

108TH CONGRESS
1ST SESSION

H. R. 811

To authorize the Secretary of Health and Human Services to make demonstration grants to promote the well-being and educational achievement of children through school-based health programs.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2003

Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mr. CUMMINGS, Ms. DELAURO, Mr. DAVIS of Illinois, Mr. SESSIONS, and Mr. CRANE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To authorize the Secretary of Health and Human Services to make demonstration grants to promote the well-being and educational achievement of children through school-based health programs.

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 “Student Medical Ac-
5 cess Raising Test Scores Health Act”, or the “SMARTS
6 Health Act”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) The Journal of the American Medical Asso-
4 ciation reports that protecting children's health re-
5 quires two key elements, which are (A) that a caring
6 adult is engaged in the life of the child, and (B) that
7 there is a connection between the child and his or
8 her school.

9 (2) Schools offer the most natural community
10 setting in which individuals live, work, and play.
11 Schools are a respected element of community infra-
12 structure and are recognized as the most valuable
13 element in creating connection and support for chil-
14 dren, families, and communities.

15 (3) Primary care and behavioral health services
16 are among the most important elements of a com-
17 prehensive approach to promoting health and edu-
18 cation and preventing illness in children and youth.

19 (4) School safety and violence prevention are
20 critical to the well-being of each student, and early
21 intervention and mental health care significantly re-
22 duce school discipline problems.

23 (5) Good health is a prerequisite for optimal
24 learning, and schools can help students achieve aca-
25 demic success by participating in efforts that pro-

1 mote good health, including access to regular med-
2 ical and mental health care.

3 (6) Children are experiencing increasing rates
4 of behavioral and physical illness, such as attention
5 deficit hyperactivity disorder (ADHD) and asthma
6 and diabetes, and are experiencing increasing rates
7 of obesity that portend increasing rates of diabetes,
8 heart disease, and cancer later in life.

9 (7) In order to be effective, new strategies for
10 prevention must be built on community-based, com-
11 munity-designed, and community-implemented strat-
12 egies.

13 (8) Effective behavioral and physical health
14 services can be provided in a school-based setting in
15 such a way as to prevent later disease.

16 (9) Schools are ideal settings in which to pro-
17 vide care for children, especially those who would
18 otherwise have inadequate access to health services.
19 Limited access contributes directly to the growing
20 rates of disease among children. Prevention strate-
21 gies should be joined with treatment to develop an
22 understanding of what types of prevention can re-
23 duce rates of illness, and therefore the need for
24 treatment. Higher rates of disease, even with ade-

1 quate access to health services, portend loss of vital-
2 ity and higher complications from disease.

3 (10) School-based health programs should focus
4 on improving behavioral and physical health, includ-
5 ing with respect to obesity.

6 (11) By reducing the incidence of disease, effec-
7 tive community-based prevention programs (whether
8 through school-based approaches or otherwise) result
9 in significant savings to the Federal Government
10 and to the States by reducing expenditures in Fed-
11 eral and State health services programs. Such sav-
12 ings should be dedicated to further prevention ef-
13 forts, which in turn will result in further savings.
14 Savings that result from prevention programs should
15 not be redirected to unrelated purposes, and preven-
16 tion programs that achieve savings should not be pe-
17 nalized by having their funding levels reduced.

18 **SEC. 3. DEMONSTRATION GRANTS FOR EXPANSION OF**
19 **SCHOOL-BASED HEALTH PROGRAMS.**

20 (a) IN GENERAL.—

21 (1) PROGRAM OF GRANTS.—The Secretary of
22 Health and Human Services may make demonstra-
23 tion grants to eligible entities for the purpose of ex-
24 panding school-based health programs that are oper-
25 ated by such entities.

1 (2) CONSULTATION.—The Secretary shall co-
2 ordinate the program under this section with the
3 program under title XIX of the Social Security Act
4 (relating to Medicaid); the program under title XXI
5 of such Act (relating to the State children’s health
6 insurance program); programs of the Substance
7 Abuse and Mental Health Services Administration;
8 programs of the Health Resources and Services Ad-
9 ministration; programs of the Centers for Disease
10 Control and Prevention; programs of the Agency for
11 Healthcare Research and Quality; programs of the
12 National Institutes of Health; and the National Cen-
13 ter on Minority Health and Health Disparities.

14 (b) ELIGIBLE ENTITIES.—An entity is an eligible en-
15 tity for purposes of this Act if—

16 (1) the entity is a public or nonprofit private in-
17 stitution of higher education or a local educational
18 agency;

19 (2) the entity operates a school-based health
20 program;

21 (3) the health services provided by such pro-
22 gram include preventive health services and behav-
23 ioral health services, including with respect to nutri-
24 tion, physical activity, and otherwise preventing or
25 treating obesity; and

1 (4) such program is carried out in coordination
2 with public and nonprofit private entities in the com-
3 munity involved that provide health, education, or
4 social services to children.

5 (c) CERTAIN PROGRAMS.—Grants under subsection
6 (a) shall be made only to the following entities (subject
7 to the submission of an application in accordance with
8 subsection (d) demonstrating status as an eligible entity),
9 and for the following purposes:

10 (1) To the University of Maryland for expand-
11 ing the school-based health program operated by
12 such University in the vicinity of Baltimore, in the
13 State of Maryland.

14 (2) To the local educational agency that oper-
15 ates a school-based health program in an inde-
16 pendent school district in the vicinity of Dallas, in
17 the State of Texas, for expanding such program.

18 (3) To the University of New Mexico for ex-
19 panding the school-based health program operated
20 by such University in the State of New Mexico.

21 (4) To the University of California, Los Ange-
22 les, for expanding the school-based health program
23 operated by such University in the vicinity of Los
24 Angeles, in the State of California.

1 (5) To the Child Study Center Outpatient Clin-
2 ic, Yale University, for expanding the school-based
3 health program operated by such Center in the vicin-
4 ity of New Haven, in the State of Connecticut.

5 (6) To the University of Illinois at Chicago, for
6 expanding the school-based health program operated
7 by such University in the vicinity of Chicago, in the
8 State of Illinois.

9 (d) APPLICATION FOR GRANT.—A grant may be
10 made under subsection (a) only if an application for the
11 grant is submitted to the Secretary and the application
12 is in such form, is made in such manner, and contains
13 such agreements, assurances, and information as the sec-
14 retary determines to be necessary to carry out this section.

15 (e) OUTCOME GOALS.—In making a grant under sub-
16 section (a) for a school-based health program, the Sec-
17 retary shall establish goals for the program in terms of
18 health outcomes for the children served by the program.
19 Such goals shall be based on the objectives established by
20 the Secretary as part of the initiative known as Healthy
21 People 2010, or on other measures determined by the Sec-
22 retary to be appropriate.

23 (f) EVALUATIONS; REPORT.—

24 (1) EVALUATIONS.—The Secretary, directly or
25 through grants or contracts, shall provide for evalua-

1 tions of the school-based programs for which grants
2 under subsection (a) are made. Such evaluations
3 shall determine whether the programs have met the
4 applicable goals under subsection (e), and shall de-
5 termine the extent to which the programs have in-
6 creased the access of the children involved to health
7 services, have enhanced the overall health status of
8 the children, and have reduced disease rates.

9 (2) REPORT.—Not later than December 31,
10 2004, the Secretary shall submit to the Congress a
11 report that describes the findings made through
12 evaluations under paragraph (1) and that provides
13 the recommendations of the Secretary for a com-
14 prehensive national program to provide grants for
15 the establishment and operation of school-based
16 health programs, including a recommendation on the
17 amount of funds that should be made available for
18 the comprehensive national program, taking into ac-
19 count the savings that can be achieved in Federal
20 and State health services programs by reducing the
21 incidence of disease in the populations served by the
22 program.

23 (g) DEFINITIONS.—

1 (1) The term “institution of higher education”
2 has the meaning given such term in section 101(a)
3 of the Higher Education Act of 1965.

4 (2) The term “local educational agency” has
5 the meaning given such term in section 9101(26) of
6 the Elementary and Secondary Education Act of
7 1965.

8 (3) The term “Secretary” means the Secretary
9 of Health and Human Services.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each of the fiscal years 2003 through 2008.

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