

Community Coalitions for Access and Quality Improvement Act (H.R. 1614)
Introduced by Rep. Gene Green and Rep. Zach Wamp

Background:

This bill builds on the success of previous federal investments in 250 community health access coalitions over the last decade and incorporates lessons learned from former Healthy Community Access Program (HCAP) grantees. Under HCAP, grantees leveraged \$6 for every federal dollar invested and provided access to health care to an additional 6.2 million individuals while generating \$2 billion a year in savings for health care purchasers nationwide.

What the Bill Does:

Provides grants to community health access coalitions to implement best practices proven to reduce health care costs, achieve better health outcomes and improve access to health care for uninsured and low-income Americans. Specifically, it directs the Secretary of Health and Human Services to:

- Improve efficiency and coordination among providers
- Assist local communities in developing programs targeted toward preventing and managing chronic diseases
- Expand and enhance services provided.

Best practice programs would help 600 communities nationwide utilize technology and joint planning to:

- Educate consumers about program eligibility and facilitate enrollment;
- Reduce inappropriate Emergency Room use by coordinating referrals to specialty care and mental health services;
- Support the primary care provided by Community Health Centers and Rural Health Clinics by organizing medical, mental health, and dental providers who care for the uninsured;
- Maximize access to free and reduced-price prescription drugs;
- Prevent the erosion of insurance coverage offered by small employers; and
- Improve the health status of low-income consumers of health care.

Requirements for Eligible Entities:

- Coalitions must ensure sustained capacity for a broad range of coordinated services for all residents, including at least one of each of the following providers that serve the community: (1) a federally qualified health center; (2) rural health clinics and networks; (3) a hospital with a low-income utilization rate that is greater than 25% or a critical access hospital; (4) a public health department; and (5) an interested public or private sector health care provider or an organization that has traditionally served medically uninsured and low-income individuals.
- Authorizes a grantee to use amounts provided only for: (1) direct expenses associated with achieving greater integration of a health care delivery system to directly provide a broad range of culturally competent services; and (2) direct patient care and service expansions to fill identified or documented gaps within an integrated delivery system.

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