

110TH CONGRESS  
1ST SESSION

# H. R. 1244

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

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 28, 2007

Ms. EDDIE BERNICE JOHNSON of Texas introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 “Student Medical Ac-  
5 cess Raising Test Scores Health Act of 2007”.

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

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

9 (1) More than 8,000,000 children in the United  
10 States have no form of health insurance and are

1       therefore unable to access preventive health care  
2       which may lead to untreated conditions, unnecessary  
3       diseases, and death.

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

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

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

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

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

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

22          (8) The goal of this Act is to provide children  
23      and adolescents with medical and mental health  
24      services necessary to be healthy and succeed aca-  
25      demically.

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, 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-

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) PRIMARY CARE EPSDT SERVICES.—  
14 Any other primary care services included within  
15 early and periodic screening, diagnostic, and  
16 treatment services (as defined in section  
17 1905(r) of the Social Security Act, as applied  
18 without regard to whether the individual receiv-  
19 ing such services is eligible for medical assist-  
20 ance with respect to such services under a State  
21 plan under title XIX of such Act).

22 “(D) OPTIONAL SERVICES.—Additional  
23 services, which may include oral health, social,  
24 and health education services.

1           “(3) MEDICALLY UNDERSERVED CHILDREN  
2           AND ADOLESCENTS.—

3           “(A) IN GENERAL.—The term ‘medically  
4           underserved children and adolescents’ means a  
5           population of children and adolescents who are  
6           residents of an area designated by the Sec-  
7           retary as an area with a shortage of personal  
8           health services and health infrastructure for  
9           such children and adolescents.

10          “(B) CRITERIA.—The Secretary shall pre-  
11          scribe criteria for determining the specific  
12          shortages of personal health services for medi-  
13          cally underserved children and adolescents  
14          under subparagraph (A) that shall—

15               “(i) take into account any comments  
16               received by the Secretary from the chief  
17               executive officer of a State and local offi-  
18               cials in a State; and

19               “(ii) include factors indicative of the  
20               health status of such children and adoles-  
21               cents of an area, including the ability of  
22               the residents of such area to pay for health  
23               services, the accessibility of such services,  
24               the availability of health professionals to  
25               such children and adolescents, and other

1 factors as determined appropriate by the  
2 Secretary.

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

6 “(A) is located in or near a school facility  
7 of a school district or board;

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

10 “(C) is administered by a sponsoring facil-  
11 ity; and

12 “(D) provides, at a minimum, comprehen-  
13 sive primary health services during school hours  
14 to children and adolescents by health profes-  
15 sionals in accordance with State and local laws  
16 and regulations, established standards, and  
17 community practice.

18 “(5) SPONSORING FACILITY.—The term ‘spon-  
19 soring facility’ is a community-based organization,  
20 which may include—

21 “(A) a hospital;

22 “(B) a public health department;

23 “(C) a community health center;

24 “(D) a nonprofit health care agency; or

25 “(E) a school or school system.

1       “(b) AUTHORITY TO AWARD GRANTS.—The Sec-  
2 retary shall award grants for the costs of the operation  
3 of school-based health clinics (referred to in this section  
4 as ‘SBHCs’) that meet the requirements of this section.

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

7               “(1) be an SBHC (as defined in subsection  
8 (a)(4)); and

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

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

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

15                       “(C) an assurance that—

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

23                               “(ii) the SBHC has made and will  
24 continue to make every reasonable effort to  
25 establish and maintain collaborative rela-

1           tationships with other health care providers  
2           in the catchment area of the SBHC;

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

10          “(iv) the SBHC 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 SBHC sponsoring facility as-  
18          sumes all responsibility for the SBHC 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, the  
24          Secretary may give preference to applicants who dem-  
25          onstrate an ability to serve the following:



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

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

7           “(3) 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          “(4) 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 subsection with respect to an SBHC for a des-  
19               ignated period of time to be determined by the Sec-  
20               retary; and

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

1 “(f) USE OF FUNDS.—

2 “(1) FUNDS.—Funds awarded under a grant  
3 under this section may be used for acquiring and  
4 leasing buildings and equipment (including the costs  
5 of amortizing the principle of, and paying interest  
6 on, loans for such buildings and equipment), for pro-  
7 viding training related to the provision of required  
8 comprehensive primary health services and addi-  
9 tional health services, for the management of health  
10 center programs, and for the payment of salaries for  
11 physicians and other personnel.

12 “(2) CONSTRUCTION.—The Secretary may  
13 award grants which may be used to pay the costs as-  
14 sociated with expanding and modernizing existing  
15 buildings for use as an SBHC.

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

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

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

22 “(C) other factors as determined appro-  
23 priate by the Secretary.

24 “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
25 establish a program through which the Secretary shall

1 provide (either through the Department of Health and  
2 Human Services or by grant or contract) technical and  
3 other assistance to SBHCs to assist such SBHCs to meet  
4 the requirements of subsection (c)(2)(C). Services pro-  
5 vided through the program may include necessary tech-  
6 nical and nonfinancial assistance, including fiscal and pro-  
7 gram management assistance, training in fiscal and pro-  
8 gram management, operational and administrative sup-  
9 port, and the provision of information to the entities of  
10 the variety of resources available under this title and how  
11 those resources can be best used to meet the health needs  
12 of the communities served by the entities.

13 “(h) EVALUATION.—The Secretary shall develop and  
14 implement a plan for evaluating SBHCs and monitoring  
15 quality performances under the awards made under this  
16 section.

17 “(i) AUTHORIZATION OF APPROPRIATIONS.—For  
18 purposes of carrying out this section, there are authorized  
19 to be appropriated \$50,000,000 for fiscal year 2008 and  
20 such sums as may be necessary for each of the fiscal years  
21 2009 through 2012.”.

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