Attachment—Additional Questions for the Record

Subcommittee on Health
Hearing on
"Improving Access to Care: Legislation to Reauthorize Key Public Health Programs"
July 29, 2020

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The Honorable Anna G. Eshoo (D-CA):

1. School-based Health Centers (SBHCs) have not received direct appropriations from Congress since the Affordable Care Act passed in 2010. How has this lack of direct funding affected the ability of SBHCs to serve our Nation's children?

   Thank you for the question Chairperson Eshoo. The ACA provided $200 million in funding exclusively for construction and renovation of school-based health enters, not clinical operations. The Federal government has never provided direct funding for the clinical operations of SBHCs. Funding for start-up and operational costs of SBHCs are provided by a patchwork of sources, including their medical sponsoring organizations (typically federally qualified health centers, hospitals or health departments), local philanthropy and community partners, state and local government grants, and insurance reimbursement. The Federal government does provide expansion funding and a higher rate of Medicaid reimbursement for FQHCs, but no dedicated funding for them to work in schools.

   The impact of no direct federal support for SBHCs, despite their known benefit in reducing health inequities and increasing positive educational outcomes (see https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers) is that pre-pandemic, there were fewer than 3000 SBHCs serving over 24,000 fully Title 1 schools and almost 50,000 title 1 eligible schools. Given the devastating economic impact on working Americans, there will likely be more K-12 public schools serving students from low income households than ever before. Without direct federal support for SBHCs, this model cannot be scaled up to meet the growing need.

2. SBHCs operate in about 2,500 schools across the country, which is less than 2 percent of all K-12 public schools nationwide. What are your recommendations to Congress to increase the number of SBHCs so that more American children have access to the comprehensive services the health centers provide? As a result of the pandemic, more people recognize the value that SBHCs and all school-based health workers (including school nurses, social

workers, psychologists and counselors) bring to local school communities. These are not new observations. https://www.gse.harvard.edu/news/uk/18/09/healthy-children-better-learning

Decisions regarding the use of education funds should be local decisions. Congress should significantly increase funding for Titles 1, 4 and 5 of the Every Student Succeeds Act and allow superintendents and principles to leverage education funds to attract SBHC sponsor organizations to open and operate centers in their schools. SBHCs must be considered an eligible activity for those funds and the overall commitment to those specialized funding streams must be increased for all uses.

Congress should also establish a dedicated funding program with the Health Resources and Services Administration from which all sponsors of SBHCs can draw upon to establish, operate and expand in local K-12 public schools. Currently, SBHCs sponsored by FQHCs benefit from numerous advantages, including access to robust federal discretionary funds and higher reimbursement rates (prospective payment system). SBHCs sponsored by other organizations, such as health departments and hospitals, do not benefit from these advantages.

Though an emphasis should be on using technology to expand services, technology is not a panacea for a community that lacks services. Telehealth is here to stay, but it is not a substitute for in-person care. In-person care is critical and telehealth is merely an additional tool in the health provider toolbox. In-person care is required for many pediatric and adolescent visits, including comprehensive well care exams, pelvic exams, immunizations, oral care and visits requiring specimen samples.. In-person care is more desirable by behavioral health care professionals as well. In-person care requires trained, certified and licensed personnel.

3. What are your recommendations to ensure that every Title I school has a SBHC? Apart from funding needed for the start-up and operations of school-based health centers, the greatest impediment to expansion is the lack of human capital: there are simply not enough health care workers to serve rural and low income communities. School-based health workers generally make less than their counterparts in the private sector and less than those serving more affluent communities. There are also fewer health care professionals serving rural communities. Thus, there is a shortage of trained, licensed and certified professionals available to serve Title 1 schools. (It should also be noted that there are not enough educational staff for Title 1 schools either.) Congress should offer a $5,000 annual tax credit to everyone who serves full time in a Title 1 school.

   Congress should leverage matching funds with major philanthropies and major private university endowments to support training and certification programs and scholarships for graduating students from Title 1 high schools to get trained to serve in SBHCs and Title 1 schools. It will take most of a decade to train enough qualified staff to serve all schools. This must be done. Changing the tax requirement that philanthropies and foundations spend more than 5% of their funds per year (say 10% to 15% for five years) toward this effort would help generate funds.

Technology can help too, but telehealth often requires a "presenter' to interact between the student and provider. We should not expect or rely upon school nurses and existing school-based health care workers to be the presenters. We need a new core of medical techs, nursing aides and EMTs with basic health training to serve as both presenters and medical ambassadors to the school communities and families. Expanding existing programs like AmeriCorps (with some healthcare and telehealth training) would help to provide these type of workers for SBHCs. Allowing federal reimbursement for these workers would also help.

4. According to the Centers for Disease Control and Prevention-, fewer childhood vaccines are being given during the COVID-19 pandemic. In addition, when the COVID-19 vaccine becomes available, we'll need a whole-of-America effort to get individuals vaccinated. What should the Federal Government be doing now to recruit and support SBHCs in vaccinating children both with their routine immunizations and the future COVID-19 vaccine? When school buildings closed last March, many students forewent their routine medicine management, wellness check-ups and vaccinations. More than 6 months later, most school buildings have still not opened and few SBHCs have returned to regular in-school operations. Many have moved to some form of remote operations which does not provide easily for vaccinations. (see https://edredesign.org/files/edredesign/files/sbhc_brief_2_-9-23-2020_0.pdf?m=1601323637)

   Any efforts to mobilize SBHCs and school staffs to distribute COVID -19 vaccinations must be coupled with delivery of routine childhood immunizations. We remain concerned that there may be cluster outbreaks of communicable diseases in communities across the nation where routine vaccinations have not been provided. Our surveys of the school-based health center field show that there is currently no nationally coordinated effort to address vaccinations. There are some activities at some state and local levels, but these are sporadic and inconsistent.

   The first thing the federal government should do is to ensure that all SBHCs are able to re-open when schools return to normal operations. Many SBHCs remain on minimal remote operations and some are not operating at all as a result of the devastating financial impacts that the pandemic has had on local and state governments, educational systems and hospitals that sponsor SBHCs. By providing the resources to re-open, Congress should require a local plan for all vaccinations.

   School-based health centers are uniquely positioned and experienced to lead COVID-19 vaccination efforts in local communities. In addition to annual influenza vaccination events, many SBHCs organized mass vaccination efforts during the H1N1 outbreak of 2009. SBHCs are also highly trusted among families and communities, a critical factor to counter growing anti-vaccination sentiment across the nation. As the federal government plans for COVID-19 vaccine promotion messaging, SBHCs must be included in those efforts.

   If there is one thing we have realized in the last few weeks, local economies need school buildings to safely re-open. Safe child-care is a key to enabling parents to return to work.

Congress must classify all school employees as essential and vaccinate them first, when a safe and effective vaccine is approved. https://www.edweek.org/ew/articles/2020/09/24/when-theres-a-covid-19-vaccine-school-employees.html Strong consideration should be placed upon vaccinating school children among the first recipients as well. This approach will enable school buildings to re-open safely and parents to return to work, thereby enabling local economies to re-open and stay open.