A) by striking “appropriate committees of  
2 Congress a report concerning the distribution of  
3 funds under this section” and inserting the fol-  
4 lowing: “Committee on Health, Education,  
5 Labor, and Pensions of the Senate, and the  
6 Committee on Energy and Commerce of the  
7 House of Representatives, a report including, at  
8 a minimum—

9 “(A) the distribution of funds for carrying  
10 out this section”;

11 (B) by striking “populations. Such report  
12 shall include an assessment” and inserting the  
13 following: “populations;

14 “(B) an assessment”;

15 (C) by striking “and the rationale for any  
16 substantial changes in the distribution of  
17 funds.” and inserting a semicolon; and

18 (D) by adding at the end the following:

19 “(C) the distribution of awards and fund-  
20 ing for new or expanded services in each of  
21 rural areas and urban areas;

22 “(D) the distribution of awards and fund-  
23 ing for establishing new access points, and the  
24 number of new access points created;

1           “(E) the amount of unexpended funding  
2           for loan guarantees and loan guarantee author-  
3           ity under title XVI;

4           “(F) the rationale for any substantial  
5           changes in the distribution of funds;

6           “(G) the rate of closures for health centers  
7           and access points;

8           “(H) the number and reason for any  
9           grants awarded pursuant to subsection  
10          (e)(1)(B); and

11          “(I) the number and reason for any waiv-  
12          ers provided pursuant to subsection (r)(4).”.

13          (c) APPLICATION.—Amounts appropriated pursuant  
14          to this section for fiscal year 2018 or 2019 are subject  
15          to the requirements contained in Public Law 115–31 for  
16          funds for programs authorized under sections 330 through  
17          340 of the Public Health Service Act (42 U.S.C. 254b–  
18          256).

19          (d) CONFORMING AMENDMENTS.—Section 3014(h)  
20          of title 18, United States Code, is amended—

21                 (1) in paragraph (1), by striking “, as amended  
22                 by section 221 of the Medicare Access and CHIP  
23                 Reauthorization Act of 2015,”; and

24                 (2) in paragraph (4), by inserting “and section  
25                 101(d) of the CARE Act” after “section 221(c) of

1 the Medicare Access and CHIP Reauthorization Act  
2 of 2015”.

○