April 26, 2022
Testimony from Robert Boyd, President and CEO, School-Based Health Alliance
Pennsylvania Senate Democratic Policy Committee Hearing
"Expanding School-Based Health Centers in Pennsylvania"

Introduction

Senator Muth, Senator Haywood, and Members of the Senate Democratic Policy Committee, thank you for inviting me to testify before you today. My name is Robert Boyd, and I am the President and CEO of the School-Based Health Alliance.

Since 1995, the School-Based Health Alliance, a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality healthcare in schools for the nation's most vulnerable children. Working at the intersection of healthcare and education, the School-Based Health Alliance is a recognized leader in the field and a source for information on best practices for philanthropic, federal, state, and local partners and policymakers.

For over 25 years, the School-Based Health Alliance has worked with state affiliates and national organization partners, advocates, healthcare providers, and school-based health centers across the nation to:

- Set the national policy and legislative agenda for the field, advocate for increased support and funding;
- Promote high-quality clinical practices and standards;
- Support data collection, reporting, evaluation, and research;
- Provide training, technical assistance, and consultation.

School-based health centers (SBHCs) provide the nation's vulnerable children and youth with access to primary care, behavioral health, oral health, and vision care where they spend most of their time – at school. School-based health centers operate through partnerships with health care organizations, school communities, community-based organizations, families, and youth. This collaboration, care coordination, and youth engagement improves student, school staff, and community health literacy and outcomes and contributes to positive educational results, including reduced absenteeism, decreased disciplinary actions, and improved graduation rates.

Background

According to the Centers for Disease Control and Prevention (CDC), children from low-income and racial and ethnic minority populations in the United States commonly experience worse health, are less likely

to have a usual place of health care and miss more days of school because of illness than do children from less economically and socially disadvantaged populations. They are also more likely to be hungry and have problems with vision, oral health, or hearing. Most of these children attend Title I schools in low-income urban or rural communities, lacking access to adequate school-based health care services (nursing, counseling, psychology, nutrition, oral health prevention and promotion, therapies, health education, and in-person or telehealth school-based primary care, mental health, expanded oral health, and vision services). The impact of these inequities extends beyond students and their families to schools, communities, and the future workforce.

SBHCs are an established, evidence-based intervention to improve health equity. The Community Preventive Services Task Force (CPSTF), an independent, nonfederal panel of public health and prevention experts established by the U.S. Department of Health and Human Services, recommends the implementation and maintenance of SBHCs in low-income communities to improve education and health outcomes. Their review found that SBHCs are effective in improving an array of educational and health related outcomes including: school performance, grade promotion, high school completion, delivery of vaccinations and other recommended preventive services, asthma morbidity, emergency department and hospital admissions, and other health risk behaviors.

While this model of care has grown consistently over the past 25 years, only a fraction of children and adolescents in need of these critical services are able to access an SBHC. By providing these services at school, these centers provide a convenient access point to health care in a setting that families are familiar with and trust.

National Landscape of School-Based Health Centers

At present, approximately 3,000 school-based health centers across the nation provide primary, behavioral, dental, and vision care and other support services to children in poor and underserved urban, rural and suburban communities at school. Most of the 3,000 centers delivering this evidence-based model are in Title I schools. However, there are nearly 60,000 Title I schools nationwide, the majority of which do not currently have a school-based health center addressing these critical needs. Unfortunately, only five percent of the nation's approximately 60,000 Title I schools are currently served by an SBHC, leaving an underserved population of 57,000 schools where state governments can expand access to health care.

Title I schools are experiencing a crisis in school-based health care workforce and services due to the lack of trained professionals and retirements, hastened by the pandemic. The impact of the COVID-19 pandemic to both SBHCs and the students they serve cannot be overstated. As school buildings closed across the country during the height of the pandemic, many SBHCs were forced to temporarily cease operations, while clinical staff and resources were redeployed to pandemic response activities by their sponsoring organizations. While many SBHCs continued to serve students via telehealth and limited in-

person care, and schools have since reopened, the financial impact of decreased reimbursement revenue has led to permanent closures for some.

Nationwide, Federally Qualified Health Centers (FQHCs) sponsor more than half of all SBHCs. The remaining centers are sponsored by hospital systems, public health agencies, nonprofits, and some school districts directly. FQHC sponsors are at a financial advantage compared to all other sponsor types because they benefit from the Prospective Payment System (PPS) rate for Medicaid reimbursement, which is significantly higher than for other Medicaid providers. In addition, they benefit from robust federal funding through the Section 330 Health Centers Program.

While nearly all SBHCs now bill insurance for reimbursement, billing revenue alone cannot sustain SBHCs. Although higher for FQHCs compared to other sponsor types, Medicaid reimbursement rates do not cover the true cost of care, and many services provided by SBHCs cannot be reimbursed for. These include behavioral health group visits and education classes, care coordination, utilization of family navigators and community health workers, and coordination with school staff on activities such as monitoring student Individualized Education Plans (IEPs). Many SBHC providers also frequently see students that do not meet the criteria for a formal diagnosis of anxiety, depression, ADHD or other mental health condition but are clearly struggling and in need of support. Without a diagnosis code, it can be very challenging to bill and seek reimbursement from Medicaid and other insurance.

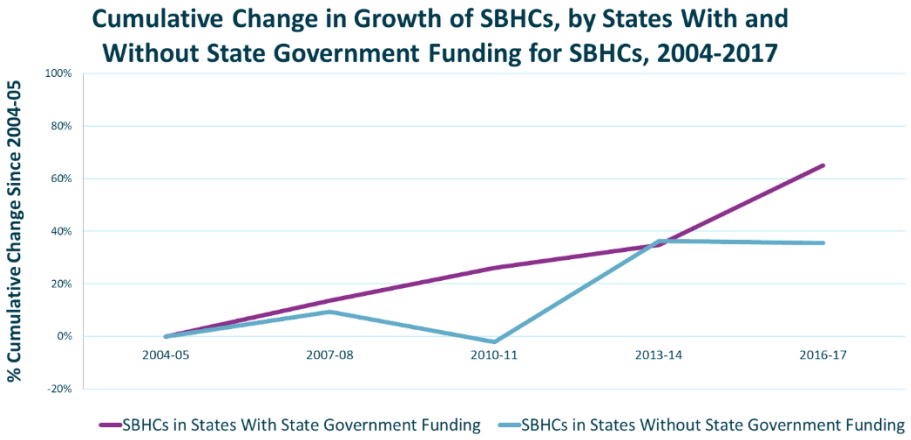
The financial challenges to sustaining and expanding SBHCs coupled with the overwhelming unmet need highlights the critical importance of state, federal and philanthropic support. While many SBHCs benefit from various federal funding sources, such as the Section 330 Health Centers Program and Maternal and Child Health Block Grant, only very recently have dedicated federal funds to support SBHC operations been appropriated. In FY 2021, the federal government appropriated $5 million to support SBHCs within the Section 330 Health Centers Program (FQHC sponsored SBHCs) and in FY 2022, this program received a $25 million increase. These funds only meet a fraction of the need. For the $5 million appropriated in FY 2021, the Bureau of Primary Health Care at the Health Resources and Services Administration received over 300 applications for just 27 available grants. The School-Based Health Alliance continues to advocate for increased federal funding for SBHCs of all sponsor types.

<u>The Impact of State Investment</u>

Funding from state governments is critical to the growth of SBHCs. Currently, 19 states provide dedicated state funding to support SBHCs. These investments range from $70,000 in Alaska, which received first-time funding in FY21, to $21 million in New York, which has funded SBHCs for over 20 years. In March 2022, Ohio Governor Mike Dewine announced first-time funding of $25.9 million that will be awarded to 136 new or expanded school-based health centers throughout Ohio. The Ohio Department of Health is awarding 15 contracts, totaling $25,910,983, to create 29 new school-based health centers and expand services in 107 existing school-based health centers. That funding is being made available through the American Rescue Plan Act of 2021, and additional funds are being made available through the Governor's Emergency Education Relief fund. We strongly encourage you to urge

Governor Wolf to make a similar use of available dollars from the American Rescue Plan and from the Emergency Education Relief Fund, in addition to allocating state general revenue dollars to support SBHCs.

The chart below shows the cumulative percentage change in growth of SBHCs for states that provide funding vs. those that do not. When states provide funding, SBHCs grow by over 60%. When states do not provide funding, the growth remains under 40%. While we do not have cumulative data since the onset of the pandemic, this gap has surely increased.



Conclusion

Senator Muth, Senator Haywood, and Members of the Democratic Caucus Policy Committee, thank you again for inviting me to speak today and for taking time to address the role that school-based health centers can play in the Commonwealth of Pennsylvania. Your support is noted, appreciated, and encouraged. On behalf of our nation's school-based health centers and the children that they serve, thank you.