

The Community Access Program (CAP) was originally funded by Congress and implemented by HRSA in September 2000, as an effort to strengthen safety net services for uninsured and underinsured Americans. In 2002, Congress passed authorizing legislation creating the Healthy Communities Access Program (HCAP), which began in fiscal year 2003 [Health Care Safety Net Amendments of 2002, Pub. L. no. 107-251, 116 Stat 1621 (2002)]. (Attachment 8)

In total, HRSA awarded 260 grants in 45 States plus the District of Columbia and the Virgin Islands. Although federal and foundation grants have long supported safety net providers' efforts to increase access to care and the quality of care for underserved populations, the CAP/HCAP program was unique in its premise that investment in a 'system' of safety net care was crucial. Unlike other funders who provide grants to individual institutions with the stipulation that funds be used for direct service delivery, CAP/HCAP distinguished itself on three fronts: first, by requiring collaboration—grants were given only to coalitions of local providers, not to individual institutions; second, the funds were to be directed to coalition infrastructure development, rather than direct service provision; and, third, the program afforded grantees wide latitude to formulate programs based on their communities' individual needs.