

School Based Health Center - Colloquy between Mr. Sarbanes, Mr. Dingell and Mr. Waxman

Mr. Sarbanes: The amendment I am offering today is an example of what I refer to as "place based care," or bringing health care to the patient. By locating health services in places where a target population already exists, we will enhance prevention, improve health outcomes, and reduce cost.

- This particular amendment mirrors legislation I have introduced with my colleague on the committee, Chairman Dingell, as well as Congressman Towns to authorize the reimbursement of Medicaid services at School Based Health Centers (SBHC).

- SBHCs are an effective means of bringing preventive and primary care to medically underserved children and adolescents. They have demonstrated success in decreasing academic failure, as well as mitigating important health-related risks such as school violence, injury, asthma, obesity, and tobacco use.

- But SBHCs face a number of state policy barriers that shut them out of SCHIP and Medicaid reimbursement for services delivered to enrollees. For example, despite the fact that every SBHC in the country sees SCHIP enrollees, only one in four receive any reimbursement from their state SCHIP program.

- Mr. Chairman, earlier this year we passed historic legislation expanding the SCHIP program with the goal of moving towards universal coverage for children. It was a tremendous accomplishment and we had worked for years to enact this law.

- Yet, every day, five days a week, in schools all over this country, we miss an opportunity to make sure that children who are eligible for Medicaid are delivered the care to which they are entitled. By authorizing the reimbursement of services provided at school based health centers, we can break down barriers to care.

- CBO believes this approach is very sound and that it will result in many more children receiving care. Unfortunately, they also believe they are compelled to score the legislation. I take some exception to the score but I have not been able to get any detailed information from CBO to refute it.

- But maybe more importantly I believe that, regardless of the score, we have already made a commitment to provide health services to these children when SCHIP became law. We do not authorize any additional eligibility under this amendment, we've only found a very efficient way to deliver health services we've already determined are necessary.

- I'd also note that SBHCs can play an important role in protecting public health from emerging diseases. The first case of H1N1 in the United States, for example, was discovered by a school nurse.

- In testimony before the House Education and Labor Committee, the CDC stated that "Including students and adults who work in schools, approximately 20% of the US population spends considerable time in one of the more than 90,000 school buildings on any given school day. Millions of adults work in school and childhood settings, and many millions more are parents or guardians of school-aged children. Schools and childhood settings play a critical role in protecting the health of their students, staff, and the community from contagious diseases such as this novel H1N1 influenza." School based health centers could be the front line of defense.

- I think there are many reasons to do this and I am disappointed that we have not been able to get this language into the bill but I understand the myriad pressures the Chairman, the staff, and everyone else are under and I think we've found another way to achieve the same result.

- It is my understanding, Mr. Chairman, that the Secretary of HHS has the authority to remove these barriers and require reimbursement for services received in SBHCs by regulation.

(Dingell asks to be recognized)

Mr. Dingell: Mr. Chairman, first I want to thank Mr. Sarbanes and our colleague Mr. Towns for their excellent leadership on this issue.

We know that school based health centers provide access to care in communities struggling to offer such services. We also know that they have been proven to reduce the number of inappropriate emergency room visits and hospitalizations that often create greater costs to the Medicaid program.

Due to insufficient long-term funding and no clear mechanism for reimbursement, many school-based health centers struggle to keep their doors open.

This is a very important matter to me personally, and to the state of Michigan. I want to continue working with my colleague, Mr. Sarbanes, and you Mr. Chairman to make ensure that school-based health centers are adequately reimbursed for the quality care they provide to our nation's children.

Mr. Dingell: I yield back my time.

Mr. Sarbanes: I thank the Chairman for the language in the bill asking the Secretary to look at methods for reimbursement at SBHCs and for his willingness to examine other ways to achieve this end result. Going forward, I look forward to working together with you, Mr. Dingell and the Administration to find a solution to this issue.

Mr. Waxman: I thank my colleagues for their amendment and for their leadership in this important area. I believe that the issue that you raise can be addressed by the Administration. This confusion results from what I consider to be a long and serious legal misinterpretation of the basic Medicaid rule of third-party liability and the education system. I would like to work with my colleagues to approach the Administration and ask for them to review this interpretation. Covered services to covered children should be reimbursed in schools or wherever the services are provided. I will work with both of you to assure that.

Mr. Sarbanes: I yield back the balance of my time and withdraw my amendment.