To amend title XXI of the Social Security Act to improve access to, and the delivery of, children's health services through school-based health centers, and for other purposes.

IN THE SENATE OF THE UNITED STATES
February 13, 2017

Ms. STABENOW (for herself, Mr. PETERS, Mr. BROWN, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XXI of the Social Security Act to improve access to, and the delivery of, children's health services through school-based health centers, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Hallways to Health Act”.

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SEC. 2. SCHOOL-BASED HEALTH CENTERS.

Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following new section:

“SEC. 2114. GRANTS AND PROGRAMS TO IMPROVE ACCESS TO, AND THE DELIVERY OF, CHILDREN’S HEALTH SERVICES THROUGH SCHOOL-BASED HEALTH CENTERS.

“(a) Grants to School-Based Health Centers To Encourage Children To Adopt Healthy Behaviors.—

“(1) Establishment.—Not later than 18 months after the date of enactment of this subsection, the Secretary shall publish criteria to enable school-based health centers to apply for grants for the purpose of assisting eligible children under this title and title XIX and other children by providing funding for community health workers to facilitate children’s access to services that encourage children to adopt healthy behaviors and to improve the quality and cultural competence of the delivery of such services. Not later than 2 years after such date, the Secretary shall award grants to school-based health centers for such purposes.

“(2) Requirements.—A school-based health center that employs individuals who meet the Bu-
reau of Labor Statistics standard occupational definition of ‘health educator’ (21–1091 or any successor classification number) or ‘community health worker’ (21–1094 or any successor classification number) shall be eligible for a grant under this subsection.

“(3) Reporting.—

“(A) By grantees.—A grantee under this subsection shall annually submit to the Secretary a report containing a description of the services provided under the grant, the data collected with respect to such services, a description of the efficacy of such services, any other information determined appropriate by the Secretary.

“(B) By Secretary.—The Secretary biennially shall submit to Congress a report on the efficacy of the grant program established under this subsection.

“(4) Authorization of appropriations.—There are authorized to be appropriated such sums as may be necessary to carry out this subsection. Funds appropriated under the preceding sentence shall remain available until expended.”.
SEC. 3. ESTABLISHMENT AND EXPANSION OF DEMONSTRATION PROGRAMS TO PROVIDE TELE-HEALTH SERVICES AT SCHOOL-BASED HEALTH CENTERS.

Section 2114 of the Social Security Act (as added by section 2), is amended by adding at the end the following new subsection:

“(b) Establishment and Expansion of Tele-Health Services Demonstration Programs.—

“(1) Establishment.—Not later than 18 months after the date of enactment of this subsection, the Secretary shall publish criteria for the establishment of a demonstration program to provide new tele-health services, or to expand existing tele-health service programs, located at school-based health centers. A school-based health center’s receipt of funds under the demonstration program under this subsection shall not preclude the school-based health center from being reimbursed by public or private health insurance programs according to State law and regulation for items and services furnished by or through the center.

“(2) Authorization of Appropriations.—There are authorized to be appropriated such sums as may be necessary to carry out this subsection.
Funds appropriated under the preceding sentence shall remain available until expended.”.

SEC. 4. ASSURANCE OF PAYMENT UNDER MEDICAID AND CHIP FOR COVERED ITEMS AND SERVICES FURNISHED BY CERTAIN SCHOOL-BASED HEALTH CENTERS.

(a) State Plan Requirement.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (82), by striking “and” after the semicolon;

(2) in paragraph (83)(B)(ii), by striking the period at the end and inserting “; and”;

(3) by inserting after paragraph (83) the following new paragraph:

“(84) provide that the State shall certify to the Secretary that the State has implemented procedures to pay for medical assistance (including care and services described in subsections (a)(4)(B) and (r) of section 1905 and provided in accordance with section 1902(a)(43)) furnished in a school-based health center (as defined in section 2110(c)(9)), if payment would be made under the State plan for the same items and services if furnished in a physician’s office or other outpatient clinic (including if such
payment would be included in the determination of a prepaid capitation or other risk-based rate of payment to an entity under a contract pursuant to section 1903(m)).”.

(b) Application to CHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(1) by redesignating subparagraphs (G) through (R) as subparagraphs (H) through (S), respectively; and

(2) by inserting after subparagraph (F), the following new subparagraph:

“(G) Section 1902(a)(84) (relating to procedures to ensure payment for covered services furnished in a school-based health center).”.

(e) Effective Date.—The amendments made by this section take effect on October 1, 2017.

SEC. 5. OTHER IMPROVEMENTS.

(a) In General.—Section 399Z–1 of the Public Health Service Act (42 U.S.C. 280h–5) is amended—

(1) in subsection (a)(1), in the matter preceding subparagraph (A), by inserting “either in person or via telehealth,” after “health centers,”;

(2) in subsection (a)(3)(A), by inserting before the semicolon the following: “, and includes univer-
sities, accountable care organizations, and behavioral
health organizations”;

(3) in subsection (c)(2)(C)(iv), by inserting
“and health education” after “health services”;

(4) in subsection (e), by striking “may—” and
all that follows through the end and inserting “may,
upon a showing of good cause, waive the require-
ment that the SBHC provide all required com-
prehensive primary health services for a period not
to exceed 2 years.”;

(5) in subsection (i), by inserting before the pe-
riod the following: “, including using existing quality
performance measures funded by the Federal Gov-
ernment for such entities”;

(6) in subsection (l)—

(A) by striking “2014” and inserting
“2022”; and

(B) by redesignating such subsection as
subsection (n); and

(7) by inserting after subsection (k), the fol-
lowing:

“(l) TECHNICAL ASSISTANCE.—The Secretary, act-
ing directly or through awarding grants or contracts to
private, nonprofit entities, shall establish or support exist-
ing State school-based health center resource centers
that—

“(1) provide advocacy, training, and technical
assistance to school-based health centers, including
maximizing Federal and State resources;
“(2) support the development of school-based
health centers; and
“(3) enhance the operations and performance of
school-based health centers.
“(m) AUTHORIZATION OF APPROPRIATIONS.—For
purposes of carrying out this section, there are authorized
to be appropriated such sums as may be necessary.”.

(b) COVERED ENTITY.—Section 340B(a)(4) of the
Public Health Service Act (42 U.S.C. 256b(a)(4)) is
amended by adding at the end the following:
“(P) A school-based health center.”.

c) QUALIFIED HEALTH PLANS.—Section
1311(c)(1)(C) of the Patient Protection and Affordable
Care Act (42 U.S.C. 18031(c)(1)(C)) is amended by in-
serting “, providers defined in section 2110(c)(9) of the
Social Security Act,” after “Public Health Service Act”.

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