

111TH CONGRESS
1ST SESSION

H. R. 3003

To amend the Public Health Service Act to establish the School-Based Health Clinic program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 2009

Mrs. CAPPS (for herself, Mr. ROGERS of Michigan, Mrs. DAVIS of California, Mrs. CAPITO, Mrs. NAPOLITANO, Mr. BERMAN, Mr. HARE, 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 the 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 Establishment Act of 2009”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) More than 8,000,000 children in the United
2 States have no form of health insurance and are
3 therefore unable to access preventive health care
4 which may lead to untreated conditions, unnecessary
5 diseases, and death.

6 (2) The American Medical Association rates
7 adolescents aged 13–18 as the group of Americans
8 with the poorest health indicators.

9 (3) More than 70 percent of the children who
10 need psychiatric treatment do not receive services.

11 (4) Children who are in poor health or are vic-
12 tims of child abuse, poverty, malnutrition, alcohol,
13 and drug abuse are at risk for academic and social
14 failure.

15 (5) Without health and social intervention, at-
16 risk children are often unable to improve academic
17 performance.

18 (6) School-based health clinics are effective in
19 bringing preventive and primary care to children and
20 adolescents.

21 (7) School-based health clinics are effective in
22 decreasing academic failure resulting from poor
23 health.

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

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

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

10 (3) work in collaboration with the school to in-
11 tegrate 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, patients, local leaders, and commu-
21 nity based organizations.

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

1 based health clinics, which shall include the fol-
2 lowing:

3 “(A) PHYSICAL.—Comprehensive health
4 assessments, diagnosis, and treatment of minor,
5 acute, and chronic medical conditions and refer-
6 rals to, and follow-up for, specialty care.

7 “(B) MENTAL HEALTH.—Mental health
8 assessments, crisis intervention, counseling,
9 treatment, and referral to a continuum of serv-
10 ices including emergency psychiatric care, com-
11 munity support programs, inpatient care, and
12 outpatient programs.

13 “(C) OPTIONAL SERVICES.—Additional
14 services, which may include oral health, social,
15 and age-appropriate health education services,
16 including nutritional counseling.

17 “(3) MEDICALLY UNDERSERVED CHILDREN
18 AND ADOLESCENTS.—

19 “(A) IN GENERAL.—The term ‘medically
20 underserved children and adolescents’ means a
21 population of children and adolescents who are
22 residents of an area designated by the Sec-
23 retary as an area with a shortage of personal
24 health services and health infrastructure for
25 such children and adolescents.

1 “(B) CRITERIA.—The Secretary shall pre-
2 scribe criteria for determining the specific
3 shortages of personal health services for medi-
4 cally underserved children and adolescents
5 under subparagraph (A) that shall—

6 “(i) take into account any comments
7 received by the Secretary from the chief
8 executive officer of a State and local offi-
9 cials in a State; and

10 “(ii) include factors indicative of the
11 health status of such children and adoles-
12 cents of an area, including the ability of
13 the residents of such area to pay for health
14 services, the accessibility of such services,
15 the availability of health professionals to
16 such children and adolescents, and other
17 factors as determined appropriate by the
18 Secretary.

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

22 “(A) is located in, or is adjacent to, a
23 school facility of a local educational agency;

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

1 “(C) is administered by a sponsoring facil-
2 ity; and

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

9 “(5) SPONSORING FACILITY.—The term ‘spon-
10 soring facility’ is—

11 “(A) a hospital;

12 “(B) a public health department;

13 “(C) a community health center;

14 “(D) a nonprofit health care agency;

15 “(E) a local educational agency; or

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

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

1 of school-based health clinics (referred to in this section
2 as ‘SBHCs’) that meet the requirements of this section.

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

5 “(1) be an SBHC (as defined in subsection
6 (a)(4)); and

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

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

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

13 “(C) an assurance that—

14 “(i) SBHC services will be provided to
15 those children and adolescents for whom
16 parental or guardian consent has been ob-
17 tained in accordance with Federal, State,
18 and local laws governing health care serv-
19 ice provision to children and adolescents;

20 “(ii) the SBHC has made and will
21 continue to make every reasonable effort to
22 establish and maintain collaborative rela-
23 tionships with other health care providers
24 in the catchment area of the SBHC;

1 “(iii) the SBHC will provide on-site
2 access during the academic day when
3 school is in session and has an established
4 network of support and access to services
5 with backup health providers when the
6 school or SBHC is closed;

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

14 “(v) the SBHC sponsoring facility as-
15 sumes all responsibility for the SBHC ad-
16 ministration, operations, and oversight;
17 and

18 “(vi) the SBHC will comply with Fed-
19 eral, State, and local laws concerning pa-
20 tient privacy and student records, includ-
21 ing the HIPAA and Section 444 of the
22 General Education Provisions Act; and

23 “(D) such other information as the Sec-
24 retary may require.

1 “(d) PREFERENCES.—In reviewing applications, the
2 Secretary may give preference to applicants who dem-
3 onstrate an ability to serve the following:

4 “(1) Communities that have evidenced barriers
5 to primary health care and mental health services
6 for children and adolescents.

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

11 “(3) Populations of children and adolescents
12 that have historically demonstrated difficulty in ac-
13 cessing health and mental health services.

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

16 “(1) under appropriate circumstances, waive
17 the application of all or part of the requirements of
18 this section with respect to an SBHC for no more
19 than 2 years; and

20 “(2) upon a showing of good cause, waive the
21 requirement that the SBHC provide all required
22 comprehensive primary health services for a des-
23 ignated period of time to be determined by the Sec-
24 retary.

25 “(f) USE OF FUNDS.—

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

3 “(A) acquiring and leasing equipment (in-
4 cluding the costs of amortizing the principle of,
5 and paying interest on, loans for such equip-
6 ment),

7 “(B) providing training related to the pro-
8 vision of required comprehensive primary health
9 services and additional health services,

10 “(C) the management and operation of
11 health center programs, and

12 “(D) the payment of salaries for physi-
13 cians, nurses, and other personnel of the
14 SBHC.

15 “(2) CONSTRUCTION.—The Secretary may
16 award grants which may be used to pay the costs as-
17 sociated with expanding and modernizing existing
18 buildings for use as an SBHC, including the pur-
19 chase of trailers or manufactured building to install
20 on the school property.

21 “(3) AMOUNT.—The amount of any grant made
22 in any fiscal year to an SBHC shall be determined
23 by the Secretary, taking into account—

24 “(A) the financial need of the SBHC;

1 “(B) State, local, or other operation fund-
2 ing provided to the SBHC; and

3 “(C) other factors as determined appro-
4 priate by the Secretary.

5 “(g) MATCHING REQUIREMENT.—

6 “(1) REQUIREMENT.—Each recipient of a grant
7 under this section shall provide, from non-Federal
8 sources, an amount equal to 20 percent of the
9 amount of the grant (which may be provided in cash
10 or in kind) to carry out the activities supported by
11 the grant.

12 “(2) WAIVER.—The Secretary may waive all or
13 part of the matching requirement described in para-
14 graph (1) for any fiscal year for an SBHC if the
15 Secretary determines that applying the matching re-
16 quirement to the SBHC would result in serious
17 hardship or an inability to carry out the purposes of
18 this section.

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

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

1 other assistance to SBHCs to assist such SBHCs to meet
2 the requirements of subsection (e)(2)(C). Services pro-
3 vided 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 “(j) EVALUATION.—The Secretary shall develop and
12 implement a plan for evaluating SBHCs and monitoring
13 quality performances under the awards made under this
14 section.

15 “(k) AUTHORIZATION OF APPROPRIATIONS.—For
16 purposes of carrying out this section, there are authorized
17 to be appropriated \$50,000,000 for fiscal year 2010 and
18 such sums as may be necessary for each of the fiscal years
19 2011 through 2014.”.

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