NATIONAL ASSOCIATION OF Community Health Centers®

From: **NACHC Federal Affairs Team**
Date: **January 19, 2023**
RE: **MOBILE Health Care Act**

Everything You Need to Know About the MOBILE Health Care Act

Now that the MOBILE Health Care Act (S. 958) has been signed into law, there have been questions about the bill: what it does, when it goes into effect, and how it impacts health centers. This document provides a brief overview of this new legislation which takes effect on January 1, 2024.

Brief History of Mobile Health Units and New Access Point Grants: Before this law, under HRSA policy, if a New Access Point (NAP) applicant (either an existing 330 grantee or a "new start" grantee organization) wanted to propose a project to purchase and operate a mobile health clinic as an in-scope site, the applicant would also have to propose a permanent brick-and-mortar site at the same time.

Summary of the Bill: During the 117th Congress, Sen. Jacky Rosen (D-NV) and Rep. Susie Lee (D-NV) approached NACHC about supporting legislation to expand access to care through mobile health units. Under the new MOBILE Health Care Act, existing Section 330 grantees would be able to propose NAP projects solely for one or more new mobile health units, solely for one or more new permanent sites, or for projects that include both mobile health unit(s) and permanent sites(s) simultaneously. Because this legislation allows grantees to apply for NAP funds to support a mobile health unit without including a permanent site in the application, it provides much-needed operational flexibility. Thanks to the legislation, Section 330 grantees will no longer have to open a new permanent site if they wish to expand only through a mobile health unit(s).

The Senate bill, S. 958, that implemented these changes was introduced earlier this year by Sen. Rosen (D-NV) and Susan Collins (R-ME). The bipartisan House companion bill, H.R. 5141, was sponsored by Reps. Susie Lee (D-NV), Raul Ruiz (D-CA), Richard Hudson (R-NC), and Jamie Herrera Beutler (R-WA). Fortunately, both versions of the bill received overwhelming bipartisan support. The Senate bill moved through the Health, Education, Labor and Pensions Committee and passed the Senate unanimously. The House Energy and Commerce Committee followed suit, and it eventually was passed 414-7 by the House of Representatives. President Joe Biden signed the legislation on October 17, 2022.

Next Steps: While this is a significant victory for expanding Section 330 grantees' ability to help health center patients, more must be done. These changes are completely dependent on Congress allocating funding for NAP grants. Without NAP funding, Section 330 grantees cannot take advantage of this change. The bill becomes effective January 1, 2024. NACHC is currently building its Congressional advocacy strategy for 2023, and is updating plans to advocate for increased NAP funding levels that will allow health centers to take advantage of the MOBILE Health Care Act's very positive changes.

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Common Questions about the MOBILE Health Care Act
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Q: **Does the bill impact current mobile health units**?
A: No.

Q: **Which health centers are eligible?**
A: The flexibility to apply for a NAP grant solely for one or more mobile health units applies to Section 330 grantees only. Only a health center that is a Section 330 grantee at the time of the NAP application would be able to propose a NAP project to fund one or more mobile health units without including a permanent site in the application. This change would be effective for NAP funding beginning on January 1, 2024, and is contingent on new funding becoming available.

Q: **Our organization has a permanent health center location and want to purchase a mobile health unit – Is the center eligible?**
A: Yes, if you are a Section 330 grantee at the time of the NAP application. HRSA will issue NAP guidance when it becomes available.

Q: **As a FQHC look-alike – is the health center eligible to apply for NAP funding to purchase and operate a mobile health unit without a permanent site?**
A: No, this new flexibility is only for health centers that are Section 330 grantees at the time of the NAP application. An entity that is a Section 330 grantee at the time of the NAP application would already be operating at least one permanent site within its grantee scope of project. Not requiring that the NAP application include a *new* permanent site recognizes that the patients' needs may be best served by a mobile health unit only and that another permanent site is unnecessary.

Further, the Health Center Compliance Manual prohibits an organization from operating a "dual status" health center, under which some sites are operated under the 330-grant program while other sites are operated under the look-alike program. As a result, look-alikes applying for a NAP grant would be required to include all of their sites within the NAP application, including existing and/or new permanent fixed locations and existing and/or new mobile health units.

Q: **How will mobile health services be reimbursed?**
A: Services provided at new health center mobile health sites should be reimbursed by the center's established Medicaid PPS rate for FQHC services rendered by billable providers, subject to any limitations or prohibitions set forth in State law.

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Q: **Is adding a mobile health unit considered a change in scope?**
A: No, because adding a mobile health unit to the scope of project is the same as adding any new site to Form 5B. Similarly if the new site / new mobile health unit is added through a NAP application, a separate change in scope (CIS request, for short) does not have to be submitted – the application functions as the request.

However, when a mobile health unit is utilized to set up a temporary new site because of a declared emergency or disaster, HRSA should be consulted under these circumstances and will decide if the submission of a CIS is necessary to add a temporary mobile health unit.

A change in scope for adding a mobile health unit is required if there is a change to the type, intensity, duration and/or amount of services already provided by the health center within its scope of project. A change in cost or re-basing of the PPS rate does not equate to a change in scope of services.

Q: **The State has very stringent "four walls" policies for health centers. Will the health center still be able to be reimbursed PPS rates for services provided to Medicaid patients in the new mobile health units?**
A: Some state Medicaid Agencies may have restrictive policies that only allow an FQHC to be paid PPS if the health center is providing the service within the center's "four walls." Under HRSA policies, the mobile health unit is considered a site of the health center that is included within the center's organization as a whole (i.e., within the health center's "four walls."). However, it is up to the state Medicaid agency to consider whether the mobile health unit is part of the "four walls" of the health center organization depends on state law.

Q: **Does this legislation impact other non-section 330 grantees, such as free clinics, hospital providers, or specialist care providers that may operate mobile health units?**
A: No. The legislation as a whole applies to all applicants for NAP funding that fall under Section 330. Any non-Section 330 grantees that wish to apply for NAP funds to support a mobile health unit would be required to include a permanent site (similar to current policy).