

## HR 1614

Community Coalitions for Access and Quality Improvement Act of 2009

**Congress:** 111 (2009–2011, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Mar 19, 2009

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Mar 23, 2009)

**Official Text:** <https://www.congress.gov/bill/111th-congress/house-bill/1614>

### Sponsor

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

**Party:** Democratic • **State:** TX • **Chamber:** House

### Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Smith, Adam [D-WA-9]	D · WA		Mar 19, 2009
Rep. Wamp, Zach [R-TN-3]	R · TN		Mar 19, 2009
Rep. Farr, Sam [D-CA-17]	D · CA		May 6, 2009
Rep. Platts, Todd Russell [R-PA-19]	R · PA		May 6, 2009
Rep. Lujan, Ben Ray [D-NM-3]	D · NM		Jun 16, 2009
Rep. LaTourette, Steven C. [R-OH-14]	R · OH		Jul 21, 2009
Rep. Larsen, Rick [D-WA-2]	D · WA		Sep 8, 2009

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 23, 2009

### Subjects & Policy Tags

**Policy Area:**

Health

### Related Bills

Bill	Relationship	Last Action
111 S 652	Identical bill	<b>Mar 19, 2009:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

## Summary (as of Mar 19, 2009)

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Community Coalitions for Access and Quality Improvement Act of 2009 - 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.

Authorizes the Secretary, in awarding grants, to accord priority to: (1) applicants that demonstrate the greatest unmet need for a more coordinated system of care; and (2) applicants that best promote the objectives of this Act.

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

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- **Mar 23, 2009:** Referred to the Subcommittee on Health.
- **Mar 19, 2009:** Introduced in House
- **Mar 19, 2009:** Referred to the House Committee on Energy and Commerce.

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