

RECOMMENDATIONS IN BLENDING HOUSE COMMITTEE HEALTH REFORM LEGISLATION

*NACHC has expressed strong support for H.R. 3200, America's Affordable Health Choices Act. The recommendations below focus on five priority provisions for health centers, **where differences exist between the various Committee-passed versions** of the legislation. As the House works to blend the three Committee-passed bills together, NACHC recommends that the final bill:*

1. Authorize the Public Health Investment Fund (PHIF) for 10 years

Section 2002 of all three pieces of legislation creates a new Public Health Investment Fund (PHIF) to direct resources to several programs, including Health Centers and the National Health Service Corps, which are vital to building health delivery and public health infrastructure. The Ways and Means and Education and Labor Committees passed versions of the legislation authorizing funding for the PHIF for ten years, while the Energy and Commerce-passed legislation authorizes it for just five years. NACHC estimates that with the 10-year funding called for in the bill, health centers can serve up to **53 million** patients. If the PHIF were to expire or even remain flat-funded after five years, as many as 20 million fewer individuals would have access to a health center by 2019. **We strongly recommend that the PHIF be authorized for 10 years.**

2. Align Medicare Preventive Services with Medicare FQHC Services

Section 1311 of the Ways and Means Committee legislation contains a provision that would ensure that all Medicare-covered preventive services are also included as Federally Qualified Health Center (FQHC) services, for purposes of calculating FQHCs' Medicare rate. This provision has been championed by Rep. Lewis (GA) as part of the Medicare Access to Community Health Centers (MATCH) Act of 2009 (H.R. 1643). **We recommend that Section 1311 be retained in the final House legislation.**

3. Protect 340B Drug Discounts Under New Drug Rebate Provisions for Managed Care Organizations

Filed during consideration of the Energy and Commerce legislation, the Stupak-Murphy-Green amendment to Sec. 1743 would ensure that entities receiving 340B drug discounts, including health centers and safety-net hospitals, would continue to receive these discounts even as Medicaid drug rebates are extended to Medicaid Managed Care Organizations. During Committee consideration, the CBO scored this provision as "neutral". It has the support of NACHC, the Association of Community Affiliated Plans (ACAP), Safety Net Hospitals for Pharmaceutical Access (SNHPA), and the National Association of Public Hospitals and Health Systems (NAPH). **We recommend that the Stupak-Murphy-Green amendment be adopted during Energy and Commerce or Rules Committee deliberations in September, and be retained in the final House legislation.**

4. Extend FTCA Protections for Volunteer Clinicians Serving at Health Centers

Section 2551 of the Energy and Commerce legislation (added in the Pallone en bloc amendment) would extend Federal Tort Claims Act liability protections to physicians and other health professionals who volunteer services at community health centers. Championed by Reps. Murphy (PA) and Green (TX) through H.R. 1745, this provision will improve access to care in medically underserved areas. **We recommend that Section 2551 be retained in the final House legislation.**

5. Fund the Training of Medical Residents in Community-based Settings

Section 2214 of the Energy and Commerce legislation creates a new grant authority under the Public Health Service Act for the establishment and operation of community-based residency training programs. This program would increase the number of residents training in primary care, and the number completing that training in community-based settings like health centers. Funded out of the Public Health Investment Fund, Section 2214 would significantly ease the primary care shortage facing communities nationwide. **We recommend that Section 2214 be retained in the final House legislation.**