

EDOLPHUS "ED" TOWNS
MEMBER OF CONGRESS
10TH DISTRICT, NEW YORK

ENERGY AND COMMERCE
HEALTH

TELECOMMUNICATIONS AND
THE INTERNET

COMMERCE, TRADE, AND
CONSUMER PROTECTION

GOVERNMENT REFORM
GOVERNMENT, ORGANIZATION,
AND PROCUREMENT SUBCOMMITTEE
CHAIRMAN

Congress of the United States
House of Representatives
Washington, DC 20515-3210

WASHINGTON OFFICE:
SUITE 2232
RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5936

BROOKLYN OFFICES:
26 COURT STREET, SUITE 1510
BROOKLYN, NY 11242
(718) 855-8018

104-08 FLATLANDS AVENUE,
BROOKLYN, NY 11238
(718) 272-1175

1670 FULTON STREET
BROOKLYN, NY 11213
(718) 774-5682

June 29, 2007

H.R. 2870- Healthy Schools Act of 2007

Dear Colleague:

One of our nation's most pressing health challenges – assuring affordable, high quality health care for the more than eight million low-income and underserved children and adolescents who currently lack coverage – is met through two critical and complementary strategies. The first, insurance coverage through the State Children's Health Insurance Program (SCHIP), alleviates financial barriers and ideally works in conjunction with the second, school-based health clinics (SBHCs) which provide health services through a convenient, accessible, and child-friendly setting.

Unfortunately, in too many states, the potential of these strategies working effectively is severely undermined by a failure to integrate the SCHIP and SBHC programs. To assure America's children will not suffer the consequences of SBHCs losing SCHIP reimbursement, I have introduced H.R. 2870. This measure will amend titles XIX and XXI of the Social Security Act to ensure payment under Medicaid and SCHIP for covered items and services furnished by school-based health clinics. This bill provides a practical approach that strengthens Medicaid and SCHIP.

SBHCs have also been shown to decrease student absences and reduce academic failure resulting from poor health. They tackle health-related risks facing our nation's children, such as school violence, obesity, and tobacco use. Together with parents and school personnel, SBHCs help children lead healthier lifestyles which in turn prepare them to be more productive future Americans.

Approximately two million of America's youth access one of 1700 SBHCs in 44 states. Despite the important work they do, the centers rely predominantly on state and local funding, which has proven to be a volatile source of support. For example, in some states, SBHCs are not universally recognized by the states as an SCHIP provider or service type; SCHIP managed care policies limit SBHCs' role in primary care providers and place restrictions on the types of services and providers considered reimbursable; and many SCHIP health plans limit cost recovery for a large scope of SBHC services – especially for preventive care. Although every SBHC in the country sees SCHIP enrollees, only one in four reports that it receives any reimbursement from SCHIP.

I urge you to join me in supporting H.R. 2870. Together, we can ensure procedures for payment under Medicaid and SCHIP for SBHC services, and establish minimum criteria for primary health services as the core group of services offered by an SBHC. SBHCs are a vital component of the nation's health care safety net, helping children and adolescents stay healthy so they can achieve their full academic potential. Congress can help further that cause by ensuring that adequate funding is available to support SBHCs' tremendous work of providing health care to all school children, irrespective of their income or insurance status.

If you wish to co-sponsor, please contact Daria Dawson at (202) 225-5936 or daria.dawson@mail.house.gov

Sincerely,



Edolphus "Ed" Towns
Member of Congress