

111TH CONGRESS
1ST SESSION

H. R. 3158

To reform health care delivery by providing incentives for place-based health care, which seeks to bring health services to the patient by locating community health centers, federally qualified health centers, and community integrated health centers in or near settings that already serve a particular target population, such as schools, workplaces, and senior services facilities.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2009

Mr. SARBANES introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To reform health care delivery by providing incentives for place-based health care, which seeks to bring health services to the patient by locating community health centers, federally qualified health centers, and community integrated health centers in or near settings that already serve a particular target population, such as schools, workplaces, and senior services facilities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Place Based Health Care Act of 2009”.

4 (b) TABLE OF CONTENTS.—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—COMMUNITY INTEGRATED HEALTH CENTERS

Sec. 101. Definitions.

Sec. 102. Funding benefits.

TITLE II—SCHOOL-BASED HEALTH CENTERS

Sec. 201. Assurance of payment under Medicaid and CHIP for covered items
and services furnished by certain school-based health clinics.

TITLE III—TAX CREDIT FOR EMPLOYER-PROVIDED HEALTH AND
WELLNESS BENEFITS

Sec. 301. Credit for employer-provided health and wellness benefits.

TITLE IV—EVIDENCE-BASED DISEASE PREVENTION AND
HEALTH PROMOTION PROGRAM; SENIOR HOUSING FACILITY
PLAN OPTION

Sec. 301. Evidence-based disease prevention and health promotion grant pro-
gram.

Sec. 302. Offering Medicare Advantage plan in a senior housing facility.

TITLE V—COMMUNITY HEALTH CENTER EXPANSION OF
PRIORITIES

Sec. 401. Community health center expansion.

6 **TITLE I—COMMUNITY**
7 **INTEGRATED HEALTH CENTERS**

8 **SEC. 101. DEFINITIONS.**

9 In this Act:

10 (1) COMMUNITY INTEGRATED HEALTH CEN-
11 TER.—The term “Community Integrated Health
12 Center” means an organization that—

1 (A) seeks to fully integrate its services into
2 the community by locating in or near settings
3 that serve particular target populations, such as
4 schools, workplaces, or senior service facilities;

5 (B) is owned or controlled by, or comprised
6 of, two or more institutional providers or
7 groups of health care professionals that are eli-
8 gible for participation in part A or part B of
9 Medicare;

10 (C) is organized for the purpose of pro-
11 viding health care, improving the quality of
12 health care, and reducing costs associated with
13 the provision of health care provided to Center
14 patients;

15 (D) participates in Medicare and Medicaid;

16 (E) requires all of its participating pro-
17 viders to participate in Medicare and Medicaid;

18 (F) is not excluded or precluded from par-
19 ticipation in any Federal or State health care
20 program;

21 (G) is organized to receive payment from
22 government and private health plans in a man-
23 ner that promotes cost reductions, including—

24 (i) accepting global or bundled pay-
25 ments; and

1 (ii) accepting fixed-fee or capitated
2 payments;

3 (H) accepts all patients enrolled in Medi-
4 care and Medicaid;

5 (I) does not discriminate on the basis of
6 any prohibited criteria;

7 (J) does not discriminate with respect to
8 the provision of care to patients of the Center
9 on the basis of the patient's insurance status or
10 ability to pay;

11 (K) maintains an affiliation with an acute
12 care hospital;

13 (L) maintains an affiliation with health
14 care providers as necessary to meet the needs
15 of its enrollees;

16 (M) maintains a qualified workforce;

17 (N) has a qualified medical director;

18 (O) coordinates inpatient and outpatient
19 care for its enrollees, including coordination of
20 wellness and prevention services and care for
21 chronic disease;

22 (P) offers wellness, prevention, and health-
23 promotion services;

1 (Q) develops, and requires its participating
2 providers to follow, guidelines, protocols, evi-
3 dence-based medicine, and clinical pathways;

4 (R) utilizes electronic medical records by
5 the deadline set forth in the amendments made
6 by the American Recovery and Reinvestment
7 Act of 2009;

8 (S) requires its participating providers to
9 utilize electronic medical records by such dead-
10 lines; and

11 (T) qualifies as an “organized health care
12 arrangement” pursuant parts 160, 162, and
13 164 of title 45, Code of Federal Regulations.

14 (2) MEDICARE; MEDICAID.—The terms “Medi-
15 care” and “Medicaid” mean the programs under ti-
16 tles XVIII and XIX, respectively, of the Social Secu-
17 rity Act.

18 (3) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 **SEC. 102. FUNDING BENEFITS.**

21 (a) LISTING.—A facility may obtain the benefits of
22 this section by becoming listed as a Community Integrated
23 Health Center by the Secretary. The Secretary shall list
24 such a facility that—

1 (1) certifies to the Secretary that it meets the
2 requirements for a Community Integrated Health
3 Center under section 101(1); and

4 (2) every three years demonstrates to the satis-
5 faction of the Secretary that the facility continues to
6 meet such requirements.

7 (b) COMMUNITY INTEGRATED HEALTH CENTER AS-
8 SISTANCE.—

9 (1) ELIGIBLE COMMUNITY INTEGRATED
10 HEALTH CENTER DEFINED.—In this subsection, the
11 term “Eligible Community Integrated Health Cen-
12 ter” means an Community Integrated Health Center
13 that has been listed under subsection (a).

14 (2) GRANT PROGRAM.—

15 (A) IN GENERAL.—The Secretary shall use
16 such sums as may be necessary to carry out a
17 program of grants to assist Eligible Community
18 Integrated Health Centers with start-up and
19 operating costs.

20 (B) ADMINISTRATION.—The Secretary
21 shall make grants to Eligible Community Inte-
22 grated Health Centers under this subsection on
23 a competitive basis, to such Centers that dem-
24 onstrate to the satisfaction of the Secretary
25 that the Center will—

- 1 (i) use the funds to—
- 2 (I) promote the integration of
- 3 health care providers;
- 4 (II) promote coordination of pa-
- 5 tient care;
- 6 (III) provide greater access to
- 7 health care by patients within the
- 8 Center’s geographic service area;
- 9 (IV) locate services in or near a
- 10 setting that serves their target popu-
- 11 lation, such as schools, workplaces, or
- 12 senior services facilities;
- 13 (V) reduce the cost of providing
- 14 care; and
- 15 (VI) improve the quality of care
- 16 provided to patients within the Cen-
- 17 ter’s geographic service area; and
- 18 (ii) not later than 12 months after the
- 19 date on which the Secretary provides as-
- 20 sistance to the Center, submit to the Sec-
- 21 retary a report that describes—
- 22 (I) the manner in which the as-
- 23 sistance was spent;

1 (II) the manner in which the fac-
2 tors outlined in clause (i) have been
3 monitored; and

4 (III) any measurable change in
5 the factors outlined in such clause as
6 a result of the Center's receipt of as-
7 sistance.

8 (C) TIMING.—Not later than 180 days
9 after the date of enactment of this Act, the Sec-
10 retary shall make grants to provide assistance
11 under this subsection.

12 (3) REPORT TO CONGRESS.—Not later than 18
13 months after the date of enactment of this Act, the
14 Secretary shall submit to the appropriate committees
15 of Congress a report that—

16 (A) describes in detail the manner in which
17 this grant program has been carried out; and

18 (B) includes the information reported to
19 the Secretary under paragraph (2)(B)(ii).

1 **TITLE II—SCHOOL-BASED**
2 **HEALTH CENTERS**

3 **SEC. 201. ASSURANCE OF PAYMENT UNDER MEDICAID AND**
4 **CHIP FOR COVERED ITEMS AND SERVICES**
5 **FURNISHED BY CERTAIN SCHOOL-BASED**
6 **HEALTH CLINICS.**

7 (a) STATE PLAN REQUIREMENT.—Section 1902(a)
8 of the Social Security Act (42 U.S.C. 1396a(a)), as
9 amended by section 5006(e)(2)(A) of division B of the
10 American Recovery and Reinvestment Act of 2009 (Public
11 Law 111–5), is amended—

12 (1) in paragraph (72), by striking “and” at the
13 end;

14 (2) in paragraph (73)(B), by striking the period
15 at the end and inserting “; and”; and

16 (3) by inserting after paragraph (73), the fol-
17 lowing new paragraph:

18 “(74) provide that the State shall certify to the
19 Secretary that the State has implemented proce-
20 dures to pay for medical assistance (including care
21 and services described in subsections (a)(4)(B) and
22 (r) of section 1905 and provided in accordance with
23 section 1902(a)(43)) furnished in a school-based
24 health clinic, if payment would be made under the
25 State plan for the same items and services if fur-

1 nished in a physician’s office or other outpatient
2 clinic (including if such payment would be included
3 in the determination of a prepaid capitation or other
4 risk-based rate of payment to an entity under a con-
5 tract pursuant to section 1903(m)).”.

6 (b) SCHOOL-BASED HEALTH CLINIC DEFINED.—
7 Section 1905 of such Act (42 U.S.C. 1396d) is amended
8 by adding at the end the following new subsection:

9 “(y)(1) The term ‘school-based health clinic’ means
10 a health clinic that—

11 “(A) is located in or near a school facility of a
12 school district or board or of an Indian tribe or trib-
13 al organization;

14 “(B) is organized through school, community,
15 and health provider relationships;

16 “(C) is administered by a sponsoring facility;

17 “(D) provides through health professionals pri-
18 mary health services to children in accordance with
19 State and local law, including laws relating to licen-
20 sure and certification; and

21 “(E) satisfies such other requirements as a
22 State may establish for the operation of such a clin-
23 ic.

24 “(2) For purposes of paragraph (1)(D), the term ‘pri-
25 mary health services’ means the core services offered by

1 a school-based health clinic, which shall include the fol-
2 lowing:

3 “(A) Comprehensive health assessments, diag-
4 nosis, and treatment of minor, acute, and chronic
5 medical conditions and referrals to, and follow-up
6 for, specialty care.

7 “(B) Mental health assessments, crisis interven-
8 tion, counseling, treatment, and referral to a con-
9 tinuum of services including emergency psychiatric
10 care, community support programs, inpatient care,
11 and outpatient programs.

12 “(C) Additional services, which may include
13 oral health, social, and health education services.

14 “(3) For purposes of paragraph (1)(C), the term
15 ‘sponsoring facility’ is a community-based organization,
16 which may include—

17 “(A) a hospital;

18 “(B) a public health department;

19 “(C) a community health center;

20 “(D) a nonprofit health care agency;

21 “(E) a school or school system; or

22 “(F) a program administered by the Indian
23 Health Service or the Bureau of Indian Affairs or
24 operated by an Indian tribe or a tribal organization
25 under the Indian Self-Determination and Education

1 Assistance Act (25 U.S.C. 450), a Native Hawaiian
2 entity, or an Urban Indian program under title V of
3 the Indian Health Care Improvement Act (25 U.S.C.
4 1601).”.

5 (c) APPLICATION TO CHIP.—Section 2107(e)(1) of
6 the Social Security Act (42 U.S.C. 1397gg(e)(1)) is
7 amended—

8 (1) by redesignating subparagraphs (B)
9 through (D) as subparagraphs (C) through (E), re-
10 spectively; and

11 (2) by inserting after subparagraph (A), the fol-
12 lowing new subparagraph:

13 “(B) Section 1902(a)(74) (relating to pro-
14 cedures to ensure payment for covered services
15 furnished in a school-based health clinic, as de-
16 fined in section 1905(y)).”.

17 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
18 tion or the amendments made by this section shall be con-
19 strued to preempt or supersede State or local law with
20 respect to whether a school-based health clinic provides
21 family planning services and supplies.

22 (e) EFFECTIVE DATE.—The amendments made by
23 this section take effect on October 1, 2009.

1 **TITLE III—TAX CREDIT FOR EM-**
2 **LOYER-PROVIDED HEALTH**
3 **AND WELLNESS BENEFITS**

4 **SEC. 301. CREDIT FOR EMPLOYER-PROVIDED HEALTH AND**
5 **WELLNESS BENEFITS.**

6 (a) IN GENERAL.—Subpart D of part IV of sub-
7 chapter A of chapter 1 of the Internal Revenue Code of
8 1986 (relating to business-related credits) is amended by
9 adding at the end the following new section:

10 **“SEC. 45R. CREDIT FOR EMPLOYER-PROVIDED HEALTH**
11 **AND WELLNESS BENEFITS.**

12 “(a) IN GENERAL.—For purposes of section 38, the
13 employer-provided health and wellness benefits credit de-
14 termined under this section for the taxable year is an
15 amount equal to 25 percent of the qualified health and
16 wellness expenditures of the taxpayer for such taxable
17 year.

18 “(b) DOLLAR LIMITATION.—The credit allowable
19 under subsection (a) for any taxable year shall not exceed
20 \$150,000.

21 “(c) DEFINITIONS.—For purposes of this section—

22 “(1) QUALIFIED HEALTH AND WELLNESS EX-
23 PENDITURE.—

1 “(A) IN GENERAL.—The term ‘qualified
2 health and wellness expenditure’ means any
3 amount paid or incurred—

4 “(i) to acquire, construct, rehabilitate,
5 or expand property—

6 “(I) which is to be used as part
7 of a qualified health and wellness fa-
8 cility of the taxpayer, and

9 “(II) with respect to which a de-
10 duction for depreciation (or amortiza-
11 tion in lieu of depreciation) is allow-
12 able,

13 “(ii) for the operating costs of a quali-
14 fied health and wellness facility of the tax-
15 payer, or

16 “(iii) under a contract with a qualified
17 health and wellness facility to provide
18 health and wellness services to employees
19 of the taxpayer.

20 “(B) FAIR MARKET VALUE.—The term
21 ‘qualified health and wellness expenditures’
22 shall not include expenses in excess of the fair
23 market value of such care.

24 “(2) QUALIFIED HEALTH AND WELLNESS FA-
25 CILITY.—

1 “(A) IN GENERAL.—The term ‘qualified
2 health and wellness facility’ means a facility—

3 “(i) the principal use of which is to
4 provide medical care (including preventive
5 care), and

6 “(ii) which meets the requirements of
7 all applicable laws and regulations of the
8 State or local government in which it is lo-
9 cated.

10 “(B) SPECIAL RULES WITH RESPECT TO A
11 TAXPAYER.—A facility shall not be treated as a
12 qualified health and wellness facility with re-
13 spect to a taxpayer unless—

14 “(i) enrollment in the facility is open
15 to employees of the taxpayer during the
16 taxable year, and

17 “(ii) the use of such facility (or the
18 eligibility to use such facility) does not dis-
19 criminate in favor of employees of the tax-
20 payer who are highly compensated employ-
21 ees (within the meaning of section 414(q)).

22 “(d) RECAPTURE OF ACQUISITION AND CONSTRUC-
23 TION CREDIT.—

24 “(1) IN GENERAL.—If, as of the close of any
25 taxable year, there is a recapture event with respect

1 to any qualified health and wellness facility of the
 2 taxpayer, then the tax of the taxpayer under this
 3 chapter for such taxable year shall be increased by
 4 an amount equal to the product of—

5 “(A) the applicable recapture percentage,
 6 and

7 “(B) the aggregate decrease in the credits
 8 allowed under section 38 for all prior taxable
 9 years which would have resulted if the qualified
 10 health and wellness expenditures of the tax-
 11 payer described in subsection (c)(1)(A) with re-
 12 spect to such facility had been zero.

13 “(2) APPLICABLE RECAPTURE PERCENTAGE.—

14 “(A) IN GENERAL.—For purposes of this
 15 subsection, the applicable recapture percentage
 16 shall be determined from the following table:

“If the recapture event occurs in:	The applicable recapture percentage is:
Years 1–3	100
Year 4	85
Year 5	70
Year 6	55
Year 7	40
Year 8	25
Years 9 and 10	10
Years 11 and thereafter	0.

17 “(B) YEARS.—For purposes of subpara-
 18 graph (A), year 1 shall begin on the first day
 19 of the taxable year in which the qualified health

1 and wellness facility is placed in service by the
2 taxpayer.

3 “(3) RECAPTURE EVENT DEFINED.—For pur-
4 poses of this subsection, the term ‘recapture event’
5 means—

6 “(A) CESSATION OF OPERATION.—The
7 cessation of the operation of the facility as a
8 qualified health and wellness facility.

9 “(B) CHANGE IN OWNERSHIP.—

10 “(i) IN GENERAL.—Except as pro-
11 vided in clause (ii), the disposition of a
12 taxpayer’s interest in a qualified health
13 and wellness facility with respect to which
14 the credit described in subsection (a) was
15 allowable.

16 “(ii) AGREEMENT TO ASSUME RECAP-
17 TURE LIABILITY.—Clause (i) shall not
18 apply if the person acquiring such interest
19 in the facility agrees in writing to assume
20 the recapture liability of the person dis-
21 posing of such interest in effect imme-
22 diately before such disposition. In the
23 event of such an assumption, the person
24 acquiring the interest in the facility shall
25 be treated as the taxpayer for purposes of

1 assessing any recapture liability (computed
2 as if there had been no change in owner-
3 ship).

4 “(4) SPECIAL RULES.—

5 “(A) TAX BENEFIT RULE.—The tax for
6 the taxable year shall be increased under para-
7 graph (1) only with respect to credits allowed
8 by reason of this section which were used to re-
9 duce tax liability. In the case of credits not so
10 used to reduce tax liability, the carryforwards
11 and carrybacks under section 39 shall be appro-
12 priately adjusted.

13 “(B) NO CREDITS AGAINST TAX.—Any in-
14 crease in tax under this subsection shall not be
15 treated as a tax imposed by this chapter for
16 purposes of determining the amount of any
17 credit under this chapter or for purposes of sec-
18 tion 55.

19 “(C) NO RECAPTURE BY REASON OF CAS-
20 UALTY LOSS.—The increase in tax under this
21 subsection shall not apply to a cessation of op-
22 eration of the facility as a qualified child care
23 facility by reason of a casualty loss to the ex-
24 tent such loss is restored by reconstruction or

1 replacement within a reasonable period estab-
2 lished by the Secretary.

3 “(e) SPECIAL RULES.—For purposes of this sec-
4 tion—

5 “(1) AGGREGATION RULES.—All persons which
6 are treated as a single employer under subsections
7 (a) and (b) of section 52 shall be treated as a single
8 taxpayer.

9 “(2) PASS-THRU IN THE CASE OF ESTATES AND
10 TRUSTS.—Under regulations prescribed by the Sec-
11 retary, rules similar to the rules of subsection (d) of
12 section 52 shall apply.

13 “(3) ALLOCATION IN THE CASE OF PARTNER-
14 SHIPS.—In the case of partnerships, the credit shall
15 be allocated among partners under regulations pre-
16 scribed by the Secretary.

17 “(f) NO DOUBLE BENEFIT.—

18 “(1) REDUCTION IN BASIS.—For purposes of
19 this subtitle—

20 “(A) IN GENERAL.—If a credit is deter-
21 mined under this section with respect to any
22 property by reason of expenditures described in
23 subsection (c)(1)(A), the basis of such property
24 shall be reduced by the amount of the credit so
25 determined.

1 “(B) CERTAIN DISPOSITIONS.—If, during
2 any taxable year, there is a recapture amount
3 determined with respect to any property the
4 basis of which was reduced under subparagraph
5 (A), the basis of such property (immediately be-
6 fore the event resulting in such recapture) shall
7 be increased by an amount equal to such recap-
8 ture amount. For purposes of the preceding
9 sentence, the term ‘recapture amount’ means
10 any increase in tax (or adjustment in
11 carrybacks or carryovers) determined under
12 subsection (d).

13 “(2) OTHER DEDUCTIONS AND CREDITS.—No
14 deduction or credit shall be allowed under any other
15 provision of this chapter with respect to the amount
16 of the credit determined under this section.”.

17 (b) CREDIT TO BE PART OF GENERAL BUSINESS
18 CREDIT.—Subsection (b) of section 38 of such Code (re-
19 lating to general business credit) is amended by striking
20 “plus” at the end of paragraph (34), by striking the period
21 at the end of paragraph (35) and inserting “, plus” , and
22 by adding at the end the following new paragraph:

23 “(36) the employer-provided health and
24 wellness benefits credit determined under section
25 45R(a).”.

1 (c) CLERICAL AMENDMENT.—The table of sections
 2 for subpart D of part IV of subchapter A of chapter 1
 3 of such Code is amended by inserting after the item relat-
 4 ing to section 45Q the following new item:

“Sec. 45R. Credit for employer-provided health and wellness benefits.”.

5 (d) EFFECTIVE DATE.—The amendments made by
 6 this section shall apply to taxable years beginning after
 7 the date of the enactment of this Act.

8 **TITLE IV—EVIDENCE-BASED DIS-**
 9 **EASE PREVENTION AND**
 10 **HEALTH PROMOTION PRO-**
 11 **GRAM; SENIOR HOUSING FA-**
 12 **CILITY PLAN OPTION**

13 **SEC. 301. EVIDENCE-BASED DISEASE PREVENTION AND**
 14 **HEALTH PROMOTION GRANT PROGRAM.**

15 Part D of title III of the Older Americans Act of
 16 1965 (42 U.S.C. 3030m et seq.) is amended—

17 (1) by inserting the following before section
 18 361:

19 **“Subpart 1—Services”; and**

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

1 **“Subpart 2—Evidence-based Disease Prevention and**
2 **Health Promotion Program**

3 **“SEC. 365. EVIDENCE-BASED DISEASE PREVENTION AND**
4 **HEALTH PROMOTION GRANTS PROGRAM.**

5 “(a) GRANT PROGRAM.—From a portion of the funds
6 allotted to carry out this part, the Assistant Secretary
7 shall establish an evidence-based disease prevention and
8 health promotion program to make grants to States to
9 carry out—

10 “(1) evidence-based disease prevention pro-
11 grams;

12 “(2) evidence-based chronic disease manage-
13 ment programs;

14 “(3) evidence-based chronic disease self-man-
15 agement programs;

16 “(4) evidence-based health services and health
17 promotion services and supports;

18 “(5) a disease self-management program such
19 as the Stanford University Chronic Disease Self-
20 Management Program (CDSMP).

21 “(b) APPLICATION FOR GRANT.—To request a grant
22 under subsection (a), a State shall, after consulting and
23 coordinating with area agencies on aging in the State in-
24 volved, submit an application to the Secretary at such
25 time, in such manner, and containing the following infor-
26 mation:

1 “(1) A description of the evidence-based disease
2 prevention and health promotion programs the State
3 agency proposes to carry out with such grant.

4 “(2) Sufficient information to demonstrate that
5 the infrastructure exists to support the proposed
6 programs.

7 “(3) Such other information as the Secretary
8 determines appropriate.

9 “(c) SUBGRANTS.—

10 “(1) GRANTS TO AREA AGENCIES ON AGING.—
11 With funds received under subsection (b), the State
12 agency shall make grants to area agencies on aging
13 that demonstrate performance capacity to carry out
14 programs and activities described in subsection (a),
15 to carry out evidence-based disease prevention and
16 health promotion programs under this section either
17 directly or through contracts with—

18 “(A) organizations that are providers of di-
19 rect services to older individuals and that re-
20 ceive funding under this Act; or

21 “(B) Federally Qualified Health Centers or
22 Community Health Centers (as such terms are
23 used in relation to section 330 of the Public
24 Health Service Act) or Community Integrated

1 Health Centers (as defined in section 101 of
2 the Place Based Health Care Act of 2009).

3 “(2) DIRECT GRANTS TO OTHER ENTITIES.—If
4 an area agency on aging does not receive a grant
5 under paragraph (1), the State agency may make a
6 subgrant to carry out evidence-based disease preven-
7 tion and health promotion programs under this sec-
8 tion in the planning and service area of such agency,
9 to—

10 “(A) organizations that are providers of di-
11 rect services to older individuals and that re-
12 ceive funding under this Act; or

13 “(B) Federally Qualified Health Centers or
14 Community Health Centers (as such terms are
15 used in relation to section 330 of the Public
16 Health Service Act) or Community Integrated
17 Health Centers (as defined in section 101 of
18 the Place Based Health Care Act of 2009).

19 that demonstrate performance capacity to carry out
20 the programs and activities described in subsection
21 (a).

22 “(d) USES OF FUNDS.—A grant or subgrant received
23 under this section may be used to carry out—

24 “(1) an evidence-based chronic disease manage-
25 ment program;

1 “(2) an evidence-based chronic disease self-
2 management program; or

3 “(3) an evidence-based disease prevention and
4 health promotion program.

5 “(e) DEFINITION.—In this section, the term ‘health
6 services and health promotion services and supports’
7 means any service, any onsite primary care service, any
8 in-home service, a case management service, or any evi-
9 dence-based intervention that is—

10 “(1) furnished in settings that serve the popu-
11 lation of older individuals such as—

12 “(A) a private home or residence;

13 “(B) a community based organization (as
14 defined in section 1901 of the Elementary and
15 Secondary Education Act of 1965 (20 U.S.C.
16 7801));

17 “(C) a Community Integrated Health Cen-
18 ter (as defined in section 101(1) of the Place
19 Based Health Care Act of 2009);

20 “(D) a faith-based organization;

21 “(E) a community-care setting (including a
22 small community care setting as defined in sub-
23 section (g)(1), and a large community care set-
24 ting as defined in subsection (h)(1), of section

1 1929 of the Social Security Act (42 U.S.C.
2 1396t));

3 “(F) a board and care facility;

4 “(G) a long-term care facility;

5 “(H) a multi-purpose senior center; or

6 “(I) a community center (as defined in sec-
7 tion 670G of the State Dependent Care Devel-
8 opment Grants Act (42 U.S.C. 9877));

9 “(2) furnished to diagnose, treat, or cure a
10 medical disease or condition; and

11 “(3) intended to assist older individuals with
12 carrying out activities of daily living (as defined in
13 section 802 of the Cranston-Gonzalez National Af-
14 fordable Housing Act (42 U.S.C. 8011)).”.

15 **SEC. 302. OFFERING MEDICARE ADVANTAGE PLAN IN A**
16 **SENIOR HOUSING FACILITY.**

17 Section 1851(b)(1) of the Social Security Act (42
18 U.S.C. 1395w-21(b)(1)) is amended by adding at the end
19 the following new subparagraph:

20 “(D) SPECIAL RULE FOR SENIOR CITIZEN
21 FACILITIES.—Notwithstanding any other provi-
22 sion of this part, a Medicare Advantage organi-
23 zation may operate a Medicare Advantage plan
24 exclusively within a geographic area that is lim-
25 ited to a senior housing facility if the plan—

1 “(i) provides services only to bene-
2 ficiaries who either—

3 “(I) are under a long-term resi-
4 dency contract as described in section
5 1919(e)(5)(B)(v); or

6 “(II) reside in supportive housing
7 for the elderly as described in section
8 202 of the Housing Act of 1959 or
9 housing supported by the low income
10 housing tax credit program described
11 in section 42 of the Internal Revenue
12 Code of 1986, and qualify for assist-
13 ance under section 8 of the United
14 States Housing Act of 1937;

15 “(ii) provides onsite primary care
16 services with a ratio of accessible physi-
17 cians to beneficiaries that is deemed to be
18 adequate by the Secretary;

19 “(iii) provides transportation services
20 for patients to specialty providers outside
21 the community;

22 “(iv) makes meaningful use of health
23 information technology; and

24 “(v) if offered to continuing care re-
25 tirement or life care community residents

1 as described in clause (i)(I), has partici-
 2 pated in a Centers for Medicare & Med-
 3 icaid Services demonstration initiative for
 4 a minimum of one year.”.

5 **TITLE V—COMMUNITY HEALTH**
 6 **CENTER EXPANSION OF PRI-**
 7 **ORITIES**

8 **SEC. 401. COMMUNITY HEALTH CENTER EXPANSION.**

9 Section 330 of the Public Health Service Act (42
 10 U.S.C. 254b) is amended by adding at the end the fol-
 11 lowing new subsections:

12 “(s) SCHOOL-BASED HEALTH CENTERS.—

13 “(1) IN GENERAL.—The Secretary may award
 14 grants for the purposes described in subparagraphs
 15 (c), (e), and (f) of this section for the planning and
 16 delivery of services to a special medically under-
 17 served population comprised of school-aged children
 18 in a school-based health center.

19 “(2) SCHOOL-BASED HEALTH CENTER DE-
 20 FINED.—In this section, the term ‘school-based
 21 health center’ means a health center that—

22 “(A) is located within an elementary or
 23 secondary school facility;

24 “(B) is operated in collaboration with the
 25 school in which such center is located;

1 “(C) is administered by a community-
2 based organization including a hospital, public
3 health department, community health center, or
4 nonprofit health care agency;

5 “(D) at a minimum, provides to school-
6 aged children—

7 “(i) primary health care services, in-
8 cluding comprehensive health assessments,
9 and diagnosis and treatment of minor,
10 acute, and chronic medical conditions and
11 Healthy Start benefits;

12 “(ii) mental health services, including
13 crisis intervention, counseling, and emer-
14 gency psychiatric care at the school or by
15 referral;

16 “(iii) the availability of services at the
17 school when the school is open and 24-hour
18 coverage through an on-call system with
19 other providers to ensure access when the
20 school or health center is closed;

21 “(iv) services through the use of a
22 qualified and appropriately credentialed in-
23 dividual, including a nurse practitioner or
24 physician assistant, a mental health profes-

1 sional, a physician, and a health assistant;
2 and

3 “(E) may provide optional preventive den-
4 tal services, consistent with State licensure law,
5 through the use of dental hygienists or dental
6 assistants that provide preventive services such
7 as basic oral exams, cleanings, and sealants.

8 “(3) SUPPLEMENT NOT SUPPLANT.—A grant
9 awarded under this subsection shall be expended to
10 supplement, and not supplant, the expenditures of
11 the health center and the value of in kind contribu-
12 tions for the delivery of services to the population
13 described in paragraph (1).

14 “(4) AUTHORIZATION OF APPROPRIATIONS.—
15 There are authorized to be appropriated to carry out
16 this subsection, in addition to any funds authorized
17 to be appropriated or appropriated for health centers
18 under any other subsection of this section, such
19 sums as may be necessary for each of fiscal years
20 2009 through 2014.

21 “(t) RESIDENTS OF NATURALLY OCCURRING RE-
22 TIREMENT COMMUNITIES, RAPIDLY AGING COMMU-
23 NITIES, PATRONS OF MULTIPURPOSE SENIOR CEN-
24 TERS.—

1 “(1) IN GENERAL.—The Secretary may award
2 grants for the purposes described in subsections (c),
3 (e), and (f) of this section for the planning and de-
4 livery of services to a special medically underserved
5 population comprised of residents of Naturally Oc-
6 ccurring Retirement Communities and patrons of
7 multipurpose senior centers and individuals living in
8 areas and facilities immediately accessible to such
9 Naturally Occurring Retirement Communities and
10 such centers.

11 “(2) SUPPLEMENT NOT SUPPLANT.—A grant
12 awarded under this subsection shall be expended to
13 supplement, and not supplant, the expenditures of
14 the health center and the value of in kind contribu-
15 tions for the delivery of services to the population
16 described in paragraph (1).

17 “(3) CONSULTATION WITH AREA AGENCIES ON
18 AGING.—The Secretary may not make a grant under
19 paragraph (1) unless, with respect to the residents
20 of Naturally Occurring Retirement Communities and
21 patrons of multipurpose senior centers involved, the
22 applicant for the grant—

23 “(A) has consulted with the Area Agency
24 on Aging in the preparation of the application
25 for the grant; and

1 “(B) agrees to provide for ongoing con-
2 sultation with the Area Agency on Aging re-
3 garding the planning and administration of the
4 program carried out with the grant.

5 “(4) AUTHORIZATION OF APPROPRIATIONS.—
6 There are authorized to be appropriated to carry out
7 this subsection, in addition to any funds authorized
8 to be appropriated or appropriated for health centers
9 under any other subsection of this section, such
10 sums as may be necessary for each of fiscal years
11 2009 through 2014.

12 “(5) NATURALLY OCCURRING RETIREMENT
13 COMMUNITY AND MULTIPURPOSE SENIOR CENTER
14 DEFINED.—In this subsection, the terms ‘Naturally
15 Occurring Retirement Community’ and ‘multipur-
16 pose senior center’ have the meanings given such
17 terms for purposes of the Older Americans Act of
18 1965 (42 U.S.C. 3001 et seq).”.

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