

Federal Authorization for School-Based Health Centers

Too many children and adolescents in America face financial, geographical, and cultural barriers to health care. Delivering health and mental health services in school settings is a time-proven strategy for providing health care for our most vulnerable and underserved youths, and for breaking down barriers that interfere with a child's learning.

School-based health centers (SBHCs), operating in collaboration with schools, are administered by community-based organizations including hospitals, public health departments, community health centers and non-profit health care agencies. Schools welcome SBHCs because they attend to physical, emotional and social health concerns that are crucial to learning. Parents, too, value SBHCs for these reasons, and because they are accessible and delivered at low or no cost. SBHCs also deal with important preventable health concerns such as violence prevention, asthma, obesity, suicide prevention and tobacco use by shaping positive decisions and, ultimately, behaviors that form lifelong healthful habits.

Over the past three years, state-based funding has consistently decreased, largely because of diminishing tobacco settlement funds. We now expect more of the same in state-directed funding from state general revenue. In addition, the ability of foundations, city and county government, and corporations to support this critical component of the safety net has lowered due to the economic downturn. The need for SBHCs, meanwhile, has increased, and they are forced to provide more services with fewer resources (e.g., the state of Massachusetts will be forced to close seven SBHCs before the next school year, New York's program has already had funding cut backs twice this year).

▪ A Record of Success

Studies indicate that school-based health centers provide access to care in communities struggling to offer such services, provide economic savings and contribute to a healthier and more productive student population. For example, they can reduce the number of inappropriate emergency room visits and hospitalizations and lower inpatient, non-emergency department transportation, drug, and emergency department Medicaid expenses. SBHCs have also been shown to increase students' time in class and lessen health disparities.

▪ Funding School-Based Health Centers

Due to insufficient long-term funding from public health and patient revenue, no dedicated federal funding source, and decreasing insurance coverage among the school-aged population, SBHCs struggle to keep their doors open. Federal policy must recognize and support school-based health centers as part of the national health care safety net. Without having recognition, SBHCs are limited in their ability to work collaboratively with the federal government (e.g., stimulus dollars, Hurricane Katrina response).

To this end, the **National Assembly on School-Based Health Care is asking Congress to authorize a federal program, within health care reform**, that will enable SBHCs throughout the country to provide primary health and mental health services to greater numbers of children in our nation's schools. The time is now for Congress to codify its support for SBHCs and the children whose lives are transformed by this powerful intervention.