

110TH CONGRESS
1ST SESSION

H. R. 4230

To amend the Public Health Service Act to establish a school-based health clinic program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2007

Ms. HOOLEY (for herself, Mrs. CAPITO, Mr. ALLEN, Mr. BLUMENAUER, Ms. BORDALLO, Mr. CLEAVER, Mr. COURTNEY, Mr. ENGEL, Mr. HONDA, Mr. MCGOVERN, Mr. MICHAUD, Mr. VAN HOLLEN, Mr. WYNN, Mr. WU, Ms. KILPATRICK, Mr. AL GREEN of Texas, Mr. KILDEE, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a school-based health clinic program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “School-Based Health
5 Clinic Act of 2007”.

6 **SEC. 2. FINDINGS; PURPOSE.**

7 (a) FINDINGS.—The Congress finds as follows:

1 (1) Nearly 8,700,000 children in the United
2 States have no health insurance, including an in-
3 crease of over 600,000 in the past year.

4 (2) The American Medical Association rates
5 adolescents aged 13 to 18 as the group of Americans
6 with the poorest health indicators.

7 (3) More than 70 percent of children who need
8 psychiatric treatment do not receive services.

9 (4) School-based health centers are located in
10 over 1,700 schools in 43 States, the District of Co-
11 lumbia, and Puerto Rico.

12 (5) School-based health centers ensure access to
13 health care by providing care regardless of a child's
14 ability to pay.

15 (6) Forty-five percent of children and adoles-
16 cents treated at school-based health centers have no
17 insurance.

18 (7) Forty-four percent of children and adoles-
19 cents treated at school-based health centers are en-
20 rolled in Medicaid, SCHIP, or other public coverage.

21 (8) School-based health centers promote access
22 to providers for many children and adolescents who
23 otherwise would have difficulty seeing a provider.

1 (9) School-based health centers effectively pro-
2 vide primary, preventative, and mental health serv-
3 ices to children and adolescents.

4 (10) School-based health centers effectively uti-
5 lize resources by often leveraging State and local
6 government funds, private contributions, and Med-
7 icaid, SCHIP, and private insurance payments.

8 (11) For school-based health centers' target de-
9 mographic (students with public insurance or who
10 are uninsured), data show that school-based health
11 centers decrease school absences.

12 (12) School-based health centers identify stu-
13 dents at risk for health and behavioral problems,
14 thus reducing obstacles to the learning process.

15 (13) School-based health centers administer
16 medication to students with chronic illness, which re-
17 duces absences as well as disciplinary action for stu-
18 dents with behavioral health problems.

19 (14) Empirical analyses show that school-based
20 health centers reduce Medicaid costs by providing
21 cost-effective and timely care.

22 (15) School-based health centers encourage pa-
23 rental involvement to increase family participation in
24 school- and education-oriented activities.

1 (b) PURPOSE.—The purpose of this Act is to fund
2 the development and operation of school-based health clin-
3 ics—

4 (1) to provide comprehensive and accessible pri-
5 mary health care services to medically underserved
6 children, youth, and families;

7 (2) to improve the physical health, emotional
8 well-being, and academic performance of medically
9 underserved children, youth, and families; and

10 (3) to work in collaboration with the school to
11 integrate health into the overall school environment.

12 **SEC. 3. SCHOOL-BASED HEALTH CLINICS.**

13 Part Q of title III of the Public Health Service Act
14 (42 U.S.C. 280h et seq.) is amended by adding at the end
15 the following:

16 **“SEC. 399Z-1. SCHOOL-BASED HEALTH CLINICS.**

17 “(a) DEFINITIONS; ESTABLISHMENT OF CRITERIA.—
18 In this section:

19 “(1) COMMUNITY.—The term ‘community’ in-
20 cludes parents, consumers, local leaders, and organi-
21 zations.

22 “(2) COMPREHENSIVE PRIMARY HEALTH SERV-
23 ICES.—The term ‘comprehensive primary health
24 services’ means the core services offered by school-
25 based health clinics, which—

1 “(A) shall include physical health services
2 and mental health services; and

3 “(B) may include optional health services
4 such as nutrition, oral health, health education,
5 and case management services.

6 “(3) MENTAL HEALTH SERVICES.—The term
7 ‘mental health services’ means mental health assess-
8 ments, crisis intervention, counseling, treatment, and
9 referral to a continuum of services including emer-
10 gency psychiatric care, community support pro-
11 grams, inpatient care, and outpatient programs.

12 “(4) PHYSICAL HEALTH SERVICES.—The term
13 ‘physical health services’ means comprehensive
14 health assessments; diagnosis and treatment of
15 minor, acute, and chronic medical conditions; and
16 referrals to, and follow-up for, specialty care.

17 “(5) SCHOOL-BASED HEALTH CLINIC.—The
18 term ‘school-based health clinic’ means a health clin-
19 ic that—

20 “(A) is located on school property;

21 “(B) is organized through school, commu-
22 nity, and health provider relationships;

23 “(C) is administered by a sponsoring facil-
24 ity; and

1 “(D) provides, at a minimum, comprehen-
2 sive primary health services during school hours
3 to children and adolescents by health profes-
4 sionals in accordance with State and local laws
5 and regulations, established standards, and
6 community practice.

7 “(6) SPONSORING FACILITY.—The term ‘spon-
8 soring facility’ is a community-based organization,
9 which may include—

10 “(A) a hospital;

11 “(B) a public health department;

12 “(C) a community health center;

13 “(D) a nonprofit health care agency;

14 “(E) a school or school system; and

15 “(F) a program administered by the In-
16 dian Health Service or the Bureau of Indian
17 Affairs or operated by an Indian tribe or a trib-
18 al organization under the Indian Self-Deter-
19 mination and Education Assistance Act, a Na-
20 tive Hawaiian entity, or an urban Indian pro-
21 gram under title V of the Indian Health Care
22 Improvement Act.

23 “(b) AUTHORITY TO AWARD GRANTS.—The Sec-
24 retary shall award grants for the costs of the operation

1 of school-based health clinics that meet the requirements
2 of this section.

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

5 “(1) be a school-based health clinic; and

6 “(2) submit to the Secretary an application at
7 such time and in such manner as the Secretary may
8 require containing—

9 “(A) evidence that the applicant meets all
10 criteria necessary to be designated as a school-
11 based health clinic;

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

14 “(C) an assurance that—

15 “(i) school-based health clinic services
16 will be provided to those children and ado-
17 lescents for whom parental or guardian
18 consent has been obtained in cooperation
19 with Federal, State, and local laws gov-
20 erning health care services provision to
21 children and adolescents;

22 “(ii) the clinic has made and will con-
23 tinue to make every reasonable effort to es-
24 tablish and maintain collaborative relation-

1 ships with other health care providers in
2 the catchment area of the clinic;

3 “(iii) the clinic will provide on-site ac-
4 cess during the academic day when school
5 is in session and 24-hour coverage through
6 an on-call system and through its backup
7 health providers to ensure access to serv-
8 ices on a year-round basis when the clinic
9 is closed;

10 “(iv) the clinic will be integrated into
11 the school environment and will coordinate
12 health services with school personnel, such
13 as administrators, teachers, nurses, coun-
14 selors, and support personnel, as well as
15 with other community providers co-located
16 at the school; and

17 “(v) the clinic sponsoring facility as-
18 sumes all responsibility for the clinic’s ad-
19 ministration, operations, and oversight;
20 and

21 “(D) such other information as the Sec-
22 retary may require.

23 “(d) PREFERENCES.—In reviewing applications
24 under this section, the Secretary may give preference to

1 applicants who demonstrate an ability to serve the fol-
2 lowing:

3 “(1) Communities with evidence of barriers to
4 primary health care and mental health services for
5 children and adolescents.

6 “(2) Communities that have consistently scored
7 poorly on child and adolescent standardized health
8 indicator reports.

9 “(3) Communities with high percentages of chil-
10 dren and adolescents who are uninsured, under-
11 insured, or enrolled in public health insurance pro-
12 grams.

13 “(4) Populations of children and adolescents
14 that have demonstrated difficulty historically in ac-
15 cessing physical and mental health services.

16 “(e) WAIVER OF REQUIREMENTS.—The Secretary
17 may, under appropriate circumstances, waive the applica-
18 tion of all or part of the requirements of this section with
19 respect to a school-based health clinic for a designated pe-
20 riod of time to be determined by the Secretary.

21 “(f) USE OF FUNDS.—

22 “(1) FUNDS.—Funds awarded under a grant
23 under this section may be used for—

24 “(A) acquiring and leasing buildings and
25 equipment (including the costs of amortizing

1 the principle of, and paying interest on, loans
2 for such buildings and equipment);

3 “(B) providing training related to the pro-
4 vision of comprehensive primary health services
5 and additional health services;

6 “(C) managing a school-based health clin-
7 ic;

8 “(D) paying the salaries of physicians and
9 other personnel; and

10 “(E) purchasing medical supplies, medical
11 equipment, office supplies, and office equip-
12 ment.

13 “(2) AMOUNT.—The amount of any grant made
14 under this section in any fiscal year to a school-
15 based health clinic shall be determined by the Sec-
16 retary, taking into account—

17 “(A) the financial need of the clinic;

18 “(B) State, local, or other operation fund-
19 ing provided to the clinic; and

20 “(C) other factors as determined appro-
21 priate by the Secretary.

22 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
23 establish a program through which the Secretary provides
24 (either through the Department of Health and Human
25 Services or by grant or contract) technical and other as-

1 sistance to school-based health clinics to assist such clinics
2 to meet the requirements of subsection (c)(2)(C). Services
3 provided through the program may include necessary tech-
4 nical and nonfinancial assistance, including fiscal and pro-
5 gram management assistance, training in fiscal and pro-
6 gram management, operational and administrative sup-
7 port, and the provision of information to the entities of
8 the variety of resources available under this title and how
9 those resources can be best used to meet the health needs
10 of the communities served by the entities.

11 “(h) EVALUATION.—The Secretary shall develop and
12 implement a plan for evaluating school-based health clinics
13 receiving funds under this section and monitoring the
14 quality of their performance.

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—For
16 purposes of carrying out this section, there are authorized
17 to be appropriated \$50,000,000 for fiscal year 2009,
18 \$55,000,000 for fiscal year 2010, \$60,500,000 for fiscal
19 year 2011, \$66,550,000 for fiscal year 2012, and
20 \$73,200,000 for fiscal year 2013.”.

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