

SCHOOL-BASED HEALTH CENTERS REAUTHORIZATION
ACT OF 2019

SEPTEMBER 24, 2020.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 2075]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2075) to amend the Public Health Service Act to reauthorize school-based health centers, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 2075, the “School-Based Health Centers Reauthorization Act of 2019”, introduced on April 3, 2020, by Representatives John Sarbanes (D–MD), Paul Tonko (D–NY), Elise Stefanik (R–NY), and Fred Upton (R–MI), would reauthorize funding for the school-based

health centers program through Fiscal Year (FY) 2024, and make technical changes to the program, including allowing more health centers serving medically underserved children and adolescents to qualify for funding.

School-based health centers offer primary care services to students in schools and receive Federal funding through the Health Resources and Services Administration (HRSA). The authorization for this program expired in 2014.

II. BACKGROUND AND NEED FOR LEGISLATION

School-based health centers (SBHCs) serve as critical access points that provide comprehensive care to children and adolescents in their school, a location that is safe, convenient, and accessible.¹ SBHCs provide this care through partnerships with community health providers, such as Federally Qualified Health Centers, public health departments, hospitals, schools, and other community institutions.² They serve a primarily low-income and medically underserved population of children and adolescents.³ School-based health centers are a powerful tool for achieving health equity among children and adolescents who experience disparities in health outcomes because of ethnicity, race, and/or family income.⁴

Nearly 2,000 SBHCs currently operate nationwide,⁵ and are funded by a combination of patient revenue from billed services, government grants (State, local, and Federal), partner contributions, and private sector grants.⁶ The program's statutory authorization expired in 2014.⁷ While SBHCs are eligible to apply for Community Health Center funding and other HRSA grants, they have not received any specific discretionary appropriations since the Affordable Care Act in 2010. H.R. 2075 will reauthorize the School-Based Health Centers Program through FY 2024.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 2075:

The Subcommittee on Health held a legislative hearing on July 29, 2020, entitled "Improving Access to Care: Legislation to Reauthorize Key Public Health Programs" to consider H.R. 2075, the "School-Based Health Centers Reauthorization Act of 2019", and other legislation. The Subcommittee received testimony from the following witnesses:

- Robert Boyd, M.C.R.P., M.Div., President, School-Based Health Alliance;
- Linda Goler Blount, M.P.H., President and CEO, Black Women's Health Imperative;

¹ <https://www.sbh4all.org/school-health-care/aboutsbhcs/>.

² <https://www.hrsa.gov/our-stories/school-health-centers/index.html>.

³ *Id.*

⁴ *Id.*

⁵ Health Resources and Services Administration, School-Based Health Centers (www.hrsa.gov/our-stories/school-health-centers/index.html) (accessed September 18, 2020).

⁶ School-Based Health Alliance: Redefining Health for Kids and Teens, Who Pays for SBHCs? (www.sbh4all.org/school-health-care/school-based-health-care-financing/) (accessed September 21, 2020).

⁷ *Id.*

- Nancy Goodman, M.P.P., J.D., Founder and Executive Director, Kids v. Cancer;
- Aaron Seth Kesselheim, M.D., J.D., M.P.H., Professor of Medicine, Harvard Medical School;
- Brian Lindberg, Chief Legal Officer and General Counsel, National Bone Marrow Donor Program;
- Travis T. Tygart, Chief Executive Officer, U.S. Anti-Doping Agency.

IV. COMMITTEE CONSIDERATION

H.R. 2075, the “School-Based Health Centers Reauthorization Act of 2019”, was introduced on April 3, 2020, by Representatives Sarbanes (D–MD), Tonko (D–NY), Stefanik (R–NY), and Upton (R–MI), and was referred to the Committee on Energy and Commerce. It was then referred to the Subcommittee on Health on April 4, 2020. A legislative hearing was held on the bill on July 29, 2020.

On September 9, 2020, the Subcommittee on Health was discharged from further consideration of H.R. 2075, as the full Committee on Energy and Commerce called the bill up for consideration. The full Committee met in virtual open markup session on September 9, 2020, to consider H.R. 2075. There were no amendments offered to the bill and the Committee then agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 2075, reported favorably to the House, without amendment, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2075, including the motion on final passage.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to reauthorize through FY 2024 the School-based Health Centers program and remove specified limitations on the receipt of additional or multiple funds under the program.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2075 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2075 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “School-Based Health Centers Reauthorization Act of 2019”.

Sec. 2. Reauthorization of school-based health centers

Section 2 amends section 399Z of the Public Health Service Act (PHSA) by allowing school-based health centers to qualify for both funding under section 330 of the PHSA and for funding under this

Act during the same grant period. Section 2 also reauthorizes the School-Based Health Center Program until FY 2024.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART Q—PROGRAMS TO IMPROVE THE HEALTH OF CHILDREN

* * * * *

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 and vision 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] LIMITATION.—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 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]** *2019 through 2024*.

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