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Published Online: August 3, 2010

School Clinics Await Funds From Health-Care Reform

By **Christina A. Samuels**

School-based health centers, which provide comprehensive medical care to students beyond the standard school-nurse clinic model, are awaiting a big boost from the federal government under the law overhauling the nation's health-care system.

The legislation provides for \$200 million over four years to help centers pay for capital improvements, like buying medical equipment or expanding or improving building space, and it authorizes the government to distribute additional money for operating costs, such as salaries for medical professionals.

The measure is important because it created a federal authorization for the first time that is specific to school-based health clinics, which were once a controversial innovation. And with other sources of funding pinched by budget constraints at the local and state levels, supporters say the clinics need a federal infusion of cash to keep their doors open.

The money isn't flowing as readily as some supporters may have hoped, however. Though money for operating expenses is authorized, it has not been appropriated by Congress. The House version of the health-care bill would have authorized \$50 million for that purpose for fiscal 2011. The Senate version, which President Barack Obama signed into law in March, did not offer a dollar amount.

Seven Democratic senators wrote a letter July 8 to Tom Harkin, D-Iowa, the chairman of the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education in favor of funding. The letter said that many centers "are at risk of cutting services or even closing" and asked the panel to set aside \$50 million for the centers. The subcommittee did not designate funds during its markup session July 27.

Linda Juszczak, the executive director of the **National Assembly on School-Based Health Care**, in Washington, said that the organization and its members would continue lobbying for \$50 million a year in operating funds, in addition to the money for capital improvements. At the same time, the organization is working with clinics to improve their cost-management procedures and to increase reimbursements from other sources, such as private insurance and Medicaid.

"We're not planning on walking away from this on a federal level," Ms. Juszczak said.

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Meanwhile, the mandatory appropriation for capital costs has gone through some changes that have drawn out the disbursement process.

Health centers were first given until the end of July to submit applications for that money. However, the federal Health Resources and Services Administration postponed the application process until September. The delay was due to the high number of questions clinic administrators had about the application process, and the limited time that health centers would have had to develop their requests, the agency said.

Nearly 2,000 school-based health centers around the country provide comprehensive medical, mental-health, and social services to approximately 1.7 million children and adolescents. They are located in 44 states and the District of Columbia, with more than half in urban areas, according to a 2007-08 school year census conducted by the National Assembly on School-Based Health Care. Twenty-seven percent of the centers are in rural areas, with the remainder in suburban communities.

In addition to dealing with students who get sick at school, medical personnel at the centers dispense and in some cases prescribe medication; help students manage chronic illnesses, such as diabetes and asthma; in some cases, provide medical care for students' infant children; and offer reproductive-health-related services such as gynecological exams and screening for sexually transmitted infections.

The birth control services offered by some school-based health centers remains a contentious issue. Language included in the new federal health-care law prevents school-based health centers that receive federal aid from performing abortions, though none do now, Ms. Juszczak said. The distribution of birth-control pills, condoms, or other contraceptives from the health centers is governed by local regulations.

Supporters of the centers say they help keep comprehensive health services close to where they're needed most. "We keep students in the school and achieving academically," Ms. Juszczak said.

But the centers, which have existed since the 1960s, have always had to piece together various funding sources to stay open, such as federal grants, state and local aid and private grants.

Keeping Centers Open

Kathleen Conway, the administrator for pediatrics for the Henry Ford Health System in Detroit and the director for its school-based and community health program, oversees 11 school-based health centers, most of which are located in that city's middle and high schools.

"Kids aren't going to do well in school if they aren't healthy and they aren't feeling well," Ms. Conway said.

The clinics under her jurisdiction provide mental health care, obesity-prevention programs, and dental service. About \$1 million of the centers' \$2.7 million yearly budget comes from the non-profit health system, which also manages hospitals and medical facilities in southeastern Michigan; just under \$1 million comes from the state of Michigan; and several smaller pots of money provide the rest of the funding, Ms. Conway said.

But the centers have endured budget cuts in recent years. Last year, employees at the centers volunteered to get paid for only 37 hours of work each week instead of 40, in order to save money and prevent centers from closing.

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The centers could use federal money for equipment and to pay for such projects as electronic medical records, Ms. Conway said. But they could also use money for personnel costs.

"It's really unfortunate that these cuts are coming right at the very time people need us most," she said of the reductions from existing sources.

Dr. Maggie Blackburn, the director of rural health for the Florida State University College of Medicine, in Tallahassee, said the capital-improvement money could help the system open a new clinic in Havana, Fla., a town of 1,700 about 16 miles northwest of Tallahassee. Two centers, one in an elementary and another in a middle school, are already located in Quincy, Fla., a town of about 7,000 located west of Tallahassee.

"Anything is a huge help," Dr. Blackburn said. "Most of the school-based health centers are kind of pieced together on a shoestring with a lot of innovative people who can make something out of nothing," she said.

The health department in Prince George's County, Md., runs school-based health centers in four county high schools, providing school physicals, mental-health services, immunizations, and reproductive-health exams, said Frances J. Caffie-Wright, the centers' program manager.

In her suburban county, next door to Washington, "the need is for sustaining existing centers," she said. "It doesn't make sense to have very plush, laid-out centers if you can't provide the services."

For example, the centers in Prince George's County once were able to provide dental services, but those services had to be cut in 2006.

"It's important to keep [the centers] that have been successful going," Ms. Caffie-Wright said.

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piccolo wrote:

Further evidence that the Feds want to use public schools as instruments to advance the rest of their agenda.

Schools are no longer centers of education, they also provide health care, day care, after-school care, multiple meals per day, and on and on. I'm not sure which is more alarming -- that parents are shirking their duties to care for their own children and expect schools to take care of them or that the federal government is trying to influence every aspect of American families' lives through the public education system. Perhaps both are equally alarming.

8/3/2010 1:07 PM EDT on EdWeek

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BRYLL wrote:

The US Constitution does not permit the Federal Legislation to provide funds for health care, or to schools. The 10th Amendment states that the Federal Government may only what the Constitution empowers it to do. NOWHERE in the Constitution is there authorization for the Senate, President or House to do so. Each of these offices require an Oath of Office, in which the Officer promises to "...Uphold and Protect the Constitution." Anyone in office voting to provide funds or anything not authorized by the US Constitution is violating that Constitution and usurping power from the states and the citizens!

This should NOT BE DONE!

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Daniel J. Fallon wrote:

The US Constitution does not authorize 90% of what the Feds do. Congressman Pete Stark exemplifies the arrogant, greedy, power grabbing nature of the Feds. Here he is being questioned about healthcare reform vs. constitutionality and replies that "The Federal government, yes, can do most anything in this country."

<http://www.youtube.com/watch?v=sQegIQ26nw0>

(Clip is under 4 mins.)

Time to nullify and abolish these bastards and their tyranny.

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MOMwithAbra1 wrote:

Oh goodie. I can't wait until they hand out birth control pills like candy or condoms like pencils...oh and when they start giving out abortion counseling!! Oh yes, here it comes folks. Just let the state raise your children, why even have parents get in the way?

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jolynne wrote:

So if you have been laid off, and your spouse's job does not provide medical insurance, and you have a child with a health care issue serious enough that it interferes with education ... I do not see how it is abrogating parental rights or responsibilities ... I think it is a resource responsible parents can call upon ... if health care is offered to children through the schools.

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Daniel J. Fallon wrote:

jolynne,

Government expenditures and interventions into the economy for politically favored persons have caused the massive structural unemployment and skyrocketing healthcare prices. Your thinking is not in line with your positive sentiment. I know you do not consciously wish for fascism or bolshevism but that is the logical end of what you are advocating.

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njteach wrote:

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Not true. As we learned during the year-long HC debacle, escalating health insurance premiums are driven by unregulated industries -- insurance and medical providers -- that have controlled politics through uncontrolled campaign contributions. School-based clinics have been shown to keep children in school and address lack of access to medical care -- something that state and local government and the marketplace have poorly addressed. What's next on the chopping block? Medicare? Medicaid?

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