



## COMMUNITIES BUILDING ACCESS ACT

### A BILL TO REDUCE THE UNINSURED BY STIMULATING LOCAL INITIATIVES THAT INCREASE HEALTH CARE COVERAGE AND SAFETY NET PROGRAMS

#### Summary Description:

The **Communities Building Access Act** would provide federal grants for two models of proven, locally designed and administered health care programs, and would establish a data and assistance center to aid in the proliferation of these programs:

#### Bill Summary:

**Title I. Multi-share Health Coverage Program (MHCPs) grants:** These community grants would be leveraged with employer, employee, and other community contributions to purchase a locally-developed coverage product for small businesses not already offering health benefits.

**Title II. Volunteer Specialty Provider Network (VSPNs) grants:** For aiding existing primary care safety nets, these grants would fund recruitment and training efforts, electronic medical records and other initiatives to help increase access to specialty care for low-income individuals.

**Title III. Community Access Evaluation and Expertise Center:** A national clearinghouse for collecting, evaluating and disseminating national experience and information on establishing community programs for the uninsured. The national clearinghouse would be equipped with a database of technical assistance experts and a nominal fund to help pay costs incurred by these experts.

\*\*\*\*\*

#### **Title I: Grants for Multi-Share Health Coverage Programs for the Working Uninsured**

**(a) Multi-Share Health Coverage Program (MHCP) Start-Up Grant:** The secretary will issue grants of up to \$\_\_\_ to assist up to ## non-profit organizations in planning and executing a premium-based Multi-Share Health Coverage Program.

**1. Qualified Recipient for MHCP Start-Up Grant:** *A non-profit organization or a state or local government entity submitting a proposal to the Secretary demonstrating that it:*

**A.** Has assembled a broad community consortia for the purpose of advising and planning an MHCP (i.e. community leaders, philanthropic organizations, employers, providers, clinics, social service agencies, schools leaders, consumer advocacy groups), and that the consortia has stated a set of unified goals for the multi-share program.

**B.** Has conducted a basic level of demographic research on the area's uninsured businesses, working uninsured, and provider community with the purpose of

demonstrating the potential value and effectiveness of a local MHCP (i.e. rates of uncompensated care, number of women lacking prenatal services, immunization rates, number of employers not offering health insurance, etc.)

**C.** Has conducted a basic evaluation of state health insurance and other local laws that could impact the implementation of an MHCP.

**D.** Agrees to use the start-up grant to engage in developing an MHCP that, once funded, will include:

**(i) Healthcare Delivery Network.** A network of providers and facilities to provide services to participating individuals and/or employers at affordable fees.

**(ii) Defined region.** A defined region in which such program will provide services.

**(iii) Administration.** An administrative entity that has the capacity to carry out administrative functions of managing health plans, including monthly billings, verification/enrollment of eligible employers and employees, maintenance of membership rosters, utilization management, development of marketing plan, etc.

**(iv) Employer Eligibility.** Employer eligibility criteria, including (at a minimum) that a participating employer must be located within a community defined by the administering entity, and that the employer could not have offered or contributed to health care benefits of employees for the previous 12 consecutive months.

**(v) Employee Eligibility.** Employee eligibility criteria, including (at a minimum) that a participating employee must lack access to health coverage through employer, lack access to health coverage through a family member or common law partner, and is not eligible for Medicaid or Medicare.

**(vi) Family Eligibility.** Family eligibility criteria, including (at a minimum) spouse of participating employee must not be covered through their employer or any public insurance program, dependent of participating employee under the age of 23 is not eligible for SCHIP or Medicaid.

**(vii) Minimum Benefits.** A minimum benefit package that includes physician services, prescription drug benefits, in-patient hospital services, out-patient services, emergency room visits, emergency ambulance services, diagnostic lab and x-rays. In addition, there can be no coverage exclusions for pre-existing conditions, and coverage for services performed outside designated area not required.

**(viii) Utilization Management.** A utilization management program that ensures delivery of care in the appropriate setting, using appropriate resources and clinical practice guidelines.

**(ix) Quality Measures.** A plan for measuring quality and efficiency of care provided through the MHCP (to be implemented within 2 years of program initiation).

**(x) Chronic Care and High Costs.** A plan for managing care for enrollees with chronic illness, as well as additional cost-control initiatives that will be employed by the MHCP (to be implemented within 2 years of program initiation).

**(xi) High Risk Danger.** A plan for protecting the MHCP from high-risks (i.e. affiliation with state high risk pool or local safety net program, purchase of reinsurance, etc.).

**(xii) Plan Evaluation.** A plan for evaluating the project on an interim basis (not less than annually).

**(b) Multi-Share Health Coverage Program (MHCP) Maintenance Grant:** The secretary will issue annual renewable grants for up to 5 years of up to \$\_\_\_\* million to assist up to ## non-profit organizations to fund up to 40 percent of the cost of coverage for employees and dependents of enrolled organizations plus ongoing program administrative costs. (The remaining amount of the cost of coverage shall be paid for primarily by the eligible employee and the employer, and by other funding resources identified by the consortium.

**1. Qualified Recipient for MHCP Maintenance Grant:** A non-profit organization or a state or local government entity who has submitted a new or existing plan (developed with or without the MHCP start-up grant) that includes all of the requirements of Title I, and whose plan has been approved by the Secretary.

**2. Priority for Existing MHCP Programs:** Existing programs meeting the MHCP criteria in Title I shall be given priority funding for the purposes of this act.

**(c) Authorized Appropriations.** \$\_\_\_\* Million authorization for start up grants for new MHCPs and to help existing plans meet the requirements. \$\_\_\_\* Million authorization for maintenance grants for fiscal years 2006-2011.

---

## **Title II: Grants for Specialty Care Access Networks**

**(a) Volunteer Specialty Provider Networks (VSPNs) Start-up Grants.** The secretary will issue start-up grants of up to \$\_\_\_\* million to assist up to ## non-profit organizations in planning and executing a VSPN.

**1. Qualified Recipient for VSPN Start-Up Grant:** *A non-profit organization or a state or local government entity submitting a proposal to the Secretary demonstrating that it:*

**A.** Has assembled a broad community consortium for the purpose of starting a VSPN program (i.e. community leaders, philanthropic organizations, employers, providers, clinics, social service agencies, consumer advocacy groups), and that the consortia has stated a set of unified goals for the VSPN program.

**B.** Has conducted a basic level of demographic research on the area's uninsured population and provider community with the purpose of demonstrating the potential value and effectiveness of a local VSPN (i.e. rates of uncompensated specialty care, including dental care, number of specialty practitioners volunteering time, a basic survey of primary care providers or community health centers in regard to primary care patients in need of specialty care.)

**C.** Agrees to use the start-up grant to engage in developing a VSPN that, once funded, will include:

**(i) A Voluntary Network of Specialty Providers.** A community-coordinated network of provider specialists developed and maintained through initiatives created by grant funds.

Examples of grant fund expenditures include:

- Administrative and other nominal fees paid to participating specialists
- Access to information technology that would facilitate treatment of uninsured patients
- Professional recruitment fees to bring specialists to local practices with commitment to volunteer
- Training or education costs for primary care practitioners to manage chronic conditions often treated by specialists
- Prescription drugs necessary for treatments prescribed by specialists
- A community specialty clinic primarily staff by volunteer community specialists

**(ii) Defined region.** A defined region in which such program will provide services.

**(iii) Administration.** An administrative entity with capacity to determine eligibility and enroll members, develop and maintain affiliations with volunteer specialist providers, help enroll those eligible in Medicaid and SCHIP, and eventually coordinate the management of chronic illness cases.

**(iv) Eligibility Requirements.** An enrolled individual must meet eligibility criteria, including (at a minimum) that individual must lack access to health coverage through employer, lack access to health coverage through a family member or common law partner, is not eligible for Medicaid or Medicare, and is below a specified percentage of the federal poverty level.

**(v) Additional funding sources.** A concerted effort to match partially or in full the funding provided by the federal grant from one or more sources including businesses, foundations, local health care organizations and other sources.

**(vi) Coordination of Chronic Care Management.** A plan for managing care for enrolled individuals with chronic illness, as well as additional cost-control initiatives that will be employed by the VSPN (to be implemented within 2 years of program initiation).

**(vii) Plan Evaluation.** A plan for evaluating the project on an interim basis (not less than annually).

**(b) Volunteer Specialty Provider Networks (VSPNs) Maintenance grants:** The secretary will issue annual renewable grants for up to 5 years of up to \$\_\_\_\* million to assist up to ## non-profit organizations in developing VSPNs.

**1. Qualified Recipient for Maintenance Grant:** A non-profit organization or a state or local government entity which has submitted a new or existing plan (***developed with or without the VSPN start-up grant***) that includes all of the requirements of Title II, and whose plan has been approved by the Secretary.

**2. Priority for Existing VSPN Programs:** Existing programs meeting the VSPN criteria in Title II shall be given priority funding for the purposes of this act.

**(c) Authorized Appropriations.** \$\_\_\_\_\* Million authorization for start up grants for new VSPN and to help existing plans meet the requirements. \$\_\_\_\_\* Million authorization for VSPN maintenance grants for fiscal years 2006-2011.

\* Dollar amounts to be discussed/decided in consultation with legislation sponsors.

---

### **Title III. Community Access Evaluation and Expertise Center:**

**(a) Establishing National Center of Community Initiatives for the Uninsured.** The Secretary shall facilitate a national center or clearinghouse for collecting, evaluating and disseminating national experience and information about establishing community programs for the uninsured (not including initiatives funded under Medicaid). The Center shall include:

1. The capacity to accept, aggregate, and analyze the success and progress of community initiated health care programs with full or partial federal funding granted by this and other laws (excluding Medicaid) for this purpose. Examples of analysis include (to the extent possible):

A. The number of program participants (individuals and employer groups) who previously did not have access to care or health care coverage (during the 12 month period before entering the program).

B. The number of participants with chronic conditions whose condition is being managed by the community program, where it previously was not.

C. Reported economic impact for businesses in the community.

D. Health care cost savings to hospitals and other health care providers in areas in which community programs operate.

2. A database of technical assistance experts who are or have been involved in planning and operating local community programs for the uninsured.

**(b) Reporting Format.** For the data collection and analysis purposes, the Secretary may determine a common reporting questionnaire, however the burden of such reporting requirements on community organizations should be as minimal as possible.

**(c) Appropriations.** Such sums as necessary shall be appropriated for the operation of the clearinghouse, including a fund to help pay certain costs incurred by those designated in (a) 2. (technical experts).