

Here is the actual language from H.R. 3200 on “School-Based Health Clinics,” found on pp. 993-1001. We have bolded the language that is particularly relevant for our purposes. This language will put clinics run by Planned Parenthood inside schools at taxpayer expense. Such clinics will not be accountable to school boards or to parents, but ultimately to the Secretary of Health & Human Services, who at this time is Kathleen Sebelius, an ardent support of George Tiller.

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**1 Subtitle B—School-Based Health**

**2 Clinics**

**3 SEC. 2511. SCHOOL-BASED HEALTH CLINICS.**

4 (a) IN GENERAL.—Part Q of title III (42 U.S.C.  
5 280h et seq.) is amended by adding at the end the fol6  
lowing:

**7 “SEC. 399Z–1. SCHOOL-BASED HEALTH CLINICS.**

8 “(a) PROGRAM.—The Secretary shall establish a  
9 school-based health clinic program consisting of awarding  
10 grants to eligible entities to support the operation of  
11 school-based health clinics (referred to in this section as  
12 ‘SBHCs’).

13 “(b) ELIGIBILITY.—To be eligible for a grant under  
14 this section, an entity shall—

15 “(1) be an SBHC (as defined in subsection  
16 (l)(4)); and

17 “(2) submit an application at such time, in  
18 such manner, and containing such information as  
19 the Secretary may require, including at a min20  
imum—

21 “(A) evidence that the applicant meets all  
22 criteria necessary to be designated as an  
23 SBHC;

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

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1 “(C) an assurance that—

2 “(i) SBHC services will be provided in  
3 accordance with Federal, State, and local

4 laws governing—

5 “(I) **obtaining parental or guardian consent**; and

7 “(II) **patient privacy and student**

8 **records**, including section 264 of the

9 Health Insurance Portability and Ac10

countability Act of 1996 and section

11 444 of the General Education Provi12

sions Act;

13 “(ii) the SBHC has established and

14 maintains collaborative relationships with

15 other health care providers in the

16 catchment area of the SBHC;

17 “(iii) **the SBHC will provide on-site**

18 **access during the academic day when**

19 **school is in session and has an established**

20 **network of support and access to services**

21 **with backup health providers when the**

22 **school or SBHC is closed;**

23 “(iv) the SBHC will be integrated into

24 the school environment and will coordinate

25 health services with appropriate school per-

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1 sonnel and other community providers co-

located at the school; and

3 “(v) **the SBHC sponsoring facility assumes all responsibility for the SBHC**

4 **administration, operations, and oversight;**

6 and

7 “(D) such other information as the Sec8

retary may require.

9 “(c) USE OF FUNDS.—**Funds awarded under a grant**

10 **under this section may be used for—**

11 “(1) providing training related to the provision

12 of comprehensive primary health services and addi13

tional health services;

14 “(2) the management and operation of SBHC

15 programs; and

16 “(3) **the payment of salaries for health professionals and other appropriate**

17 **SBHC personnel.**

18 “(d) CONSIDERATION OF NEED.—In determining the

19 amount of a grant under this section, the Secretary shall  
20 take into consideration—  
21 “(1) the financial need of the SBHC;  
22 “(2) State, local, or other sources of funding  
23 provided to the SBHC; and  
24 “(3) other factors as determined appropriate by  
25 the Secretary.

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1 “(e) PREFERENCES.—In awarding grants under this  
2 section, the Secretary shall **give preference** to SBHCs that  
3 have a demonstrated record of service to the following:  
4 “(1) **A high percentage of medically underserved children and adolescents.**  
6 “(2) **Communities or populations in which chil-**  
8 **dren and adolescents have difficulty accessing health**  
8 **and mental health services.**

9 “(3) Communities with high percentages of chil-  
dren and adolescents who are uninsured, under-  
insured, or eligible for medical assistance under Fed-  
eral or State health benefits programs (including ti-  
tles XIX and XXI of the Social Security Act).

14 “(f) MATCHING REQUIREMENT.—The Secretary may  
15 award a grant to an SBHC only if the SBHC agrees to  
16 provide, from non-Federal sources, an amount equal to 20  
17 percent of the amount of the grant (which may be pro-  
vided in cash or in kind) to carry out the activities sup-  
ported by the grant.

20 “(g) SUPPLEMENT, NOT SUPPLANT.—The Secretary  
21 may award a grant to an SBHC under this section only  
22 if the SBHC demonstrates to the satisfaction of the Sec-  
retary that funds received through the grant will be ex-  
pended only to supplement, and not supplant, non-Federal  
25 and Federal funds otherwise available to the SBHC for

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1 operation of the SBHC (including each activity described  
2 in paragraph (1) or (2) of subsection (c)).

3 “(h) PAYOR OF LAST RESORT.—The Secretary may  
4 award a grant to an SBHC under this section only if the  
5 SBHC demonstrates to the satisfaction of the Secretary

6 that funds received through the grant will not be expended  
7 for any activity to the extent that payment has been made,  
8 or can reasonably be expected to be made—

9 “(1) under any insurance policy;

10 “(2) under any Federal or State health benefits

11 program (including titles XIX and XXI of the Social  
12 Security Act); or

13 “(3) by an entity which provides health services  
14 on a prepaid basis.

15 “(i) REGULATIONS REGARDING REIMBURSEMENT  
16 FOR HEALTH SERVICES.—The Secretary shall issue regu-  
17 lations regarding the reimbursement for health services  
18 provided by SBHCs to individuals eligible to receive such  
19 services through the program under this section, including  
20 reimbursement under any insurance policy or any Federal  
21 or State health benefits program (including titles XIX and  
22 XXI of the Social Security Act).

23 “(j) **TECHNICAL ASSISTANCE.—The Secretary shall**  
24 **provide (either directly or by grant or contract) technical**  
25 **and other assistance** to SBHCs to assist such SBHCs to

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1 meet the requirements of this section. **Such assistance**  
2 **may include** fiscal and program management assistance,  
3 training in fiscal and program management, **operational**  
4 **and administrative support, and the provision of informa-**  
5 **tion to the SBHCs of the variety of resources available**  
6 **under this title and how those resources can be best used**  
7 to meet the health needs of the communities served by  
8 the SBHCs.

9 “(k) EVALUATION; REPORT.—The Secretary shall—

10 “(1) develop and implement a plan for evalu-  
11 ating SBHCs and monitoring quality performances  
12 under the awards made under this section; and

13 “(2) submit to the Congress on an annual basis  
14 a report on the program under this section.

15 “(l) DEFINITIONS.—In this section:

16 “(1) COMPREHENSIVE PRIMARY HEALTH SERV-  
17 ICES.—The term ‘comprehensive primary health  
18 services’ means the core services offered by SBHCs,

19 which shall include the following:

20 “(A) **PHYSICAL.**—**Comprehensive** health  
21 assessments, diagnosis, and **treatment of** minor,  
22 acute, and chronic **medical conditions** and **refer-**  
**als** to, and follow-up for, specialty care.

24 “(B) **MENTAL HEALTH.**—Mental health  
25 assessments, crisis intervention, counseling,

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1 treatment, and referral to a continuum of serv-  
ices including emergency psychiatric care, com-  
munity support programs, inpatient care, and  
4 outpatient programs.

5 “(C) **OPTIONAL SERVICES.**—**Additional**  
**6 services**, which may include oral health, social,  
7 and **age-appropriate health education services**,  
8 including nutritional counseling.

9 “(2) **MEDICALLY UNDERSERVED CHILDREN**  
10 **AND ADOLESCENTS.**—The term ‘medically under-  
served children and adolescents’ means a population  
12 of children and adolescents who are residents of an  
13 area designated by the Secretary as an area with a  
14 shortage of personal health services and health in-  
frastructure for such children and adolescents.

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

19 “(A) **is located in, or is adjacent to, a**  
20 **school facility of a local educational agency;**

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

23 “(C) **is administered by a sponsoring facility; and**

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1 “(D) **provides, at a minimum, comprehensive primary health services during**  
**school hours**

3 to children and adolescents by health profess-  
sionals in accordance with State and local laws  
5 and regulations, established standards, and

6 community practice.

7 “(4) **SPONSORING FACILITY.**—The term ‘spon-  
soring facility’ is—

9 “(A) a hospital;

10 “(B) a public health department;

11 “(C) a community health center;

12 “(D) a **nonprofit health care agency;**

13 “(E) a **local educational agency;** or

14 “(F) a program administered by the In-  
dian Health Service or the Bureau of Indian  
16 Affairs or operated by an Indian tribe or a trib-  
al organization under the Indian Self-Deter-  
mination and Education Assistance Act, a Na-  
tive Hawaiian entity, or an urban Indian pro-  
gram under title V of the Indian Health Care  
21 Improvement Act.

22 “(m) **AUTHORIZATION OF APPROPRIATIONS.**—For  
23 purposes of carrying out this section, there are authorized  
24 to be appropriated **\$50,000,000 for fiscal year 2010** and

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1 such sums as may be necessary for each of the fiscal years  
2 2011 through 2014.”.

3 (b) **EFFECTIVE DATE.**—The Secretary of Health and  
4 Human Services shall begin awarding grants under section  
5 399Z–1 of the Public Health Service Act, as added by sub-  
section (b), not later than July 1, 2010, without regard  
7 to whether or not final regulations have been issued under  
8 section 399Z–1(h) of such Act