



Federal Policy Update

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School-Based Health Alliance

Transforming Health Care for Students

Our **Focus**

The School-Based Health Alliance Works to Support & Grow SBHCs

Policy



Establishes and advocates for national policy priorities

Standards



Promotes high-quality clinical practices and standards, including for telehealth

Data



Supports data collection and reporting, evaluation, and research

Training



Provides training, technical assistance, and consultation

We support the improvement of students' health via school-based health care by supporting and creating community and school partnerships.

www.sbh4all.org

Government shutdown enters week 5

Both sides dig in

- Expiring Obamacare subsidies is the hold up – Individuals should start seeing premium hikes on November 1 during open enrollment
- According to CMS, Medicaid funding is available into 2026
- 330 grant funding should continue during the shutdown – for how long we are unsure
- Pain points that are being felt now:
 - SNAP, Head Start, and WIC funds are expiring
 - Troops are missing paychecks
 - Airport delays caused by a lack of TSA Agents and air traffic controllers



Reauthorizations

Programs requiring reauthorization beyond 2025

- School-Based Health Center Program
- 330 Program
- Legislators SBHA is engaging in our reauthorization efforts:
 - Sen. Mark Kelly (D-AZ)
 - Rep. Buddy Carter (R-GA)
 - Other House members on the Energy and Commerce Committee

DECEMBER 22, 2020

CAPITO, STABENOW ANNOUNCE SENATE PASSAGE OF SCHOOL-BASED HEALTH CENTERS REAUTHORIZATION ACT

WASHINGTON, D.C. – U.S. Senators Shelley Moore Capito (R-W.Va.) and Debbie Stabenow (D-Mich.) today announced the passage of their bipartisan *School-Based Health Centers Reauthorization Act* that will reauthorize funding for school-based health centers through 2026. School-based health centers provide a combination of primary care, mental health care, substance abuse counseling, case management, dental health, nutrition education, health education and health promotion activities.

“Children across West Virginia rely on the primary care, mental health services, health education, and drug addiction prevention counseling available within many of our schools. This makes it crucial that our school-based health centers receive our full support,” said Senator Capito. “The COVID-19 pandemic has underscored the important role our school services play in the development of our young people. I’m thankful that our legislation was included in the year-end package and that many of our school-based health centers will be eligible to receive this vital assistance through 2026.”

Appropriations

FY26 Appropriations – Is another short-term CR likely?

- Federal government's fiscal year ends on 9/30
- House and Senate Appropriations Committees have both passed their own Labor, Health and Human Services, Education and Related Agencies bills out of committee – neither has been taken up on their chamber's floor
- The House-passed CR only funds the government to 11/21. Is that enough time for both parties to come to an agreement? Or is another short-term CR likely?



PRIMARY HEALTH CARE

Appropriations, 2025	\$1,858,772,000
Committee recommendation	1,858,772,000

Community Health Centers

The Committee provides \$1,858,772,000 for the Bureau of Primary Health Care. Within the funds provided, the Committee includes funding for the following activities in the following amounts:

Budget activity	Committee recommendation
Addressing Intimate Partner Violence and Project Catalyst	\$2,000,000
Alcee L. Hastings Program for Advanced Cancer Screening	10,000,000
Early Childhood Development	30,000,000
Ending the HIV Epidemic	157,250,000
Native Hawaiian Health Care	27,000,000
<i>Papa Ola Lokahi</i>	10,000,000
School Based Health Centers	55,000,000
Technical Assistance	2,500,000

What else is happening federally?

States gear up to apply for Rural Health Transformation Funds

- States can secure up to \$10 billion annually from 2026 – 2030. Funds can be used for:
 - Promoting evidence-based, measurable interventions to improve prevention and chronic disease management
 - Providing payments to health care providers
 - Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of five years

**New Mexico's RFI for their application closed on 10/10.
State applications are due to CMS by 11/5.**

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1 “(iv) A Medicare-dependent, small
2 rural hospital (as defined in section
3 1886(d)(5)(G)(iv)).

4 “(v) A low-volume hospital (as defined
5 in section 1886(d)(12)(C)).

6 “(vi) A rural emergency hospital (as
7 defined in section 1861(kkk)(2)).

8 “(vii) A rural health clinic (as defined
9 in section 1861(aa)(2)).

10 “(viii) A **Federally qualified** health
11 center (as defined in section 1861(aa)(4)).

12 “(ix) A community mental health cen-
13 ter (as defined in section 1861(ff)(3)(B)).

14 “(x) A health center that is receiving
15 a grant under section 330 of the Public
16 Health Service Act.

HRSA Statement on Advancing Their Mission Through Focused Action

- HRSA believes parents are the primary decision-makers in their children's education and should have full authority over what their children are taught.
- School policies should include transparency and choice, and curricula should emphasize knowledge, critical thinking, and civic responsibility, without imposing ideas that may conflict with parents' political, religious, or social beliefs.
- **To the extent allowable by law, HRSA will also prioritize School Based Health Centers that respect parental rights and authority to direct the religious upbringing of their children.**

SBHA's policy goals and priorities moving forward

- Engaging appropriators to secure the highest amount possible for SBHCs and the 330 Program
- Aiding state affiliates in their pursuit of rural health funds
- Collaboration with our federal partners to protect healthcare and education



