

107TH CONGRESS
2^D SESSION

H. R. 3949

To amend title XIX of the Social Security Act to require health maintenance organizations and other managed care plans providing medical assistance to Medicaid beneficiaries to make payments for assistance provided to such beneficiaries by health centers in Federally-assisted housing for the elderly, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 12, 2002

Ms. VELÁZQUEZ introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to require health maintenance organizations and other managed care plans providing medical assistance to Medicaid beneficiaries to make payments for assistance provided to such beneficiaries by health centers in Federally-assisted housing for the elderly, 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 “Healthcare Accessi-
5 bility for Seniors Act of 2002”.

1 **SEC. 2. REQUIRING MEDICAID HEALTH MAINTENANCE OR-**
2 **GANIZATIONS TO MAKE PAYMENTS FOR**
3 **SERVICES PROVIDED BY HEALTH CENTERS**
4 **IN FEDERALLY-ASSISTED HOUSING FOR THE**
5 **ELDERLY.**

6 (a) IN GENERAL.—Section 1903(m)(2)(A) of the So-
7 cial Security Act (42 U.S.C. 1396b(m)(2)(A)) is
8 amended—

9 (1) by striking “and” at the end of clause (xi);

10 (2) by striking the period at the end of clause
11 (xii) and inserting “; and”; and

12 (3) by adding at the end the following new
13 clause:

14 “(xiii) such contract provides that—

15 “(I) the entity’s network of participating
16 providers of such services shall include at least
17 one health center in Federally-assisted housing
18 for the elderly (as defined in section 1905(t)),
19 or

20 “(II) the entity shall enter into a contract
21 for the provision of such services to such indi-
22 viduals with each such center (as so defined) lo-
23 cated in the entity’s service area, under terms
24 and conditions (including terms and conditions
25 relating to patient referrals and the sharing of
26 patient records) similar to those applicable to a

1 contract between the entity and a similar pro-
2 vider of such services in the area (in accordance
3 with standards established by the Secretary).”.

4 (b) HEALTH CENTER IN FEDERALLY-ASSISTED
5 HOUSING FOR THE ELDERLY DESCRIBED.—Section 1905
6 of such Act (42 U.S.C. 1396d) is amended by adding at
7 the end the following new subsection:

8 “(t) The term ‘health center in Federally-assisted
9 housing for the elderly’ means a clinic which is located
10 at an Federally-assisted housing project (which may be re-
11 ceiving assistance under section 202 of the Housing Act
12 of 1959) in which elderly persons (as defined in section
13 3(b)(3)(D) of the United States Housing Act of 1937)
14 constitute a minimum of 25 percent of its residents and
15 which—

16 “(1) provides physical examinations, injury
17 treatment, primary health services, mental health
18 services, and other services (to the extent permitted
19 under the laws or regulations of the State in which
20 it is located) on an on-site basis to residents of the
21 housing project (without regard to whether or not
22 the residents are enrolled in the State plan under
23 this title);

1 “(2) refers such residents to other providers of
2 health care services for services which the center
3 does not provide on-site;

4 “(3) has entered into arrangements with other
5 providers of health care services providing services
6 on a 24-hour, emergency basis;

7 “(4) has on its staff at least one physician
8 (whether employed on a part-time or full-time basis);
9 at least one physician assistant, nurse practitioner,
10 or clinical nurse specialist; and at least one mental
11 health professional; and

12 “(5) is approved or certified as such a clinic by
13 the State in which it is located.”.

14 (c) PROHIBITION AGAINST WAIVER OF REQUIRE-
15 MENT.—The Secretary of Health and Human Services
16 may not waive (pursuant to section 1115 or section 1915
17 of the Social Security Act or otherwise) the application
18 of section 1903(m)(2)(A)(xii) of the Social Security Act
19 (as added by subsection (a)) with respect to any State.

20 (d) EFFECTIVE DATE.—The amendments made by
21 subsections (a) and (b) shall apply to contracts between
22 a State and a medicaid managed care entity for contract
23 years or periods that begin on or after 180 days after the
24 date of the enactment of this Act.

1 **SEC. 3. ESTABLISHMENT OF CLEARINGHOUSE FOR INFOR-**
2 **MATION AND TECHNICAL ASSISTANCE ON**
3 **HEALTH CENTERS IN FEDERALLY-ASSISTED**
4 **HOUSING FOR THE ELDERLY.**

5 Not later than 180 days after the date of the enact-
6 ment of this Act, the Secretary of Health and Human
7 Services shall establish a clearinghouse through which in-
8 terested parties may receive information and technical as-
9 sistance on the establishment and operation of health cen-
10 ters in Federally-assisted housing for the elderly.

11 **SEC. 4. GRANTS FOR HEALTH CENTERS IN FEDERALLY-AS-**
12 **SISTED HOUSING FOR THE ELDERLY.**

13 (a) IN GENERAL.—Part D of title III of the Public
14 Health Service Act (42 U.S.C. 254b et seq.) is amended
15 by adding at the end the following subpart:

16 “Subpart X—Health Centers in Federally-Assisted
17 Housing for the Elderly

18 “HEALTH CENTERS IN FEDERALLY-ASSISTED HOUSING
19 FOR THE ELDERLY

20 “SEC. 340F. (a) IN GENERAL.—

21 “(1) IN GENERAL.—The Secretary may make
22 grants to public and nonprofit private entities for
23 the purpose of making available to elderly persons
24 health services specified in subsection (d) at sites
25 that are on or in close proximity to Federally-as-
26 sisted housing projects for the elderly (or at such

1 other sites as the Secretary determines to be appro-
2 priate to provide residents of such housing projects
3 with access to the services).

4 “(2) ELDERLY PERSON.—For purposes of this
5 section, the term ‘elderly person’ has the meaning
6 given such term in section 3(b)(3)(D) of the United
7 States Housing Act of 1937 (42 U.S.C.
8 1437(b)(3)(D)).

9 “(3) FEDERALLY-ASSISTED HOUSING PROJECTS
10 FOR THE ELDERLY.—The term ‘Federally-assisted
11 housing projects for the elderly’ is a Federally-as-
12 sistance housing project in which the elderly person
13 constitute at least 25 percent of the residents of the
14 project.

15 “(b) MINIMUM QUALIFICATIONS FOR GRANTEES.—

16 “(1) STATUS AS MEDICAID PROVIDER.—

17 “(A) Except as provided in subparagraph
18 (B), the Secretary may make a grant under
19 subsection (a) only if the applicant for the
20 grant is a provider of services under the State
21 plan approved for the State involved under title
22 XIX of the Social Security Act.

23 “(B) The requirements established in sub-
24 paragraph (A) do not apply to an applicant that
25 provides health services without charge and

1 does not receive reimbursement for the services
2 from any third-party payors.

3 “(2) REQUIRED CONSULTATIONS.—The Sec-
4 retary may make a grant under subsection (a) only
5 if the applicant involved, in preparing the applica-
6 tion under subsection (j), has consulted with elderly
7 persons in the community in which services under
8 the grant are to be provided, with administrators at
9 Federally-assisted housing projects for the elderly in
10 the community, and with the area agencies on aging
11 in the community.

12 “(c) PREFERENCES IN MAKING GRANTS.—In making
13 grants under subsection (a), the Secretary shall give pref-
14 erence to qualified applicants that are experienced in deliv-
15 ering health care services to medically underserved popu-
16 lations or in areas in which a significant number of elderly
17 persons are at risk for health problems.

18 “(d) AUTHORIZED SERVICES.—

19 “(1) IN GENERAL.—The Secretary may make a
20 grant under subsection (a) only if the applicant in-
21 volved agrees as follows:

22 “(A) Each of the following services will be
23 made available under the grant (as medically
24 appropriate for the child involved):

1 “(i) Comprehensive health examina-
2 tions.

3 “(ii) Health education and prevention
4 services.

5 “(iii) Follow-up care and referrals re-
6 garding routine health problems.

7 “(B) Services under subparagraph (A) will
8 include screenings, follow-up care, and referrals
9 (including referrals for specialty care) regarding
10 dental, vision, and hearing services, and regard-
11 ing sexually-transmitted diseases and other
12 communicable diseases.

13 “(2) OTHER SERVICES.—In addition to services
14 specified in paragraph (1), the Secretary may au-
15 thorize a grantee under subsection (a) to expend the
16 grant for such additional health or health-related
17 services for elderly persons as the Secretary deter-
18 mines to be appropriate.

19 “(e) CULTURAL CONTEXT OF SERVICES.—The Sec-
20 retary may make a grant under subsection (a) only if the
21 applicant involved agrees that services under the grant will
22 be provided in the language and cultural context most ap-
23 propriate for the individuals to whom the services are pro-
24 vided.

1 “(f) LIMITATION ON IMPOSITION OF FEES FOR
2 SERVICES.—The Secretary may make a grant under sub-
3 section (a) only if the applicant involved agrees that, if
4 a fee is imposed for the provision of services under the
5 grant, such fee—

6 “(1) will be made according to a schedule of
7 fees that is made available to the public;

8 “(2) will be adjusted to reflect the income and
9 resources of the elderly persons involved; and

10 “(3) will not be imposed on any elderly person
11 with an income of less than 150 percent of the appli-
12 cable official poverty line (established by the Direc-
13 tor of the Office of Management and Budget and re-
14 vised by the Secretary in accordance with section
15 673(2) of the Omnibus Budget Reconciliation Act of
16 1981).

17 “(g) MATCHING FUNDS.—

18 “(1) IN GENERAL.—With respect to the costs of
19 the program to be carried out under subsection (a)
20 by an applicant, the Secretary, subject to paragraph
21 (3), may make a grant under such subsection only
22 if the applicant agrees to make available (directly or
23 through donations from public or private entities)
24 non-Federal contributions toward such costs in an
25 amount that is—

1 “(A) for the first fiscal year for which the
2 applicant receives such a grant, 10 percent of
3 such costs;

4 “(B) for any second such fiscal year, 25
5 percent of such costs; and

6 “(C) for any subsequent such fiscal year,
7 50 percent of such costs.

8 “(2) DETERMINATION OF AMOUNT CONTRIB-
9 UTED.—Non-Federal contributions required in para-
10 graph (1) may be in cash or in kind, fairly evalu-
11 ated, including plant, equipment, or services.
12 Amounts provided by the Federal Government, or
13 services assisted or subsidized to any significant ex-
14 tent by the Federal Government, may not be in-
15 cluded in determining the amount of such non-Fed-
16 eral contributions.

17 “(3) WAIVER.—The Secretary may for an ap-
18 plicant waive the requirement of paragraph (1) for
19 a fiscal year if the Secretary determines that the ap-
20 plicant will be unable to carry out a program under
21 subsection (a) otherwise. If the Secretary provides a
22 waiver under the preceding sentence for a grantee
23 under subsection (a) for a fiscal year, the Secretary
24 may make a grant to the applicant for the following
25 fiscal year only if the Secretary reviews the waiver

1 to determine whether the waiver should remain in
2 effect.

3 “(h) ADDITIONAL AGREEMENTS.—The Secretary
4 may make a grant under subsection (a) only if the appli-
5 cant involved agrees as follows:

6 “(1) The applicant will maintain the confiden-
7 tiality of patient records.

8 “(2) The applicant will establish an ongoing
9 quality assurance program regarding services pro-
10 vided under the grant.

11 “(3) The applicant will not expend more than
12 10 percent of the grant for administrative expenses
13 regarding the grant.

14 “(i) REPORTS TO SECRETARY.—The Secretary may
15 make a grant under subsection (a) only if the applicant
16 agrees that, not later than February 1 of the fiscal year
17 following the fiscal year for which the grant is to be made,
18 the applicant will submit to the Secretary a report describ-
19 ing the program carried out by the applicant under the
20 grant, including provisions on the utilization, cost, and
21 outcome of services provided under the grant.

22 “(j) APPLICATION FOR GRANT; PLAN.—The Sec-
23 retary may make a grant under subsection (a) only if an
24 application for the grant is submitted to the Secretary;
25 the application contains a plan describing the proposal of

1 the applicant for a program under subsection (a); and the
2 application is in such form, is made in such manner, and
3 contains such agreements, assurances, and information as
4 the Secretary determines to be necessary to carry out this
5 section.

6 “(k) EVALUATION OF PROGRAMS.—The Secretary,
7 directly or through grants or contracts, shall provide for
8 evaluations of programs carried out under subsection (a),
9 including the cost-effectiveness and health-effectiveness of
10 the programs.

11 “(l) REPORTS TO CONGRESS.—Not later than May
12 31 of each fiscal year, the Secretary shall submit to the
13 Congress a report on the programs carried out under sub-
14 section (a). The report shall include a summary of the
15 evaluations carried out under subsection (k) for the pre-
16 ceding fiscal year.

17 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
18 the purpose of carrying out this section, there is author-
19 ized to be appropriated \$500,000,000 for fiscal year 2003,
20 \$550,000,000 for fiscal year 2004, \$600,000,000 for fis-
21 cal year 2005, \$650,000,000 for fiscal year 2006, and
22 \$700,000,000 for fiscal year 2007.”.

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