



Hallways to Health Act (S. 356/H.R. 1027): Section by Section Analysis

Section 1: Act cited as the “Hallways to Health Act”

Section 2: Grants and Programs to improve access to, and the delivery of, children’s health services through school-based health centers.

Establishes a grant program to utilize community health workers as peer educators and coordinators of care to improve access and adherence to care plans administered in school-based health centers.

- For purposes of these grants, the Bureau of Labor Statistics defines community health workers as personnel who assists individuals and communities to adopt healthy behaviors
- Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
- May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening
- May collect data to help identify community health needs

In addition, the community health worker can serve as a health educator, as defined by the Bureau of Labor Statistics

- Personnel to promote, maintain, and improve individual and community health by assisting individuals and communities to adopt healthy behaviors
- Collect and analyze data to identify community needs prior to planning, implementing, monitoring, and evaluating programs designed to encourage healthy lifestyles, policies and environments
- May also serve as a resource to assist individuals, other professionals, or the community, and may administer fiscal resources for health education programs.

Section 3: Establishment and expansion of demonstration programs to provide tele-health services at school-based health centers.

Establishes a demonstration program to provide tele-health services located at school-based health centers allowing for improved access for students in medically underserved areas.

- The funds can be used for new services or expanding pre-existing tele-health services



- This program does not preclude the tele-health provider from being reimbursed by their enrolled insurer, public or private¹

Section 4: Assurance of payment under Medicaid and CHIP for covered items and services furnished by school-based health centers.

Amends state plans to ensure states certify to the Secretary that the states implement procedures for payment under Medicaid and CHIP for covered items and services furnished by school-based health centers.

- For reimbursement purposes, under the state plan, school-based health centers will be treated the same as items and services provided in a physician's office or outpatient clinic at same capitation or risk-based rate of payment.

Section 5: Other Improvements

(a) The School-Based Health Center Authorization.

School-based health centers were authorized in P.L. 111-148, Section 4101(b) creating the first dedicated source of federal funding exclusively for the operation of school-based health centers.

The following additions were made to the authorization in this section:

- Tele-health is added as an allowable service for improved access for students in medically underserved areas
- The eligible sponsor list is expanded to include universities, accountable care organizations, and behavioral health organizations in keeping with current school-based health center sponsor agencies and those projected to be possible sponsors allowing for greater access
- Health education is added as an allowable practice based on research showing comprehensive health education decreases tobacco use, alcohol use, and other delinquent behaviors²
- Under the Evaluation section, language is added to acknowledge the current contract between the School-Based Health Alliance and the Maternal and Child Health Bureau (HRSA, HHS) on developing quality performance measures for all school-based health centers
- Technical Assistance resource center grants are added, modeled after the Primary Care Associations established to provide technical assistance to FQHCs

¹ Currently twenty-nine states have tele-health parity laws that require private insurers to pay for telemedicine at the same rate as in-person services, and 48 state Medicaid programs offer at least some coverage for telemedicine.

² Healthy Students, Promising Futures State and Local Action Steps and Practice to Improve School-Based Health. Department of Health and Human Services and Department of Education. January 2016.



- The grants will create state based entities or support pre-existing ones with the purpose of maximizing state and federal resources and policy to enable the development of school-based health centers and enhance the operations and performance of school-based health centers

The following language remains in the Authorization, and is not altered by this Act:

- No entity that has received funding under section 330 for a grant period shall be eligible for a grant under this section for with respect to the same grant period
- The grants provided by this authorization are available for entities that are ineligible for funding under section 330
- A school-based health center eligible for a grant under the Authorization, meets the CHIP definition and provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established standards, community practice, reporting laws, and other State laws, including parental consent and notification laws that are not inconsistent with Federal law and does not perform abortion services.

Section 5: (b) Essential Community Providers.

The Public Health Service Act, section 340(b) and Qualified Health Plan definition of an essential community provider are amended to include school-based health centers.

- Essential community providers include providers that serve predominantly low-income and medically underserved individuals
 - There is legal and historic precedent recognizing school-based health centers as an eligible entity under the 340(b) program; however, they have never been codified into law despite being part of the health care safety net the essential community provider definition is intended to encompass