SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Recommendations to the Biden-Harris Transition Team
Submitted December 11, 2020

What are school-based health centers?

School-based health centers provide the nation's vulnerable children and youth with access to primary care, behavioral health, oral health, and vision care where they spend the majority of their time – at school. Working at the intersection of health and education, school-based health centers collaborate with school districts, school principals, teachers, school staff, families, and students. Parents do not miss work to take their child to the doctor; and students do not miss a half or full day of school to see the doctor. This collaboration, care coordination, and youth engagement results in not only improved student, school staff, and community health literacy and outcomes, but also contributes to positive educational outcomes including reduced absenteeism, decreased disciplinary actions and suspensions, and improved graduation rates. School-based health centers advocate for the needs of at risk children, youth, and families, provide them with a safe haven, and serve as a protective factor that reduces their poor health and education outcomes.

Current status:

- As school-based health centers operate in school facilities, the physical locations of many school based-health centers were shuttered when schools went remote or closed entirely.
- School-based health centers have met the challenges of the pandemic by serving their students, where possible, via remote or telehealth platforms. These services have largely been possible in the behavioral health areas. Primary and preventative health services such as medicine management (for conditions such as asthma, diabetes, and reproductive health), routine vaccinations (such as Tdap, Meningococcal, HPV, and others), oral and vision care and well visits have been severely impacted by the lack of in person care.
- Given that many school-based health centers are sponsored (operated) by Federally Qualified Health Centers, hospital systems and public health agencies, when the pandemic was declared, many licensed professionals were recalled to the primary locations of their sponsoring entities; many took equipment and supplies with them.
- In some cases, such as those operated by school districts, professionals were furloughed and some have found other work due to the high demand for health workers.

- In many situations, those professionals are still engaged at their sponsoring entities. Due to the extreme financial hardship thrust upon all healthcare systems, the sponsoring entities may not have the financial resources to re-open, re-stock and re-start physical operations in schools.

Short term needs:

- We need to insure that we can re-open, re-stock and re-start all existing school-based health centers.
- Technology cannot permanently replace in person care. Expanding technology can play a large part in increasing remote access to healthcare services through existing school-based health centers. Technology enables sponsors of existing school-based health centers to expand to more sites and serve more students from low income households.
- The driving motivation should be the whole child: their education, health, and social and emotional well-being. While the efficacy of school-based health centers in improving educational outcomes is clear, the health and social and emotional well-being must be elevated to equal status with their education.

Longer term needs that can be affected by actions in the first 100 days:

- All children have a right to health care. The Community Preventive Services Task Force recommends school-based health centers as an evidence-based intervention to improve education and health outcomes in low-income communities. Before the pandemic, there were about 3,000 school-based health centers that reached as many as 10,000 schools with remote and revolving services. There were about 47,000 Title I eligible schools and 24,000 fully Title I schools before the economic downturn. Equity demands that healthcare services be made available to all students from low income households.
- Many low income communities do not have enough healthcare professionals to serve them. The operation of school-based health centers requires trained, licensed and certified staff. There should be incentives to attract healthcare professionals to serve in Title I schools.
- We support the Coalition of Community Schools' goal to serve all fully Title I schools by 2025. They believe that every community school should have a school-based health center. We agree.

Recommendations for the first 100 days:

- Create specific relief program to support the re-opening of all school-based health centers.
- In all programs, at the discretion of school district superintendents and principals, federal education funds should be made available to support the re-opening of all school-based health centers.
- Funds are needed to specifically expand the number of school-based health centers to all Title 1 schools.
- Using the tax code, create a $5,000 tax credit for all staff that work in Title I schools regardless of the employer (District, sponsoring entity, nonprofit program).
- Using the tax code, enable all staff that work in Title I schools that are not currently eligible for school loan forgiveness programs to fully deduct all school loan payments.

- Utilizing the Universal Services Fund (not part of the federal budget) expand FCC ERate and COVID-19 relief programs to cover the cost of telehealth and technology platforms related to student health.
- In order to measure and monitor health care performance and outcomes, allow the use of Universal Services Fund resources to cover the start-up of student health data collection hubs.
- Include funding for the start-up of school-based health centers in any Full-Service Community Schools appropriation.
- Support, encourage and direct where possible the use of state Medicaid funds to support school-based health centers, including allowing full or enhanced reimbursement for all services, including telehealth.
- Enhance federal financing for Medicaid by increasing states' Federal Medical Assistance Percentage (FMAP) to a total of at least 12 percentage points, consistent with the request made by the bipartisan National Governors Association.
- Expand funding, encourage and allow existing programs supporting Federally Qualified Health Centers the flexibility to expand into Title I schools.
- Create White House Council and Office on Children and Youth. Give the School-Based Health Alliance a seat on the Council. Staff the office with people who have demonstrated experience and commitment to serving the whole child and recognize the critical role that healthcare plays in that process.

About the School-Based Health Alliance

Based in Washington, D.C., the School-Based Health Alliance is a nonprofit 501(c)3 organization that was founded in 1995 and serves as the national voice for school-based health care. The Alliance provides technical assistance, resources, and training to school-based health care professionals, enabling them to provide the best-quality health care to their patients. In addition, it advocates for policies on the local, state, and federal level that strengthen school health. The Alliance supports its technical assistance and advocacy work—and the entire school-based health care field—through quality research and evaluation.