

# School-Based Health Centers Reauthorization Act of 2019

The bipartisan, bicameral **School-Based Health Centers Reauthorization Act of 2019 (H.R.2075 / S.1013)**—sponsored by Representatives John Sarbanes (D-MD), Paul Tonko (D-NY), Elise Stefanik (R-NY), and Fred Upton (R-MI), and Senators Debbie Stabenow (D-MI) and Shelley Moore Capito (R-WV)—will enable school-based health centers (SBHCs) to offer critical primary and mental health services to vulnerable children and youth.

Specifically, the bill extends the existing SBHC program to 2024, allowing for Congress' continued support of these centers—our nation's only health care safety-net dedicated exclusively to at-risk children and youth.

*School-based health centers provide comprehensive health care to children and adolescents in a setting that is trusted, familiar, and immediately accessible: their school. They are administered and operated by organizations such as hospitals and federally qualified health centers that view schools as a common-sense and effective place to improve the health of the community.*

## Fighting Disparities

SBHCs predominantly serve low-income children and adolescents who experience disparities in health care access and outcomes. The health centers attract hard-to-reach populations, especially minorities and males, and provide services such as mental health care and behavioral screens that are unlikely to be accessed elsewhere. As a medical home for many children and adolescents, SBHCs are often open before and after school, and assure access to after-hours care.

## Interdisciplinary Approach

SBHCs employ a team of providers – integrated within the clinical setting – to meet the complex medical, behavioral, and social health needs of children and adolescents. This interdisciplinary approach is essential to addressing today's multifaceted health challenges, including obesity, substance use, and other high-risk behaviors.

## Sustainable Funding

Access to public and private insurance is critical to a sustainable business model for SBHCs. Like many of our nation's health care safety net providers, however, SBHCs rely on additional support – public and private grants, corporate donations, and in-kind contributions from community health organizations – to finance critical aspects of the model left unfunded by insurance. Public funding sources most frequently used by SBHCs to supplement Medicaid, Children's Health Insurance Program (CHIP), and other third-party payers include state, federal, and local governments.

**2,500+**

SBHCs in the USA

**3.6 million**

K-12 students  
with access to SBHCs

**1,625**

SBHCs offer mental  
health services

**More than 1/3**

of SBHCs are located  
in rural communities

**Improved  
educational  
outcomes**

like school  
performance,  
grade promotion,  
and high school  
completion

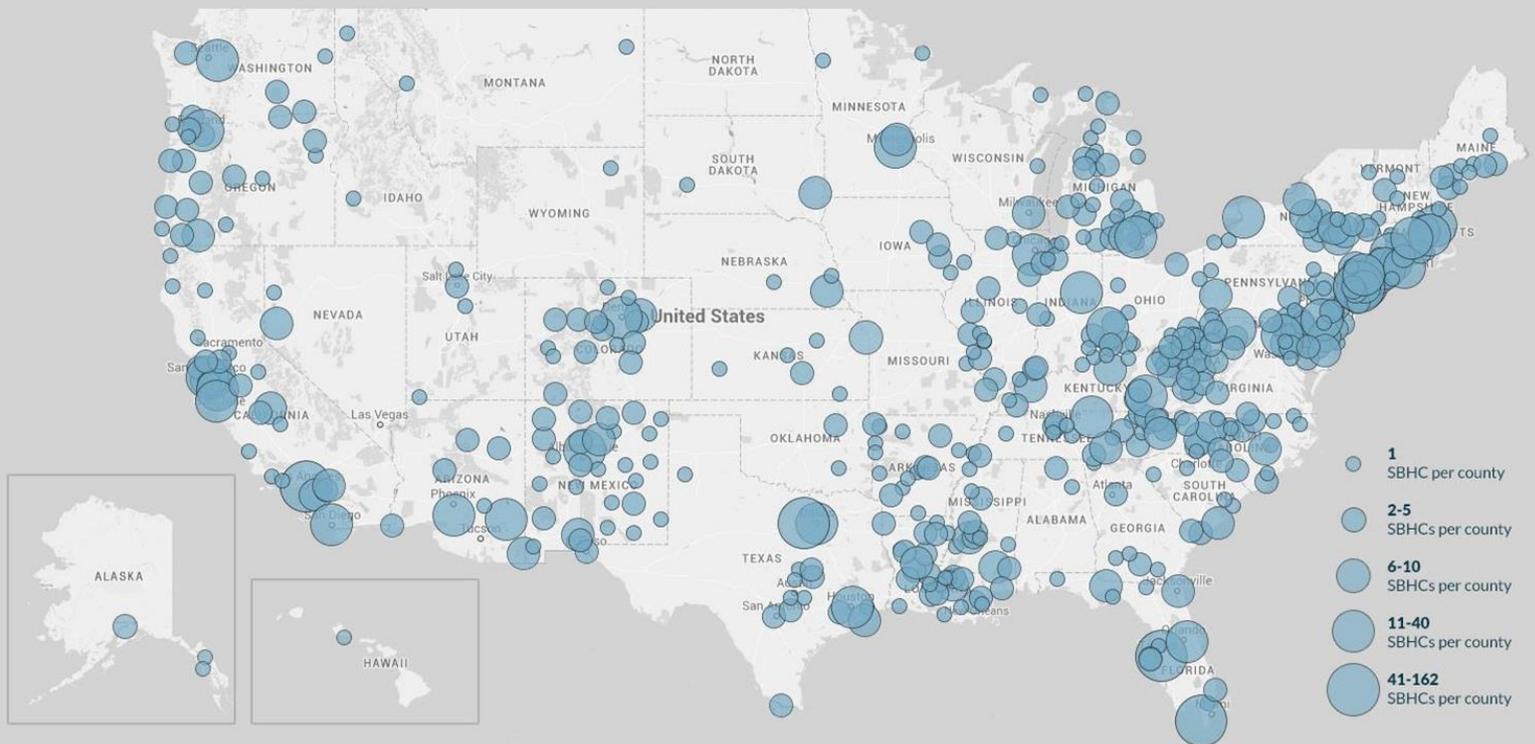
**Cost savings**

associated with SBHCs:  
decreases in  
asthma morbidity,  
and emergency  
department and hospital  
admission rates

**10x**

more likely for  
students  
to seek mental  
health counseling  
when an SBHC  
is available

## School-Based Health Center Locations by County



Data from the 2013-14 Census Report of School-Based Health Centers, School-Based Health Alliance

### WHY INVEST IN SCHOOL-BASED HEALTH CENTERS?

This proven model of care is currently serving too few children—especially in communities struggling to eliminate health and education disparities. A modest investment in SBHCs by Congress has the potential to leverage sizeable community health and education resources, improve health and education outcomes, and support meaningful access to primary prevention and early identification services – including mental health and substance use screenings and treatment.

### Cosponsor the School-Based Health Centers Reauthorization Act (H.R.2075 / S.1013)

To join the list of cosponsors, please contact [Jordan.Wolfe@mail.house.gov](mailto:Jordan.Wolfe@mail.house.gov) or [Alex\\_Graf@stabenow.senate.gov](mailto:Alex_Graf@stabenow.senate.gov).

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