

S 2065

Community Coalitions for Access and Quality Improvement Act of 2007

Congress: 110 (2007–2009, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Sep 18, 2007

Current Status: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Latest Action: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (Sep 18, 2007)

Official Text: <https://www.congress.gov/bill/110th-congress/senate-bill/2065>

Sponsor

Name: Sen. Murray, Patty [D-WA]

Party: Democratic • **State:** WA • **Chamber:** Senate

Cosponsors (1 total)

| Cosponsor | Party / State | Role | Date Joined |
|------------------------------|---------------|------|--------------|
| Sen. Stabenow, Debbie [D-MI] | D · MI | | Sep 28, 2007 |

Committee Activity

| Committee | Chamber | Activity | Date |
|--|---------|-------------|--------------|
| Health, Education, Labor, and Pensions Committee | Senate | Referred To | Sep 18, 2007 |

Subjects & Policy Tags

Policy Area:

Health

Related Bills

| Bill | Relationship | Last Action |
|-------------|--------------|--|
| 110 HR 3561 | Related bill | Sep 18, 2007: Referred to the Subcommittee on Health. |

Community Coalitions for Access and Quality Improvement Act of 2007 - Directs the Secretary of Health and Human Services to award grants to eligible entities to assist in developing integrated health care delivery systems to serve defined communities to: (1) improve efficiency and coordination among providers; (2) assist local communities in developing programs targeted toward preventing and managing chronic diseases; and (3) expand and enhance services provided.

Requires eligible entities to represent a balanced consortium whose principal purpose is to assure sustained capacity for the provision of a broad range of coordinated services for all residents, including at least one of each of the following providers that serve the community (with exceptions): (1) a federally qualified health center; (2) rural health clinics and rural health networks; (3) a hospital with a low-income utilization rate 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 organization that has traditionally served medically uninsured and low-income individuals.

Authorizes the Secretary, in awarding grants, to provide priority to applicants that demonstrate the greatest unmet need for a more coordinated system of care.

Requires 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 or ensure the provision of 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.

Requires entities to report annually to the Secretary. Conditions grant renewal on demonstrable progress in meeting goals.

Actions Timeline

- **Sep 18, 2007:** Introduced in Senate
- **Sep 18, 2007:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.