

117TH CONGRESS
2D SESSION

H. R. 8245

To require the Secretary of Health and Human Services to award grants to support community-based coverage entities to carry out a comprehensive coverage program that provides to qualifying individuals and small businesses health coverage and integrated social determinant of health support services to small business workers that promote improved health, long-term economic self-sufficiency, employment and retention, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2022

Mr. HUIZENGA introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on 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 require the Secretary of Health and Human Services to award grants to support community-based coverage entities to carry out a comprehensive coverage program that provides to qualifying individuals and small businesses health coverage and integrated social determinant of health support services to small business workers that promote improved health, long-term economic self-sufficiency, employment and retention, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Multi-
5 Share Coverage Program Act”.

6 **SEC. 2. GRANTS TO ESTABLISH COMMUNITY MULTI-SHARE**
7 **COVERAGE PROGRAMS TO ENABLE SMALL**
8 **BUSINESSES TO PROVIDE AFFORDABLE**
9 **HEALTH COVERAGE AND SUPPORT SERVICES**
10 **TO EMPLOYEES WITH LIMITED INCOME AND**
11 **ASSETS.**

12 (a) IN GENERAL.—Not later than 180 days after the
13 date of the enactment of this Act, the Secretary shall
14 award at least 3 and not more than 5 grants to support
15 Community Multi-Share Coverage programs. Such pro-
16 grams shall—

17 (1) reduce the number of uninsured individuals
18 through hospital-community partnership initiatives
19 that provide an affordable health coverage option for
20 such individuals and provide a coverage transition
21 for those limited to coverage through government-
22 sponsored programs;

23 (2) promote workforce development for small
24 business by addressing the influencers of health that
25 directly impact employment success and create bar-

1 riers to exiting Medicaid, resulting in better health
2 and workplace success; and

3 (3) support small business economic recovery by
4 allowing small businesses to be competitive in their
5 hiring, and to provide high quality, affordable health
6 coverage to workers who are otherwise hesitant to
7 lose Medicaid eligibility.

8 (b) COMMUNITY MULTI-SHARE COVERAGE PROGRAM
9 REQUIREMENTS.—For purposes of this section, the term
10 “Community Multi-Share Coverage Program” means a
11 program that satisfies each of the following program re-
12 quirements—

13 (1) PHYSICAL PRESENCE IN THE COMMU-
14 NITY.—The program maintains a physical presence
15 within close geographic proximity to the enrollees it
16 is serving, with a focus on mitigating barriers to en-
17 gagement by enabling face-to-face interactions be-
18 tween the program staff, enrollees, and community
19 organizations.

20 (2) HEALTH COVERAGE.—The program pro-
21 vides enrolled qualifying individuals with health cov-
22 erage that satisfies the following:

23 (A) SERVICES COVERED.—Provides cov-
24 erage for the following categories of services

1 when furnished by network providers and com-
2 munity resources—

3 (i) physician services;

4 (ii) inpatient and outpatient hospital
5 services;

6 (iii) behavioral health services, includ-
7 ing services for substance use disorder pre-
8 vention and treatment;

9 (iv) preventative services;

10 (v) diagnostic laboratory tests and x-
11 rays;

12 (vi) prescription drugs;

13 (vii) emergency ambulance services
14 that are provided by ground transpor-
15 tation;

16 (viii) emergency services (as defined
17 in section 2719A(b)(2)(B) of the Public
18 Health Service Act (42 U.S.C. 300gg-
19 1719a(b)(2)(B))); and

20 (ix) population health improvement
21 services.

22 (B) COST-SHARING.—Imposes no deduct-
23 ible on covered services provided by network
24 providers and community resources, and limits
25 co-payments for in-network covered services to

1 levels that do not create a barrier to patient ac-
2 cess.

3 (C) NETWORK PROVIDERS.—Establishes
4 agreements with hospitals and health care pro-
5 viders located within the community to provide
6 care for qualifying individuals.

7 (3) INTEGRATED CONTINUOUS HEALTH IM-
8 PROVEMENT SERVICES.—The program provides, ei-
9 ther directly or through contract, integrated contin-
10 uous health improvement services that satisfy the
11 following:

12 (A) Regular assessments of community
13 factors and resources that potentially impact
14 enrollees' physical, emotional, and economic
15 health.

16 (B) A community-based planning process
17 to identify and address any negative influences
18 identified pursuant to subparagraph (A), and
19 promote well-being through partnerships and
20 alignment efforts between the community-based
21 coverage entity and—

22 (i) local small employers;

23 (ii) entities that provide educational
24 and occupational training (including class-
25 es, workshops, mentorships, and appren-

1 ticeships) designed to enhance preparation
2 for work and support economic self-suffi-
3 ciency;

4 (iii) community health initiatives;

5 (iv) investors;

6 (v) local, State, and Federal govern-
7 mental agencies; and

8 (vi) organizations described in section
9 501(c)(3) of the Internal Revenue Code of
10 1986 that focus on human service needs
11 relating to physical health, behavioral
12 health, poverty, education, access to health
13 care, and safety.

14 (C) Individualized assessment of each en-
15 rollee to identify any negative influences on
16 their physical, emotional, and economic health,
17 and ability to achieve economic self-sufficiency.
18 This shall include—

19 (i) an assessment of any of the enroll-
20 ee's social determinants of health, health
21 risks, barriers to long-term employment,
22 and barriers to increasing income; and

23 (ii) a determination of the enrollee's
24 health domain score, which is a measure-
25 ment of specific influences of physical,

1 emotional, and financial health with re-
2 spect to a qualifying individual.

3 (D) Establishment of an individualized
4 plan to support each enrollee in achieving better
5 health and economic self-sufficiency. Each indi-
6 vidualized plan shall—

7 (i) identify community resources that
8 will support the enrollee in improving their
9 physical, behavioral, or economic health.
10 These may include, but are not limited
11 to—

12 (I) group classes that address
13 barriers to physical, emotional, and
14 economic health; and

15 (II) educational and occupational
16 training opportunities that enhance
17 work preparedness and support eco-
18 nomic self-sufficiency; and

19 (ii) contain engagement milestones,
20 with a goal of identifying and overcoming
21 obstacles to engagement in personal health
22 improvement and mitigation of root-cause
23 barriers. These milestones shall include,
24 but are not limited to—

1 (I) participation in individualized
 2 health coaching services to address
 3 the enrollee’s social determinants of
 4 health and to support their physical,
 5 emotional, and financial health; and

6 (II) engagement with community
 7 resources, such as participating in
 8 group classes, as recommended by the
 9 health coach.

10 (4) FUNDING STRUCTURE.—The direct costs of
 11 the program are shared among the following entities,
 12 each of which makes a direct financial contribu-
 13 tion—

14 (A) the public sector;

15 (B) local health care providers;

16 (C) enrollees; and

17 (D) enrollees’ employers or skilled trade
 18 organizations.

19 (5) ENROLLEES.—

20 (A) In the event that a Program is unable
 21 to provide services to all qualifying individuals
 22 in its catchment area, the Program has a writ-
 23 ten policy for determining which qualifying indi-
 24 viduals are offered enrollment. This policy is
 25 publicly available and does not discriminate

1 based on age, race, ethnicity, religion, gender,
2 or sexual orientation.

3 (B) The program may rescind a qualifying
4 individual's enrollment due to sustained failure
5 to meet minimum engagement thresholds, which
6 shall be participatory and not health-contingent,
7 and provide for reasonable alternatives, in their
8 individual plan described in subsection
9 (b)(2)(C).

10 (6) EVALUATION.—The program formally eval-
11 uates its impact on enrollees' employment status,
12 physical and behavioral health, income, and eco-
13 nomic self-sufficiency.

14 (c) QUALIFYING INDIVIDUAL.—The term “qualifying
15 individual” means an individual who—

16 (1) resides or works within the catchment area
17 of a partner hospital described in subsection
18 (e)(1)(A);

19 (2) subject to any modification made by such
20 program to narrow the income eligibility range, has
21 a household income that exceeds the Medicaid eligi-
22 bility limit applicable to the qualifying individual in
23 their State of residence but does not exceed 400 per-
24 cent of the Federal poverty line applicable to their
25 household size;

1 (3) is not enrolled in a qualified health plan
2 during the 180-day period preceding the date on
3 which such qualifying individual seeks to enroll in
4 the Community Multi-Share Coverage Program, un-
5 less a such coverage is terminated due to a quali-
6 fying special event;

7 (4) is ineligible for enrollment in a Federal
8 health care program other than Affordable Care Act
9 Plans, (including but not limited to ineligibility to
10 receive health services through the Indian Health
11 Service or Veterans Administration);

12 (5) works for a small employer which does not
13 offer its employees coverage in a qualified health
14 plan under which the combined premium plus de-
15 ductible cost to cover the employee's household is
16 less than seven percent of the employee's household
17 income; and

18 (6) other requirements the Secretary deter-
19 mines appropriate.

20 (d) GRANT TERMS.—

21 (1) DURATION.—A grant awarded under this
22 section shall be made for a period of 4 years.

23 (2) AMOUNT.—The Secretary shall determine
24 the maximum amount of each grant awarded under
25 subsection (a).

1 (3) NUMBER.—At least one award must be
2 made to a Community Multi-Share Coverage Pro-
3 gram that is operating at the time that this section
4 is enacted.

5 (e) APPLICATIONS.—

6 (1) IN GENERAL.—To be eligible to be awarded
7 a grant under subsection (a), an applicant must—

8 (A) be a nonprofit entity with documented
9 commitments from local partner hospitals and
10 small employers to participate in a Community
11 Multi-Share Coverage Plan; and

12 (B) submit to the Secretary an application
13 at such time, in such manner, and containing
14 the certification described in paragraph (2) and
15 such other information as the Secretary may re-
16 quire.

17 (2) CERTIFICATION.—To be eligible for funding
18 under this section, an application described in para-
19 graph (1) shall include certifications that the pro-
20 gram—

21 (A) will not impose any preexisting condi-
22 tion exclusion (as such term is defined in sec-
23 tion 2704(b)(1)(A)) of the Public Health Serv-
24 ice Act (42 U.S.C. 300gg–3(b)(1)(A)) with re-

1 spect to the health coverage described in sub-
2 section (b)(2);

3 (B) has or will establish a network of
4 health care providers and community resources
5 sufficient to provide services to qualifying indi-
6 viduals enrolled under the health coverage de-
7 scribed in subsection (b)(2);

8 (C) will seek to enroll eligible individuals
9 whose household income is less than the basic
10 cost of living (as determined in a manner con-
11 sistent with the “Asset Limited, Income Con-
12 strained, Employed” or “ALICE” method-
13 ology);

14 (D) select an entity to carry out adminis-
15 trative and accounting responsibilities (includ-
16 ing monthly billing, verification of eligibility of
17 qualifying individuals, enrollment of qualifying
18 individuals, maintenance of a list of active en-
19 rollees, and operation of a benefit utilization
20 management program) necessary with respect
21 to the health coverage described in subsection
22 (b)(2); and

23 (E) shall submit written reports to the
24 Secretary on an annual basis evaluating the
25 progress on advancing access to health care, in-

1 creasing economic self-sufficiency, and other
2 elements that the Secretary requires.

3 (f) DEFINITIONS.—In this section:

4 (1) AGENCY.—The term “agency” means a
5 local, State, or Federal agency.

6 (2) FEDERAL HEALTH CARE PROGRAM.—The
7 term “Federal health care program” has the mean-
8 ing given such term in section 1128B(f) of the So-
9 cial Security Act (42 U.S.C. 1320a–7b(f)).

10 (3) HEALTH COACH.—The term “health coach”
11 means an individual who is a member of the staff
12 of the community-based coverage entity that has re-
13 ceived training to provide health coaching services
14 (including health improvement program services).

15 (4) HOSPITAL.—The term “hospital” means an
16 institution that—

17 (A) meets the requirements of section
18 1861(e) of the Social Security Act (42 U.S.C.
19 1395x(e)); and

20 (B) is an organization described in sub-
21 sections (c)(3) and (r)(3) of section 501 of the
22 Internal Revenue Code of 1986 and is exempt
23 from taxation under section 501(a) of such
24 Code.

1 (5) QUALIFIED HEALTH PLAN.—The term
2 “qualified health plan” has the meaning given such
3 term in section 1301(a) of the Patient Protection
4 and Affordable Care Act (42 U.S.C. 18021(a)).

5 (6) SECRETARY.—The term “Secretary” means
6 the Secretary of Health and Human Services.

7 (7) SMALL EMPLOYER.—The term “small em-
8 ployer” has the meaning given such term in section
9 1304(b)(2) of the Patient Protection and Affordable
10 Care Act (42 U.S.C. 18024(b)(2)).

11 (8) SOCIAL DETERMINANTS OF HEALTH.—The
12 term “social determinants of health” has the mean-
13 ing given such term by the Director of the Centers
14 for Disease Control and Prevention.

15 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated to carry out this section—

17 (1) \$4,800,000 for fiscal year 2022;

18 (2) \$7,200,000 for fiscal year 2023; and

19 (3) \$12,000,000 for each of fiscal years 2024
20 and 2025.

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