111TH CONGRESS
1ST SESSION

S. 486

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 SENATE OF THE UNITED STATES

FEBRUARY 26, 2009

Mr. SANDERS (for himself, Mr. BEGICH, Mr. BINGAMAN, Mrs. BOXER, Mr. BROWN, Mr. BURRIS, Mr. CARDIN, Mr. CASEY, Mr. DURBIN, Mr. HARKIN, Mr. INOUYE, Mr. KENNEDY, Mr. KERRY, Mr. JOHNSON, Mr. LEAHY, Mr. MENENDEZ, Mr. MERKLEY, Ms. MIKULSKI, Mr. SCHUMER, Ms. STABENOW, Mr. TESTER, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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".

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

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

10 (3) Several demonstrations are underway at the
11 Federal and State level to link patients to a primary
12 care ''medical home'' as a means of assuring access,
13 controlling costs, and improving quality.

14 (4) Yet, there already exists a proven medical
15 home model that accomplishes these goals and has
16 done so over the past 40 years while serving over
17 18,000,000 Americans.

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

1 (6) The result is that the American Academy of
2 Family Physicians' Robert Graham Center found
3 that medical expenses for health center patients are
4 41 percent lower compared to patients seen else-
5 where, an average savings of $1,810 per person per
6 year.

7 (7) The Lewin Group found that providing ac-
8 cess to a medical home for every American would
9 produce health care savings of $67,000,000,000 per
10 year, more than 8 times the subsidy needed to sus-
11 tain the 1,100 current health centers and to create
12 3,900 new or expanded health center sites to accom-
13 plish full access.

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

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

23 (10) Finally, to encourage broader adoption of
24 the cost-effective community health center model of
25 care beyond underserved areas and populations and

to encourage the pursuit and practice of primary care as a career, all willing primary care practitioners should be encouraged to collaborate with community health centers.

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

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

"(1) GENERAL AMOUNTS FOR GRANTS.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there is authorized to be appropriated the following:

"(A) For fiscal year 2010, $2,988,821,592.

"(B) For fiscal year 2011, $3,862,107,440.

"(C) For fiscal year 2012, $4,990,553,440.

"(D) For fiscal year 2013, $6,448,713,307.

"(E) For fiscal year 2014, $7,332,924,155.

"(F) For fiscal year 2015, $8,332,924,155.

1 "(G) For fiscal year 2016, and each subse-
2 quent fiscal year, the amount appropriated for
3 the preceding fiscal year adjusted by the prod-
4 uct of—
5 "(i) one plus the average percentage
6 increase in costs incurred per patient
7 served; and
8 "(ii) one plus the average percentage
9 increase in the total number of patients
10 served.".

11 **SEC. 4. OTHER PROVISIONS.**

12 (a) SETTINGS FOR SERVICE DELIVERY.—Section
13 330(a)(1) of the Public Health Service Act (42 U.S.C.
14 254b(a)(1)) is amended by adding at the end the fol-
15 lowing: "Required primary health services and additional
16 health services may be provided either at facilities directly
17 operated by the center or at any other inpatient or out-
18 patient settings determined appropriate by the center to
19 meet the needs of its patents.".

20 (b) LOCATION OF SERVICE DELIVERY SITES.—Sec-
21 tion 330(a) of the Public Health Service Act (42 U.S.C.
22 254b(a)) is amended by adding at the end the following:
23 "(3) CONSIDERATIONS.—
24 "(A) LOCATION OF SITES.—Subject to
25 subparagraph (B), a center shall not be re-

1 quired to locate its service facility or facilities
2 within a designated medically underserved area
3 in order to serve either the residents of its
4 catchment area or a special medically under-
5 served population comprised of migratory and
6 seasonal agricultural workers, the homeless, or
7 residents of public housing, if that location is
8 determined by the center to be reasonably ac-
9 cessible to and appropriate to meet the needs of
10 the medically underserved residents of the cen-
11 ter's catchment area or the special medically
12 underserved population, in accordance with sub-
13 paragraphs (A) and (J) of subsection (k)(3).
14 "(B) LOCATION WITHIN ANOTHER CEN-
15 TER'S AREA.—The Secretary may permit appli-
16 cants for grants under this section to propose
17 the location of a service delivery site within an-
18 other center's catchment area if the applicant
19 demonstrates sufficient unmet need in such
20 area and can otherwise justify the need for ad-
21 ditional Federal resources in the catchment
22 area. In determining whether to approve such a
23 proposal, the Secretary shall take into consider-
24 ation whether collaboration between the two
25 centers exists, or whether the applicant has

1 made reasonable attempts to establish such col-
2 laboration, and shall consider any comments
3 timely submitted by the affected center con-
4 cerning the potential impact of the proposal on
5 the availability or accessibility of services the
6 affected center currently provides or the finan-
7 cial viability of the affected center.''.

8 (c) AFFILIATION AGREEMENTS.—Section
9 330(k)(3)(B) of the Public Health Service Act (42 U.S.C.
10 254b(k)(3)(B)) is amended by inserting before the semi-
11 colon the following: '', including contractual arrangements
12 as appropriate, while maintaining full compliance with the
13 requirements of this section, including the requirements
14 of subparagraph (H) concerning the composition and au-
15 thorities of the center's governing board, and, except as
16 otherwise provided in clause (ii) of such subparagraph, en-
17 suring full autonomy of the center over policies, direction,
18 and operations related to health care delivery, personnel,
19 finances, and quality assurance''.

20 (d) GOVERNANCE REQUIREMENTS.—Section
21 330(k)(3) of the Public Health Service Act (42 U.S.C.
22 254b(k)(3)) is amended—

23 (1) in subparagraph (H)—

24 (A) in clause (ii), strike ''; and'' and in-
25 serting '', except that in the case of a public

1 center (as defined in the second sentence of this
2 paragraph), the public entity may retain au-
3 thority to establish financial and personnel poli-
4 cies for the center; and'';
5 (B) in clause (iii), by adding ''and'' at the
6 end; and
7 (C) by inserting after clause (iii) the fol-
8 lowing:
9 ''(iv) in the case of a co-applicant with
10 a public entity, meets the requirements of
11 clauses (i) and (ii);''; and
12 (2) in the second sentence, by inserting before
13 the period the following: ''that is governed by a
14 board that satisfies the requirements of subpara-
15 graph (H) or that jointly applies (or has applied) for
16 funding with a co-applicant board that meets such
17 requirements''.
18 (e) ADJUSTMENT IN CENTER'S OPERATING PLAN
19 AND BUDGET.—Section 330(k)(3)(I)(i) of the Public
20 Health Service Act (42 U.S.C. 254b(k)(3)(I)(i)) is amend-
21 ed by adding before the semicolon the following: '', which
22 may be modified by the center at any time during the fis-
23 cal year involved if such modifications do not require addi-
24 tional grant funds, do not compromise the availability or
25 accessibility of services currently provided by the center,

1 and otherwise meet the conditions of subsection (a)(3)(B),
2 except that any such modifications that do not comply
3 with this clause, as determined by the health center, shall
4 be submitted to the Secretary for approval''.

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

8 (1) by striking ''The Secretary'' and inserting
9 the following:

10 ''(1) IN GENERAL.—The Secretary''; and

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

12 ''(2) ASSISTANCE WITH SUPPLIES AND SERV-
13 ICES COSTS.—The Secretary, directly or through
14 grants or contracts, may carry out projects to estab-
15 lish and administer arrangements under which the
16 costs of providing the supplies and services needed
17 for the operation of federally qualified health centers
18 are reduced through collaborative efforts of the cen-
19 ters, through making purchases that apply to mul-
20 tiple centers, or through such other methods as the
21 Secretary determines to be appropriate.''.

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

1 "(6) OPPORTUNITY TO CORRECT MATERIAL
2 FAILURE REGARDING GRANT CONDITIONS.—If the
3 Secretary finds that a center materially fails to meet
4 any requirement (except for any requirements
5 waived by the Secretary) necessary to qualify for its
6 grant under this subsection, the Secretary shall pro-
7 vide the center with an opportunity to achieve com-
8 pliance (over a period of up to 1 year from making
9 such finding) before terminating the center's grant.
10 A center may appeal and obtain an impartial review
11 of any Secretarial determination made with respect
12 to a grant under this subsection, or may appeal and
13 receive a fair hearing on any Secretarial determina-
14 tion involving termination of the center's grant enti-
15 tlement, modification of the center's service area,
16 termination of a medically underserved population
17 designation within the center's service area, disallow-
18 ance of any grant expenditures, or a significant re-
19 duction in a center's grant amount.".

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

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

23 "(a) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there is authorized

1 to be appropriated, out of any funds in the Treasury not
2 otherwise appropriated, the following:
3 "(1) For fiscal year 2010, $320,461,632.
4 "(2) For fiscal year 2011, $414,095,394.
5 "(3) For fiscal year 2012, $535,087,442.
6 "(4) For fiscal year 2013, $691,431,432.
7 "(5) For fiscal year 2014, $893,456,433.
8 "(6) For fiscal year 2015, $1,154,510,336.
9 "(7) For fiscal year 2016, and each subsequent
10 fiscal year, the amount appropriated for the pre-
11 ceding fiscal year adjusted by the product of—
12 "(A) one plus the average percentage in-
13 crease in the costs of health professions edu-
14 cation during the prior fiscal year; and
15 "(B) one plus the average percentage
16 change in the number of individuals residing in
17 health professions shortage areas designated
18 under section 333 during the prior fiscal year,
19 relative to the number of individuals residing in
20 such areas during the previous fiscal year.".

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