

HR 3561

Community Coalitions for Access and Quality Improvement Act of 2007

Congress: 110 (2007–2009, Ended)

Chamber: House

Policy Area: Health

Introduced: Sep 18, 2007

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Sep 18, 2007)

Official Text: <https://www.congress.gov/bill/110th-congress/house-bill/3561>

Sponsor

Name: Rep. Green, Gene [D-TX-29]

Party: Democratic • State: TX • Chamber: House

Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Baca, Joe [D-CA-43]	D · CA		Sep 18, 2007
Rep. Smith, Adam [D-WA-9]	D · WA		Sep 18, 2007
Rep. Wamp, Zach [R-TN-3]	R · TN		Sep 18, 2007
Rep. Jackson-Lee, Sheila [D-TX-18]	D · TX		Oct 22, 2007
Rep. Farr, Sam [D-CA-17]	D · CA		Oct 30, 2007
Rep. Green, Al [D-TX-9]	D · TX		Nov 13, 2007
Rep. Carson, Andre [D-IN-7]	D · IN		Apr 29, 2008

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Sep 18, 2007

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
110 S 2065	Related bill	Sep 18, 2007: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Community Coalitions for Access and Quality Improvement Act of 2007 - Directs the Secretary of Health and Human Services to award grants to assist in developing integrated health care delivery systems to serve defined communities of individuals 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 ensure 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 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 the Secretary, in awarding grants, to accord priority to applicants that demonstrate the greatest unmet need for a more coordinated system of care.

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 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.

Actions Timeline

- **Sep 18, 2007:** Introduced in House
- **Sep 18, 2007:** Referred to the House Committee on Energy and Commerce.
- **Sep 18, 2007:** Referred to the Subcommittee on Health.