THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Luis V. Gutierrez
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Gutierrez:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary

Hillary Rodham Clinton

Clinton

Congress of the United States
Congressional Hispanic Caucus
103rd Congress

R02/B06

October 18, 1993

Ms. Hillary Rodham Clinton
First Lady
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

PAM NOV 1 1993

Dear Ms. Clinton:

As Members of the Congressional Hispanic Caucus (CHC), we applaud your progress in developing the Administration's health care reform plan. We believe that there are a number of issues that are, as of yet, unresolved related to national health care reform. Specifically, we want to address the Access Initiative in your draft reform plan.

As we have interpreted it, the plan does recognize that in addition to the need for preventive and primary health care services, there are a host of other factors that affect access to health care. Aside from improvements needed in financing health services and assuring basic health care for all Americans, a host of language, cultural, outreach, and transportation services affect the appropriateness and availability of health care for Hispanics. We are pleased that the draft plan includes these services as part of the Access Initiative. Language services represent one of the biggest barriers to access for Hispanics. Indeed, the lack of translation and interpretation services violate the civil rights of individuals who require such services to access health care.

We are seriously concerned, however, that there is very limited funding allotted for the development and furnishing of these services. It is also our understanding that the plan offers inadequate funding in the Access Initiative for the development and operation of new or expanded preventive and primary health care services in medically underserved areas. Less than $1 billion annually has been carved out to fund mentioned programs - compared to the $3-$4 billion originally contemplated.

557 Ford House Office Building, Washington, D.C. 20515 • (202) 226-3430 Fax: (202) 225-7569

We are also distressed to learn that most of these funds would be directed to a new program, one which parallels the community and migrant health center programs in most aspects except the following: governing board requirement, eligibility for funding, and strong federal accountability. The new grant program would allow various organizations, including private health plans with little or no community involvement, to compete with an established, 30 year old health center program.

For the past 30 years, many Hispanic and disadvantaged communities have obtained health care from community and migrant health centers. These "safety net" providers have provided exceptional care, including comprehensive primary care, to these communities. Health centers will not only be needed after health care reform, but will also need to be expanded.

Assured access to services is vital to all who live in the United States and its Territories, especially the Hispanic community. By dramatically broadening coverage, your plan will ensure that health care becomes a right for Hispanics. Despite the fact that Hispanics work and play by the rules, they are the group most likely to be uninsured. By providing comprehensive benefits, your plan will save the health system money while improving the quality of life. Overall, Hispanic health status is poor and Hispanics do not receive timely and adequate health care.

We hope you realize that community and migrant health centers are among the very few places where those who are ineligible for health care coverage can receive care. Funding for expansion of the health center programs will assure that health care barriers faced by Hispanic and other disadvantaged communities will continue to be overcome.

We believe that the Access Initiative should build on the existing system of care that has already proven itself effective. The President and you have repeated many times that we should fix what is broken. The Community and Migrant Health Center programs are not broken, they are thriving and need your support and the Congress' support in order to continue to offer care to the 43 million medically underserved people who need special care. We urge you to include a significant new investment in health centers.

We look forward to hearing from you to continue our discussion on this very important issue.

Sincerely,

Xavier Becerra

Luis V. Gutierrez

Jose E. Serrano - Chairman

Esteban E. Torres

E. (Kika) de la Garza

Bill Richardson

Nydia Velazquez

Frank Tejeda

Solomon P. Ortiz

Ed Pastor

DRAFT RESPONSE TO HISPANIC CAUCUS LETTER

Dear:

Thank you for taking the time to write to me about the concerns of the Hispanic Caucus regarding the Access Initiative contained in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers. In response, I would like to provide you first with a full description of the proposed access programs and then address your specific concerns.

The President recognizes, as you do, that a Health Security Card will not, in and of itself, guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative are designed to assure that underserved populations -- including Hispanic Americans living in rural and inner-city areas -- not only have access to the full range of services included in the comprehensive benefits package under health care reform, but also have an adequate choice of culturally sensitive providers and health plans. The policies that the President has put forward build on the success of the community and migrant health center program and assure that community health centers and other providers currently supported through public funds are given the resources they need to participate successfully in the new system.

The Health Security Act uses six interrelated approaches to expand capacity in underserved areas and to remove barriers that isolated, culturally-diverse, or hard-to-reach populations face in obtaining access to care.

- **Current Safety-Net Programs**. First, current safety-net programs such as community and migrant health centers, programs for the homeless, family planning, Ryan White, and maternal and child health will be maintained and strengthened under reform.

  Providers funded under these programs will receive automatic designation as *essential community providers*. This will guarantee them payment for covered services from all health plans. Equally important, it will assure that vulnerable populations have continuing access to practitioners with experience meeting their special needs, regardless of which health plan they choose to enroll in.

- **Practitioner Supply**. The supply of practitioners in underserved areas will be increased under reform. This will be accomplished by expanding the National Health

Service Corps approximately five-fold from its current field strength of 1,600; by redirecting residency training to substantially increase the ratio of primary care physicians to specialist physicians; and by supporting the training of primary care physicians, physician assistants, and advanced practice nurses.

Special programs to increase the representation of minorities -- including Hispanic Americans -- among health professionals will help to overcome access barriers that stem from cultural gaps.

- **Capacity Expansion**. Capacity expansion in inner-city and rural areas will be actively supported under reform. This will be accomplished both by expanding the successful community and migrant health center program and through a new competitive grant and loan program supporting the development of community-oriented practice networks and health plans.

  The new program is designed to integrate federally funded providers with other providers in underserved areas, bolstering their ability to coordinate care, negotiate effectively with health plans, and form their own health plans. It will increase the level of service available in underserved areas by supporting the creation of new practice sites and by renovating and converting existing practice sites, including public and rural hospitals. In addition, it will improve access to specialty care in urban and rural underserved areas -- and improve coordination of care -- by linking providers in practice networks with each other and with regional and academic medical centers through information systems and telecommunications.

  Grants and loans under the new program will be made to groups of providers working in medically underserved areas or caring for underserved populations. In making awards, preference will be given to groups that include the maximum number of different types of federally funded providers and that link these providers with those not supported by public funds. All providers included in the community practice networks will receive automatic designation as *essential community providers*.

  To be designated by the Secretary to receive grants and loans under the new program, a community practice network or health plan must:

  -- show evidence of significant community involvement in the initiation, development, and ongoing operation of the project;

  -- provide health services to all individuals, including those not covered under the Health Security Act;

  -- provide services in the language and cultural context most appropriate to the populations residing in the area;

-- eliminate other access barriers to the maximum extent possible; and

-- conduct an ongoing quality assurance and community health status improvement program.

- **Outreach/Enabling Services**. The Access Initiative also incorporates a new competitive grant program that will expand federal support for enabling services, such as transportation, translation, child-care, and outreach.

  These grants will assure that isolated, culturally-diverse, hard-to-reach persons not served by other programs get the supplemental services they need to obtain access to medical care. They will also help individuals who have been denied access to the current medical care system shift their care patterns away from emergency rooms and receive earlier and more appropriate primary care services.

  Awards in this program will be made to community practice networks, community health plans, and other public and private not-for-profit organizations (such as community health centers) with experience and expertise in providing outreach and enabling services for underserved populations. These grants will supplement support for enabling services provided through existing Public Health Service programs.

- **Mental Health and Substance Abuse Initiatives.** The Health Security Act also includes new funds to assure that low-income, hard-to-reach individuals know about and take advantage of the expanded mental health and substance abuse treatment benefits included in the comprehensive benefits package.

  Working through the existing Community Mental Health Services and the Substance Abuse Prevention and Treatment formula grants, these funds will support enabling services -- community and patient outreach, transportation, translation, education -- for low-income individuals and other vulnerable groups (such as the homeless, dually-diagnosed, or severely mentally ill). In addition, they will build up the currently inadequate infrastructure for delivering mental health and substance abuse services in communities and facilitate integrating these services within the broader health care system.

- **School-Age Youth**. Finally, the Access Initiative incorporates two new programs to reach out to one of Nation's most vulnerable groups -- school-age youth and adolescents. The Comprehensive School Health Education initiative will establish a national framework within which States can create school health education programs that improve the health and well being of students, grades K through 12, by addressing locally relevant priorities and reducing behavior patterns associated with preventable morbidity and mortality. This program will be targeted to areas with high needs, including poverty, births to adolescents, and sexually-transmitted diseases among school-aged youth.

The School-Related Services program will support the provision of health services -- including psychosocial services and counseling in disease prevention, health promotion, and individualized risk behavior -- in school-based or school-linked sites. Grants will be made to states for the development and implementation of state-wide projects targeted at high-risk youth ages 10-19. In states that do not take this initiative, grants will be available to local community partnerships including public schools, experienced providers, and community organizations.

As you can see, the President has chosen a multifaceted approach to achieve real access to medical care for all Americans. Under the current system, our challenge is to find and fund providers to care for indigent populations. Under the Health Security Act, the challenge shifts to creating a single tier system in which newly insured people have an adequate choice of culturally-sensitive providers and health plans. Expanding the community and migrant health center program will be the cornerstone of this strategy in some communities, but it will not be sufficient to achieve this objective in all parts of the country. We also need flexible programs that will help diverse types of underserved communities attract the types of primary care practitioners and specialists that are currently in short supply in their areas, offer their residents an array of practitioners and practice settings from which to receive health care services, meet the enabling needs of diverse populations, and link up providers with each other so as to assure the availability of the full range of services in the comprehensive benefits package.

Community and migrant health centers should thrive under the new programs. The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

-- The new capacity expansion program ($2.7 billion over FY 1995-2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

-- Expansion of the National Health Service Corps ($950 million over FY 1995-2000) and other workforce initiatives ($820 million over FY 1995-2000) will increase the supply of practitioners from which health centers can draw.

-- The new enabling services program ($1.2 billion over FY 1996-2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

-- The essential community provider designation program will assure health centers of payment for covered services from all health plans.

Rather than allowing health plans with little or no community involvement to compete with established community health centers, the Access Initiative builds community practice networks and health plans around community health centers, integrating these centers with other publicly and privately funded providers caring for underserved populations. As you can see from the description above, the requirements of the new program oblige these community practice networks and health plans to meet the needs of their populations. They must provide services to all comers, provide translation services to individuals who do not understand or speak English, eliminate access barriers to the maximum extent possible, and work to improve community health status.

The President has made a strong commitment to providing the necessary funds to assure access to medical care under reform. The Health Security Act authorizes $9.345 billion to be appropriated for the programs in the Access Initiative over fiscal years 1995 through 2000. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to accomplish this end.

I hope the information in this letter is helpful and I will be pleased to arrange a briefing to address any further concerns you may have. The President and I appreciate the important role that the Hispanic Caucus has played in advocating for underserved and vulnerable populations and the enormous contribution that community health centers have made in meeting these needs. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Xavier Becerra
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Becerra:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Jose E. Serrano
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Serrano:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Esteban E. Torres
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Torres:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable E. (Kika) de la Garza
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman de la Garza:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Bill Richardson
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Richardson:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Nydia Velazquez
U.S. House of Representatives
Washington, D.C. 20515

Dear Congresswoman Velazquez:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Frank Tejeda
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Tejeda:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Solomon P. Ortiz
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Ortiz:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

THE WHITE HOUSE

WASHINGTON

March 2, 1994

The Honorable Ed Pastor
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Pastor:

Thank you for writing regarding the concerns of the Hispanic Caucus about the Access Initiative in the Health Security Act. You raise many important issues in your letter, including the overall level of funding and the impact of the new programs on community and migrant health centers.

The President recognizes, as you do, that a Health Security Card will not alone guarantee that all Americans receive appropriate medical care. The programs in the Access Initiative assure that individuals in medically underserved communities, including Hispanic Americans living in rural and inner-city areas, have real access to the full range of services in the comprehensive benefits package, needed support services, and an adequate choice of culturally sensitive providers and health plans. The Health Security Act proposed by the President builds on the community and migrant health center program and provides support for these centers and other community-based providers.

The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition to this targeted funding, a substantial portion of the resources from other programs will also benefit community and migrant health centers.

- The new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will provide funds that can be used to build new health centers, to support capital improvements of existing centers, and to link centers with other providers and institutions through information systems and telecommunications.

- Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) and other workforce initiatives ($820 million over fiscal years 1995 to 2000) will increase the supply of practitioners for health centers in underserved urban and rural areas.

- The new enabling services program ($1.2 billion over fiscal years 1996 to 2000) will provide health centers with an additional source of funding to provide their populations with translation, transportation, child-care, and outreach services.

- Community and migrant health centers are automatically designated "essential community providers", thereby assuring that they will receive payment for covered services from all health plans.

In addition to expanding the successful community and migrant health center program, the Health Security Act creates a new grant and loan program, the Access Initiative, to support the development of community-oriented practice networks and health plans. The Access Initiative integrates community health centers with other publicly and privately funded providers to improve the ability of community health centers to coordinate care, negotiate effectively with health plans, and form their own health plans. To receive funding, these networks must demonstrate their ability to provide access to high quality services for all individuals, including those not covered under the Health Security Act, and to deliver that care in a linguistically and culturally appropriate way.

The Health Security Act authorizes $9.245 billion to be appropriated over fiscal years 1995 through 2000 for programs to assure access to underserved populations. We are committed to assuring a secure funding stream for these programs and look forward to working with Congress to define the appropriate mechanism to do so.

The President and I appreciate the important role that the Hispanic Caucus has played in working to meet the needs of medically underserved and vulnerable populations. One of our foremost goals is to build on this dedication and expertise to provide all Americans with real health security.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton