

Medicaid and School-Based Health Centers

Position Statement of the National Assembly on School-Based Health Care

All children and adolescents in the United States should have an equal opportunity to be healthy. Such was the premise when Congress created the national Medicaid program to ensure this opportunity for low-income families. School-based health centers (SBHCs) play an important and complementary role by assuring that health care is available, appropriate and affordable for underserved school-aged youth. Each year these programs provide access to nearly two million children.

Medicaid is a critical source of revenue (indeed, the largest source of non-grant funding) for SBHCs, and is a key component toward their long-term fiscal stability. Yet, barriers to Medicaid reimbursement exist for too many SBHCs, and this important source of revenue is often not fully realized.

The National Assembly on School-Based Health Care (NASBHC), in consideration of the important role school-based health centers play in meeting Medicaid access goals for children and adolescents, urges policy makers to protect and promote this essential component of the children's safety net through the following recommendations:

1. Federal and state Medicaid policy should recognize school-based health centers as an eligible provider or primary care service type. This could be accomplished by linking standards and reimbursement to the health centers' sponsoring organization (such as a hospital, community health center, public health department or other non-profits) or through a distinct standard specifically for school-based health centers.
2. Federal and state Medicaid policies should facilitate the participation of school-based health centers as primary care providers and child and adolescent specialists in managed care organizations and provider networks.
3. Federal and state Medicaid policy should establish school-based health center reimbursement methodologies that compensate the inter-disciplinary, comprehensive school-based health services model at 100% of cost.
4. Federal and state Medicaid policy should emphasize access to preventive care, routine assessment and screening, early intervention for medical and behavioral problems, and effective management of chronic illnesses. Policy should also reward performance measures that align with nationally recognized standards of preventive care for children and adolescents.
5. Federal and state Medicaid policy should prohibit cost-sharing for primary care services (such as co-pays or premiums), and eliminate burdensome requirements that force school-based health centers to seek payment from low-income children and adolescents ineligible for Medicaid.

The National Assembly on School-Based Health Care is a not-for-profit membership association whose mission is to nurture interdisciplinary school-based health care.