Fields, Cleo

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THE WHITE HOUSE

WASHINGTON

February 1, 1994

The Honorable Cleo Fields
U.S. House of Representatives
Washington, D.C. 20515

Dear Congressman Fields:

Thank you for writing about your concerns with the Access Initiative in the Health Security Act. We recognize, 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 are designed to assure that individuals in medically underserved communities have real access to the full range of services in the comprehensive benefit 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.

You have raised specific concerns about the level of funding for community and migrant health centers. The Health Security Act authorizes $600 million in new funds for community and migrant health centers over fiscal years 1995 through 2000. In addition, a new capacity expansion program ($2.7 billion over fiscal years 1995 to 2000) will be available to community and migrant health centers as well as other providers in medically underserved areas to build new health care facilities, support capital improvements for existing facilities, and link current primary care providers with inpatient institutions through information systems and telecommunications. The enabling services program ($1.2 billion over fiscal years 1996 to 2000) will be available to community and migrant health centers as well as other providers in medically underserved areas to provide translation, transportation, child-care and outreach services. Expansion of the National Health Service Corps ($950 million over fiscal years 1995 to 2000) will increase the supply of practitioners available to serve in community and migrant health centers.

You also raised concerns about offsets in funding for Public Health Service programs. The offsets do not represent a reduction in the ability of Public Health Service programs like community and migrant health centers to provide services. The offsets represent the amount of federal appropriations that will not be needed because, with universal coverage, health plans will make payments for those services for those individuals who were previously uninsured or underinsured.

Finally, we agree that Access Initiative grants should continue to reward community-based providers. The Access Initiative will integrate publicly-funded providers with private providers and health plans. To receive funding under this program, providers and plans must demonstrate significant community involvement as well as the ability to provide access to health services for all individuals in underserved areas.

The Health Security Act calls for substantial new funds for 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 you and other members of Congress to define the appropriate mechanism to do so.

Please feel free to contact me with any additional concerns or questions.

Sincerely yours,

Hillary

Hillary Rodham Clinton