

School-Based Health Centers in Health Care Reform

REVISED November 24, 2009

The National Assembly on School-Based Health Care (NASBHC) has made significant progress in advancing school-based health centers (SBHCs) as part of health care reform. We have an unprecedented opportunity to address several of the key issues in the short and long-term viability of school-based health centers as an integral part of the health care system.

The U.S. House of Representatives passed the *Affordable Health Care for America Act* (H.R.3962) on November 7, 2009. At this writing, the U.S. Senate is considering the *Patient Protection and Affordable Care Act* (bill number TBA). Both the House and the Senate bills include provisions supporting SBHCs (outlined below). Any differences remaining after the Senate passes its bill will be reconciled during the conference process.

SUMMARY OF SBHC POLICY PRIORITIES IN HEALTH CARE REFORM BILLS

Authorization of Federal SBHC Grant Program

SBHCs are not currently an authorized federal program; although SBHCs may compete for a variety of federal grants, there is no program dedicated *specifically* to school-based health centers. This means that SBHCs, as an unauthorized entity, were unable to take advantage of supplemental government funding opportunities, such as the stimulus act or relief efforts after Hurricane Katrina, despite their important role as a safety net provider.

- House bill, the *Affordable Health Care for America Act* (H.R.3962):
Title V, Subtitle B, Part 1, Sec. 2511 (pages 1352-1360 of the bill) creates a federally authorized program for SBHCs.
- Senate bill, the *Patient Protection and Affordable Care Act*:
Title IV, Subtitle B, Sec. 4101(b) (pages 1158 - 1167 of the bill) creates a federally authorized program for SBHCs.

Reimbursement through Public Insurance Programs

SBHCs often do not get reimbursed for the care they provide to children who are enrolled in health plans through Medicaid or the Children's Health Insurance Program (CHIP), because the centers do not meet all the requirements mandated by publicly funded HMOs and other similar entities.

- House bill, the *Affordable Health Care for America Act* (H.R.3962):
Title V, Subtitle B, Part 1, Sec. 2511 includes a section that requires the Secretary of Health and Human Services to ensure that SBHCs are reimbursed for covered services provided to children enrolled in Medicaid or CHIP. **(See Sec. (i), pages 1356-1357 of the bill.)**
- Senate bill, the *Patient Protection and Affordable Care Act*:
The Senate bill as introduced does NOT include a reimbursement provision. However, we expect an amendment to be offered on the floor during debate.

Cost-Based Reimbursement

For most SBHCs, the reimbursement rates through Medicaid/CHIP do not cover the full cost of providing the type of comprehensive care that the centers provide. Cost-based reimbursement is a higher rate that more accurately reflects the true costs of providing services.

- House bill, the *Affordable Health Care for America Act* (H.R.3962):
Title VII, Subtitle C, Sec. 1730B (page 1075 of the bill) allows SBHCs that are grantees under the new program to be reimbursed by Medicaid and CHIP on a cost-related basis similarly to federally qualified health centers (FQHCs) and Urban Indian Health Programs.
- Senate bill, the *Patient Protection and Affordable Care Act*:
 The Senate bill as introduced does NOT include a cost-based reimbursement

Short-Term Appropriation

Many SBHCs are at risk of closing as a result of revenue loss due to the current economic downturn (state budget cuts, reduced philanthropic support, etc.).

- House bill, the *Affordable Health Care for America Act* (H.R.3962):
 The House bill does NOT include a short-term appropriation.
- Senate bill, the *Patient Protection and Affordable Care Act*:
Title IV, Subtitle B, Sec. 4101(a) (pages 1156-1158 of the bill) appropriates \$50 million in FY 2010 through FY 2013, to be allocated in a competitive grant process for facilities, equipment, or similar expenditures.

AT-A-GLANCE COMPARISON OF HOUSE AND SENATE BILLS

AS OF 11/24/09	Authorization of Federal SBHC Grant Program	Reimbursement through Public Insurance Programs	Cost-Based Reimbursement	Short-term Appropriation
HOUSE BILL				
H.R. 3962	✓	✓	✓	
SENATE BILL				
Bill Number TBA	✓	Not in current bill, but expected to be introduced as amendment on Senate floor		✓

School-Based Health Center Provisions in Current Health Care Reform Bills

SIDE-BY-SIDE COMPARISON: AUTHORIZATION OF FEDERAL GRANT PROGRAM

TOPIC	HOUSE AUTHORIZATION OF FEDERAL SBHC PROGRAM	SENATE AUTHORIZATION OF FEDERAL SBHC PROGRAM	COMMENTS
Definition: School-Based Health Clinic (SBHC)	<p>A SBHC is health clinic that:</p> <ul style="list-style-type: none"> • is located in, or is adjacent to, a school facility of a local educational agency; • is organized through school, community, and health provider relationships; • is administered by a sponsoring facility; • provides comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with State and local laws and regulations, established standards, and community practice; and • does not perform abortion services. 	<p>A SBHC is a health clinic that:</p> <ul style="list-style-type: none"> • meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act); • provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established standards, community practice, reporting laws, and other State laws, including parental consent and notification laws that are not inconsistent with Federal law; and • does not perform abortion services. 	<p>The law referred to in the Senate bill is the Children's Health Insurance Program Reauthorization Act (CHIPRA). Under CHIPRA, a SBHC is a health clinic that:</p> <ul style="list-style-type: none"> • is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; • is organized through school, community, and health provider relationships; • is administered by a sponsoring facility; • provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and • satisfies such other requirements as a State may establish for the operation of such a clinic.

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PROGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PROGRAM	COMMENTS
Definition: Sponsoring Facility	A 'sponsoring facility' is: <ul style="list-style-type: none"> • a hospital; • a public health department; • a community health center; • a nonprofit health care entity whose mission is to provide access to comprehensive primary health care services; • a local educational agency; or • a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization under the Indian Self-Determination and Education Assistance Act, a Native Hawaiian entity, or an urban Indian program under title V of the Indian Health Care Improvement Act. 	The term 'sponsoring facility' is that term as defined in section 2110(c)(9)(B) of the Social Security Act.	The law referred to in the Senate bill is the Children's Health Insurance Program Reauthorization Act (CHIPRA). Under CHIPRA, 'sponsoring facility' includes: <ul style="list-style-type: none"> • a hospital. • a public health department. • a community health center. • a nonprofit health care agency. • a school or school system. • a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PROGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PROGRAM	COMMENTS
<p>Definition: Comprehensive Primary Health Services</p>	<p>The core services offered by SBHCs, which</p> <ul style="list-style-type: none"> • shall include: <ul style="list-style-type: none"> ○ comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions and referrals to, and followup for, specialty care; and ○ mental health assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs; and • may include additional services, such as oral health, social, and age-appropriate health education services, including nutritional counseling. 	<p>The core services offered by school-based health centers, which shall include the following:</p> <ul style="list-style-type: none"> • Physical: Comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals to, and follow-up for, specialty care and oral health services. • Mental Health: Mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs. 	

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PRGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PRGRAM	COMMENTS
Definition: Medically Underserved Children and Adolescents	A population of children and adolescents who are residents of an area designated by the Secretary ¹ as an area with a shortage of personal health services and health infrastructure for such children and adolescents.	A population of children and adolescents who are residents of an area designated as a medically underserved area or a health professional shortage area by the Secretary. The Secretary shall prescribe criteria for determining the specific shortages of personal health services for medically underserved children and adolescents under that shall: <ul style="list-style-type: none"> • take into account any comments received by the Secretary from the chief executive officer of a State and local officials in a State; and • include factors indicative of the health status of such children and adolescents of an area, including: <ul style="list-style-type: none"> ○ the ability of the residents of such area to pay for health services ○ the accessibility of such services ○ the availability of health professionals to such children and adolescents, and ○ other factors as determined appropriate by the Secretary. 	
Authorization of Appropriations	\$50,000,000 for FY 2011 and such sums as may be necessary for each of FY 2012 through 2015.	Such sums as may be necessary for each of FY 2010 through 2014.	
Effective Date	The Secretary shall begin awarding grants not later than July 1, 2010, without regard to whether or not final regulations have been issued.		
Eligibility for Program Funds	To be eligible for a grant under this section, an entity shall: <ul style="list-style-type: none"> • be an SBHC; and • submit an application. 	To be eligible to receive a grant under this section, an entity shall: <ul style="list-style-type: none"> • be an SBHC; and • submit an application. 	

¹ The Secretary of the Department of Health and Human Services.

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PRGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PRGRAM	COMMENTS
Applications	<p>Applications must include at a minimum:</p> <ul style="list-style-type: none"> • evidence that the applicant meets all criteria necessary to be designated as an SBHC; • evidence of local need for the services to be provided; • an assurance that: <ul style="list-style-type: none"> ○ services will be provided in accordance with laws; ○ the SBHC has relationships with other providers in the catchment area; ○ the SBHC will provide onsite access during the academic day when school is in session and has a network of support and access to services with backup health providers when the school or SBHC is closed; ○ the SBHC will be integrated into the school environment and will coordinate services with school personnel and other providers; ○ the sponsoring facility assumes all responsibility for administration, operations, and oversight; and • such other information as the Secretary may require. 	<p>Applications must contain:</p> <ul style="list-style-type: none"> • evidence that the applicant meets all criteria necessary to be designated an SBHC; • evidence of local need for the services to be provided; • an assurance that: <ul style="list-style-type: none"> ○ services will be provided to children and adolescents for whom parental or guardian consent has been obtained in cooperation with laws; ○ the SBHC has relationships with other providers in the catchment area; ○ the SBHC will provide on-site access during the academic day when school is in session and 24-hour coverage through an on-call system and through its backup health providers to ensure access to services on a year-round basis when the school or the SBHC is closed; ○ the SBHC will be integrated into the school environment and will coordinate services with personnel, other providers l; ○ the sponsoring facility assumes all responsibility for administration, operations, and oversight; and ○ the SBHC will comply with Federal, State, and local laws concerning patient privacy and student records; and • such other information as the Secretary may require. 	<p>The Senate bill specifies that parental consent must be obtained in accordance with Federal, State, and local law. The Senate bill also specifies that SBHCs must comply with Federal, State, and local laws concerning patient privacy and student records, including regulations promulgated under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 and section 444 of the General Education Provisions Act</p> <p>The House bill does not explicitly address parental consent, patient privacy, or student records. It does require services to be provided in accordance with Federal, State, and local law.</p>

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PRGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PRGRAM	COMMENTS
Use of Funds	<p>Funds may be used for:</p> <ul style="list-style-type: none"> • providing training related to the provision of comprehensive primary health services and additional health services; • the management and operation of SBHC programs; and • the payment of salaries for health professionals and other appropriate SBHC personnel. <p>Funds may not be used to provide abortions.</p>	<p>Funds may be used for:</p> <ul style="list-style-type: none"> • acquiring and leasing equipment (including the costs of amortizing the principle of, and paying interest on, loans for such equipment); • providing training related to the provision of required comprehensive primary health services and additional health services; • the management and operation of health center programs; • the payment of salaries for physicians, nurses, and other personnel of the SBHC. <p>Funds may not be used to provide abortions.</p> <p>Construction: Funds may also be used to for costs associated with expanding and modernizing existing buildings for use as an SBHC, including the purchase of trailers or manufactured buildings to install on the school property.</p>	<p>The Senate bill allows funds to be used for acquiring and leasing equipment and for construction costs, in addition to the uses allowed by the House bill.</p>
Considerations	<p>In determining the amount of a grant under this section, the Secretary shall take into consideration:</p> <ul style="list-style-type: none"> • the financial need of the SBHC; • State, local, or other sources of funding provided to the SBHC; and • other factors as determined appropriate by the Secretary. 	<p>The Secretary may give consideration to whether an applicant has received a grant under subsection (a) of section 4101 of the Patient Protection and Affordable Care Act.</p>	<p>The two bills differ markedly in the kinds of considerations they specify. The House bill requires consideration of certain financial factors. The Senate bill allows consideration of whether a SBHC has received funding under the short-term appropriation provision of the bill.</p> <p>In addition to the different types of subjects listed for consideration, the bills also differ in the level of discretion given to the Secretary. The considerations in the House bill are mandatory. However, the bill does allow the Secretary to consider additional factors s/he thinks are appropriate.</p> <p>The consideration in the Senate bill is discretionary. However, there is no provision for additional factors beyond those enumerated here and in the section on preferences.</p>

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PRGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PRGRAM	COMMENTS
Preferences	<p>The Secretary shall give preference to SBHCs that have a record of service to at least one of the following:</p> <ul style="list-style-type: none"> • A high percentage of medically underserved children and adolescents. • Communities or populations in which children and adolescents have difficulty accessing health and mental health services. • Communities with high percentages of children and adolescents who are uninsured, underinsured, or eligible for medical assistance under Federal or State health benefits programs. 	<p>The Secretary may give preference to applicants who demonstrate an ability to serve the following:</p> <ul style="list-style-type: none"> • Communities that have barriers to primary health care and mental health and substance use disorder prevention services for children and adolescents. • Communities with high per capita numbers of children and adolescents who are uninsured, underinsured, or enrolled in public health insurance programs. • Populations of children and adolescents that have difficulty accessing health and mental health and substance use disorder prevention services. 	<p>The House bill requires the Secretary to give preference to SBHCs in communities that exhibit certain characteristics with regard to access to health care. The Senate bill allows the Secretary to give preference to the same kinds of factors.</p>
Limitations		<p>IN GENERAL. Any provider of services that is determined by a State to be in violation of a State law described in subsection (a)(3)(B) with respect to activities carried out at a SBHC shall not be eligible to receive additional funding under this section.</p> <p>NO OVERLAPPING GRANT PERIOD. No entity that has received funding under section 330 for a grant period shall be eligible for a grant under this section for <i>[sic]</i> with respect to the same grant period.</p>	<p>Subsection (a)(3)(B) lists reporting laws and other State laws, including parental consent and notification laws that are not inconsistent with Federal law. Therefore, the limitation in this section of the Senate bill means that SBHCs that have violated State reporting, parental consent, parental notification, or other laws are not eligible for funding under this grant program.</p> <p>The second limitation in the Senate bill establishes that community health centers that receive funds under section 330 to run a SBHC cannot also receive funds through the new SBHC grant program for the same SBHC during the same grant period.</p>
Matching Requirement	<p>An amount equal to 20 percent of the amount of the grant (in cash or in kind), from non-Federal sources.</p>	<p>An amount equal to 20 percent of the amount of the grant (in cash or in kind), from non-Federal sources.</p> <p>The Secretary may waive all or part of the matching requirement if applying the requirement would result in serious hardship or an inability to carry out the purposes of this section.</p>	<p>The Senate bill allows the Secretary to waive all or part of the matching requirement; the House bill does not.</p>

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PRGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PRGRAM	COMMENTS
Waiver of Requirements		<p>The Secretary may:</p> <ul style="list-style-type: none"> • waive the application of all or part of the requirements of this subsection for not to exceed 2 years; and • waive the requirement that the SBHC provide all required comprehensive primary health services for a designated period of time. 	<p>The Senate bill allows the Secretary to waive certain requirements in order to give the SBHC time to develop the ability to provide all required services. The House bill does not.</p>
Supplement, Not Supplant	<p>Funds will be expended only to supplement, and not supplant, non-Federal and Federal funds otherwise available to the SBHC for operation of the SBHC.</p>	<p>Grant funds shall be used to supplement, not supplant, other Federal or State funds.</p>	
Payor of Last Resort	<p>The Secretary may award a grant to an SBHC only if funds will not be expended for any activity to the extent that payment has been made, or can reasonably be expected to be made:</p> <ul style="list-style-type: none"> • under any insurance policy; • under any Federal or State health benefits program; or • by an entity which provides health services on a prepaid basis. 		<p>The purpose of this section of the House bill is to ensure that the funding provided through this grant program is not used to pay for services that are already covered by private or public insurance</p> <p>The congressional intent is that the Federal government should not pay twice for the same service.</p>
Reimbursement for Health Services	<p>The Secretary shall issue regulations regarding the reimbursement for health services to individuals eligible to receive them through the program under this section, including reimbursement under any insurance policy or any Federal or State health benefits program.</p>		<p>The House bill includes a section requiring reimbursement under Medicaid and CHIP. The Senate bill as introduced does not include that provision. However, NASBHC expects an amendment to be offered during the floor debate.</p>
Technical Assistance	<p>The Secretary shall provide assistance to SBHCs, including:</p> <ul style="list-style-type: none"> • fiscal and program management assistance, • training in fiscal and program management, • operational and administrative support, and • information on the resources available and how they can be used to meet the needs of the communities. 		<p>The Senate bill does not include a provision requiring technical assistance for SBHCs. However, NASBHC expects that provision to be added during the conference process.</p>

TOPIC	HOUSE AUTHORIZATION OF FEDERALSBHC PRGRAM	SENATE AUTHORIZATION OF FEDERALSBHC PRGRAM	COMMENTS
Evaluation; Report	<p>The Secretary shall:</p> <ul style="list-style-type: none"> • develop and implement a plan for evaluating SBHCs and monitoring quality performances under the awards made under this section; and • submit to the Congress on an annual basis a report on the program under this section. 	<p>The Secretary shall develop and implement a plan for evaluating SBHCs and monitoring quality performance under the awards made under this section.</p>	
Age Appropriate Services		<p>An eligible entity receiving funds under this section shall only provide age appropriate services through a SBHC funded under this section to an individual.</p>	
Parental Consent		<p>An eligible entity receiving funds under this section shall not provide services through a SBHC funded under this section to an individual without the consent of the parent or guardian of such individual if such individual is considered a minor under applicable State law.</p>	<p>This section of the Senate bill specifies that parental consent must be obtained for patients who are minors under applicable State law. However, the Senate bill also requires SBHCs to comply with all Federal, State, and local laws, including consent and reporting laws. This could create a conflict if the applicable law recognizes an age of medical consent that is lower than the State's age of majority. NASBHC staff is researching this issue.</p> <p>The House bill does not explicitly address parental consent, but does require services to be provided in accordance with Federal, State, and local law.</p>

AFFORDABLE HEALTH CARE FOR AMERICA
H.R. 3962
(House Bill, passed November 7, 2009)
Authorization of Federal SBHC Grant Program
and
Reimbursement through Public Insurance Programs

TITLE V – Other Provisions

Subtitle B—Programs

PART 1—GRANTS FOR CLINICS AND CENTERS

SEC. 2511. SCHOOL-BASED HEALTH CLINICS.

(a) In General- Part Q of title III (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

SEC. 399Z-1. SCHOOL-BASED HEALTH CLINICS.

(a) Program- The Secretary shall establish a school-based health clinic program consisting of awarding grants to eligible entities to support the operation of school-based health clinics (referred to in this section as ‘SBHCs’).

(b) Eligibility- To be eligible for a grant under this section, an entity shall--

(1) be an SBHC (as defined in subsection (l)(3)); and

(2) submit an application at such time, in such manner, and containing such information as the Secretary may require, including at a minimum--

(A) evidence that the applicant meets all criteria necessary to be designated as an SBHC;

(B) evidence of local need for the services to be provided by the SBHC;

(C) an assurance that--

(i) SBHC services will be provided in accordance with Federal, State, and local laws;

(ii) the SBHC has established and maintains collaborative relationships with other health care providers in the catchment area of the SBHC;

(iii) the SBHC will provide onsite access during the academic day when school is in session and has an established network of support and access to services with backup health providers when the school or SBHC is closed;

(iv) the SBHC will be integrated into the school environment and will coordinate health services with appropriate school personnel and other community providers co-located at the school; and

(v) the SBHC sponsoring facility assumes all responsibility for the SBHC administration, operations, and oversight; and

`(D) such other information as the Secretary may require.

`(c) Use of Funds- Funds awarded under a grant under this section--

`(1) may be used for--

`(A) providing training related to the provision of comprehensive primary health services and additional health services;

`(B) the management and operation of SBHC programs, including through subcontracts; and

`(C) the payment of salaries for health professionals and other appropriate SBHC personnel; and

`(2) may not be used to provide abortions.

`(d) Consideration of Need- In determining the amount of a grant under this section, the Secretary shall take into consideration--

`(1) the financial need of the SBHC;

`(2) State, local, or other sources of funding provided to the SBHC; and

`(3) other factors as determined appropriate by the Secretary.

`(e) Preferences- In awarding grants under this section, the Secretary shall give preference to SBHCs that have a demonstrated record of service to at least one of the following:

`(1) A high percentage of medically underserved children and adolescents.

`(2) Communities or populations in which children and adolescents have difficulty accessing health and mental health services.

`(3) Communities with high percentages of children and adolescents who are uninsured, underinsured, or eligible for medical assistance under Federal or State health benefits programs (including titles XIX and XXI of the Social Security Act).

`(f) Matching Requirement- The Secretary may award a grant to an SBHC under this section only if the SBHC agrees to provide, from non-Federal sources, an amount equal to 20 percent of the amount of the grant (which may be provided in cash or in kind) to carry out the activities supported by the grant.

`(g) Supplement, Not Supplant- The Secretary may award a grant to an SBHC under this section only if the SBHC demonstrates to the satisfaction of the Secretary that funds received through the grant will be expended only to supplement, and not supplant, non-Federal and Federal funds otherwise available to the SBHC for operation of the SBHC (including each activity described in paragraph (1) or (2) of subsection (c)).

`(h) Payor of Last Resort- The Secretary may award a grant to an SBHC under this section only if the SBHC demonstrates to the satisfaction of the Secretary that funds received through the grant will not be expended for any activity to the extent that payment has been made, or can reasonably be expected to be made--

`(1) under any insurance policy;

`(2) under any Federal or State health benefits program (including titles XIX and XXI of the Social Security Act); or

`(3) by an entity which provides health services on a prepaid basis.

- `(i) Regulations Regarding Reimbursement for Health Services- The Secretary shall issue regulations regarding the reimbursement for health services provided by SBHCs to individuals eligible to receive such services through the program under this section, including reimbursement under any insurance policy or any Federal or State health benefits program (including titles XIX and XXI of the Social Security Act).
- `(j) Technical Assistance- The Secretary shall provide (either directly or by grant or contract) technical and other assistance to SBHCs to assist such SBHCs to meet the requirements of this section. Such assistance may include fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to the SBHCs of the variety of resources available under this title and how those resources can be best used to meet the health needs of the communities served by the SBHCs.
- `(k) Evaluation; Report- The Secretary shall--
- `(1) develop and implement a plan for evaluating SBHCs and monitoring quality performances under the awards made under this section; and
 - `(2) submit to the Congress on an annual basis a report on the program under this section.
- `(l) Definitions- In this section:
- `(1) COMPREHENSIVE PRIMARY HEALTH SERVICES- The term `comprehensive primary health services' means the core services offered by SBHCs, which—
- `(A) shall include--
 - `(i) comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions and referrals to, and followup for, specialty care; and
 - `(ii) mental health assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs; and
 - `(B) may include additional services, such as oral health, social, and age-appropriate health education services, including nutritional counseling.
- `(2) MEDICALLY UNDERSERVED CHILDREN AND ADOLESCENTS- The term `medically underserved children and adolescents' means a population of children and adolescents who are residents of an area designated by the Secretary as an area with a shortage of personal health services and health infrastructure for such children and adolescents.
- `(3) SCHOOL-BASED HEALTH CLINIC- The term `school-based health clinic' means a health clinic that--
- `(A) is located in, or is adjacent to, a school facility of a local educational agency;
 - `(B) is organized through school, community, and health provider relationships;
 - `(C) is administered by a sponsoring facility;
 - `(D) provides comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with State and local laws and regulations, established standards, and community practice; and
 - `(E) does not perform abortion services.

`(4) SPONSORING FACILITY- The term `sponsoring facility' is--

`(A) a hospital;

`(B) a public health department;

`(C) a community health center;

`(D) a nonprofit health care entity whose mission is to provide access to comprehensive primary health care services;

`(E) a local educational agency; or

`(F) a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization under the Indian Self-Determination and Education Assistance Act, a Native Hawaiian entity, or an urban Indian program under title V of the Indian Health Care Improvement Act.

`(m) Authorization of Appropriations- For purposes of carrying out this section, there are authorized to be appropriated \$50,000,000 for fiscal year 2011 and such sums as may be necessary for each of fiscal years 2012 through 2015.'

(b) Effective Date- The Secretary of Health and Human Services shall begin awarding grants under section 399Z-1 of the Public Health Service Act, as added by subsection (a), not later than July 1, 2010, without regard to whether or not final regulations have been issued under section 399Z-1(i) of such Act.

(c) Termination of Study- Section 2(b) of the Health Care Safety Net Act of 2008 (42 U.S.C. 254b note) is amended by striking paragraph (2) (relating to a school-based health center study).

AFFORDABLE HEALTH CARE FOR AMERICA

H.R. 3962

(House Bill, passed November 7, 2009)

Cost-Based Reimbursement

TITLE VII – Medicaid and Health Reform

Subtitle C—Access

SEC. 1730B. FQHC COVERAGE.

Section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)) is amended--

(1) by striking `or' at the end of clause (iii);

(2) by striking the semicolon at the end of clause (iv) and inserting `, and'; and

(3) by inserting after clause (iv) the following new clause:

`(v) is receiving a grant under section 399Z-1 of the Public Health Service Act;'

PATIENT PROTECTION AND AFFORDABLE CARE ACT
(Senate Bill, under consideration as of November 24, 2009)

Short-Term Appropriation

TITLE IV – Prevention of Chronic Disease and Improving Public Health

Subtitle B—Increasing Access to Clinical Preventive Services

SEC. 4101. SCHOOL-BASED HEALTH CENTERS.

(a) GRANTS FOR THE ESTABLISHMENT OF SCHOOL BASED HEALTH CENTERS.

(1) PROGRAM.— The Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall establish a program to award grants to eligible entities to support the operation of school-based health centers.

(2) ELIGIBILITY.— To be eligible for a grant under this subsection, an entity shall—

(A) be a school-based health center or a sponsoring facility of a school-based health center; and

(B) submit an application at such time, in such manner, and containing such information as the Secretary may require, including at a minimum an assurance that funds awarded under the grant shall not be used to provide any service that is not authorized or allowed by Federal, State, or local law.

(3) PREFERENCE.— In awarding grants under this section, the Secretary shall give preference to awarding grants for school-based health centers that serve a large population of children eligible for medical assistance under the State Medicaid plan under title XIX of the Social Security Act or under a waiver of such plan or children eligible for child health assistance under the State child health plan under title XXI of that Act (42 U.S.C. 1397aa et seq.).

(4) LIMITATION ON USE OF FUNDS.— An eligible entity shall use funds provided under a grant awarded under this subsection only for expenditures for facilities (including the acquisition or improvement of land, or the acquisition, construction, expansion, replacement, or other improvement of any building or other facility), equipment, or similar expenditures, as specified by the Secretary. No funds provided under a grant awarded under this section shall be used for expenditures for personnel or to provide health services.

(5) APPROPRIATIONS.— Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2010 through 2013, \$50,000,000 for the purpose of carrying out this subsection. Funds appropriated under this paragraph shall remain available until expended.

(6) DEFINITIONS.— In this subsection, the terms “school-based health center” and “sponsoring facility” have the meanings given those terms in section 2110(c)(9) of the Social Security Act (42 U.S.C. 1397jj(c)(9)).

PATIENT PROTECTION AND AFFORDABLE CARE ACT
(Senate Bill, under consideration as of November 24, 2009)

Authorization of Federal SBHC Grant Program

TITLE IV – Prevention of Chronic Disease and Improving Public Health

Subtitle B—Increasing Access to Clinical Preventive Services

SEC. 4101. SCHOOL-BASED HEALTH CENTERS.

(b) GRANTS FOR THE OPERATION OF SCHOOL-BASED HEALTH CENTERS.—Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

“SEC. 399Z–1. SCHOOL-BASED HEALTH CENTERS.

(a) DEFINITIONS; ESTABLISHMENT OF CRITERIA.—

In this section:

“(1) COMPREHENSIVE PRIMARY HEALTH SERVICES.—The term ‘comprehensive primary health services’ means the core services offered by school-based health centers, which shall include the following:

“(A) PHYSICAL.—Comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals to, and follow-up for, specialty care and oral health services.

“(B) MENTAL HEALTH.—Mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.

“(2) MEDICALLY UNDERSERVED CHILDREN AND ADOLESCENTS.—

“(A) IN GENERAL.—The term ‘medically underserved children and adolescents’ means a population of children and adolescents who are residents of an area designated as a medically underserved area or a health professional shortage area by the Secretary.

“(B) CRITERIA.—The Secretary shall prescribe criteria for determining the specific shortages of personal health services for medically underserved children and adolescents under subparagraph (A) that shall—

“(i) take into account any comments received by the Secretary from the chief executive officer of a State and local officials in a State; and

“(ii) include factors indicative of the health status of such children and adolescents of an area, including the ability of the residents of such area to pay for health services, the accessibility of such services, the availability of health professionals to such children and adolescents, and other factors as determined appropriate by the Secretary.

“(3) SCHOOL-BASED HEALTH CENTER.— The term ‘school-based health center’ means a health clinic that—

“(A) meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act);

“(B) provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established standards, community practice, reporting laws, and other State laws, including parental consent and notification laws that are not inconsistent with Federal law; and

“(C) does not perform abortion services.

“(b) AUTHORITY TO AWARD GRANTS.—The Secretary shall award grants for the costs of the operation of school-based health centers (referred to in this section as ‘SBHCs’) that meet the requirements of this section.

“(c) APPLICATIONS.— To be eligible to receive a grant under this section, an entity shall—

“(1) be an SBHC (as defined in subsection (a)(3)); and

“(2) submit to the Secretary an application at such time, in such manner, and containing—

“(A) evidence that the applicant meets all criteria necessary to be designated an SBHC;

“(B) evidence of local need for the services to be provided by the SBHC;

“(C) an assurance that—

“(i) SBHC services will be provided to those children and adolescents for whom parental or guardian consent has been obtained in cooperation with Federal, State, and local laws governing health care service provision to children and adolescents;

“(ii) the SBHC has made and will continue to make every reasonable effort to establish and maintain collaborative relationships with other health care providers in the catchment area of the SBHC;

“(iii) the SBHC will provide on-site access during the academic day when school is in session and 24-hour coverage through an on-call system and through its backup health providers to ensure access to services on a year-round basis when the school or the SBHC is closed;

“(iv) the SBHC will be integrated into the school environment and will coordinate health services with school personnel, such as administrators, teachers, nurses, counselors, and support personnel, as well as with other community providers co-located at the school;

“(v) the SBHC sponsoring facility assumes all responsibility for the SBHC administration, operations, and oversight; and

“(vi) the SBHC will comply with Federal, State, and local laws concerning patient privacy and student records, including regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 and section 444 of the General Education Provisions Act; and

“(D) such other information as the Secretary may require.

“(d) PREFERENCES AND CONSIDERATION.—In reviewing applications:

“(1) The Secretary may give preference to applicants who demonstrate an ability to serve the following:

“(A) Communities that have evidenced barriers to primary health care and mental health and substance use disorder prevention services for children and adolescents.

“(B) Communities with high per capita numbers of children and adolescents who are uninsured, underinsured, or enrolled in public health insurance programs.

“(C) Populations of children and adolescents that have historically demonstrated difficulty in accessing health and mental health and substance use disorder prevention services.

“(2) The Secretary may give consideration to whether an applicant has received a grant under subsection (a) of section 4101 of the Patient Protection and Affordable Care Act.

“(e) WAIVER OF REQUIREMENTS.— The Secretary may—

“(1) under appropriate circumstances, waive the application of all or part of the requirements of this subsection with respect to an SBHC for not to exceed 2 years; and

“(2) upon a showing of good cause, waive the requirement that the SBHC provide all required comprehensive primary health services for a designated period of time to be determined by the Secretary.

“(f) USE OF FUNDS.—

“(1) FUNDS.—Funds awarded under a grant under this section—

“(A) may be used for—

“(i) acquiring and leasing equipment (including the costs of amortizing the principle of, and paying interest on, loans for such equipment);

“(ii) providing training related to the provision of required comprehensive primary health services and additional health services;

“(iii) the management and operation of health center programs;

“(iv) the payment of salaries for physicians, nurses, and other personnel of the SBHC; and

“(B) may not be used to provide abortions.

“(2) CONSTRUCTION.—The Secretary may award grants which may be used to pay the costs associated with expanding and modernizing existing buildings for use as an SBHC, including the purchase of trailers or manufactured buildings to install on the school property.

“(3) LIMITATIONS.—

“(A) IN GENERAL.— Any provider of services that is determined by a State to be in violation of a State law described in subsection (a)(3)(B) with respect to activities carried out at a SBHC shall not be eligible to receive additional funding under this section.

“(B) NO OVERLAPPING GRANT PERIOD.— No entity that has received funding under section 330 for a grant period shall be eligible for a grant under this section for *[sic]* with respect to the same grant period.

“(g) MATCHING REQUIREMENT.—

“(1) IN GENERAL.—Each eligible entity that receives a grant under this section shall provide, from non-Federal sources, an amount equal to 20 percent of the amount of the grant (which may be provided in cash or in-kind) to carry out the activities supported by the grant.

“(2) WAIVER.—The Secretary may waive all or part of the matching requirement described in paragraph (1) for any fiscal year for the SBHC if the Secretary determines that applying the matching requirement to the SBHC would result in serious hardship or an inability to carry out the purposes of this section.

“(h) SUPPLEMENT, NOT SUPPLANT.— Grant funds provided under this section shall be used to supplement, not supplant, other Federal or State funds.

“(i) EVALUATION.—The Secretary shall develop and implement a plan for evaluating SBHCs and monitoring quality performance under the awards made under this section.

“(j) AGE APPROPRIATE SERVICES.—An eligible entity receiving funds under this section shall only provide age appropriate services through a SBHC funded under this section to an individual.

“(k) PARENTAL CONSENT.—An eligible entity receiving funds under this section shall not provide services through a SBHC funded under this section to an individual without the consent of the parent or guardian of such individual if such individual is considered a minor under applicable State law.

“(l) AUTHORIZATION OF APPROPRIATIONS.— For purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”.