Documents for the Record

Subcommittee on Health Hearing
Markup of Ten Pieces of Legislation
May 13, 2026

Majority:

1. May 13, 2026, letter to Chairman Guthrie, Ranking Member Pallone, Chairman Griffith, and Ranking Member DeGette from Kyu Rhee, MD, MPP, President and Chief Executive Officer, National Association of Community Health Centers.
2. May 11, 2026, letter to Chairman Griffith and Ranking Member DeGette from Sheri Strahl, MPH, MBA, President & CEO, ALS Network.
3. May 13, 2026, statement from the ALS Association.
4. May 12, 2026, letter to Chairman Griffith and Ranking Member DeGette from Jerry Dawson, President and CEO, ALS United.
5. May 12, 2026, letter to Chairman Griffith and Ranking Member DeGette from Paul Melmeyer, MPP, Executive Vice President, Public Policy and Advocacy, Muscular Dystrophy Association.

Minority:

1. May 13, 2026, letter to Chair Guthrie, Ranking Member Pallone, Chair Griffith, and Ranking Member DeGette from the National Association of Community Health Centers.
2. May 12, 2026, letter to Chair Griffith and Ranking Member DeGette from the Muscular Dystrophy Association.
3. April 15, 2026, statement from the School-Based Health Alliance.

NATIONAL ASSOCIATION OF
COMMUNITY HEALTH CENTERS®

May 13, 2026

The Honorable Brett Guthrie
House Energy & Commerce Committee
Chairman
United States House of Representatives
Washington, DC 20515

The Honorable Morgan Griffith
House Energy & Commerce Committee
Chairman
Subcommittee on Health
United States House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
House Energy & Commerce Committee
Ranking Member
United States House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
House Energy & Commerce Committee
Ranking Member
Subcommittee on Health
United States House of Representatives
Washington, DC 20515

Dear Chairman Guthrie, Ranking Member Pallone, Chairman Griffith, and Ranking Member DeGette:

On behalf of the National Association of Community Health Centers, thank you for your ongoing support and leadership, which have resulted in important investments for Community Health Centers (CHCs) in the recent Consolidated Appropriations Act. We appreciate your commitment to strengthening the nation's primary care.

For the past 55 years, the National Association of Community Health Centers (NACHC) has been the leading national, nonpartisan organization dedicated to supporting CHCs (also known as Federally Qualified Health Centers), our committed 326,000 primary care workforce, and the 52 million patients we serve. For 60 years, CHCs have provided high-quality, affordable, comprehensive care – including primary, preventive, dental, behavioral health, pharmacy, vision, and other essential health services at over 17,000 locations across rural and nonrural communities. This includes 1 in 3 rural residents and 1 in 2 in poverty. As our nation's largest primary care system, there is strong evidence, including from the Congressional Budget Office, that our work saves Medicaid and Medicare billions annually by reducing costly emergency, inpatient, and specialty care.[1] Research shows that every dollar invested in primary care yields a 13-to-1 return in overall health system savings.[2]

I write today to express our support for three public health bills impacting CHCs that were considered during the April 15th subcommittee hearing titled "Healthier America: Legislative Proposals to Improve Public Health." These bills will continue to strengthen access to

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[1] Volerman A, Carlson B, Wan W, Murugesan M, Asfour N, Bolton J, Chin MH, Sripipatana A, Nocon RS. Utilization, quality, and spending for pediatric Medicaid enrollees with primary care in health centers vs non-health centers. BMC Pediatr. 2024 Feb 8;24(1):100. doi: 10.1186/s12887-024-04547-y. PMID: 38331758; PMCID: PMC10851548. https://pubmed ncbi nlm nih.gov/38331758/

[2] https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf

comprehensive, community-based care and reinforce the essential role CHCs play in improving health outcomes nationwide.

School-Based Health Centers (SBHCs) deliver a full range of services—including routine check-ups, chronic disease management, behavioral health care, and dental and vision services—directly where students learn. This model, which represents one-quarter of all CHC sites, reduces barriers such as transportation challenges, limited clinic availability, and cost, ensuring that students receive timely care that supports both their health and academic success. Reauthorizing the School-Based Health Centers Grant Program is essential to continuing access for children and adolescents, particularly in communities facing persistent provider shortages.

We appreciate the growing recognition of the central role that nutrition plays in preventing and managing chronic conditions such as diabetes, hypertension, and cardiovascular disease—conditions that disproportionately affect the patients CHCs serve. Strengthening CHCs' capacity to provide tailored nutrition counseling and workforce training, as outlined in the Nutrition Education and Chronic Disease Prevention in Community Health Centers Act, is a cost-effective strategy that aligns with CHCs' mission to deliver comprehensive, preventive, and community-centered care.

Lastly, we are grateful for the Expanding Community Access to Health Services Act (HR 8201), which bolsters the nation's behavioral health infrastructure by requiring CHCs to be equipped with resources to offer mental health and substance use disorder services as part of their core service package. This legislation will enable CHCs to build on existing efforts and close care gaps that leave millions of CHC patients in need of behavioral health services.

We appreciate that the Subcommittee on Health will be considering the School-Based Health Centers Reauthorization Act of 2026 (HR 8209) later today. We look forward to working with the Committee on the other important bills as the process moves forward. Again, thank you for your steadfast support of CHCs.

Sincerely,

Kyu Rhee

Kyu Rhee, MD, MPP
President and Chief Executive Officer

CC: The Honorable Troy Balderson
The Honorable Paul Tonko
The Honorable Diana Harshbarger
The Honorable Susie Lee

ALS Network
Formerly ALS Golden West

May 11, 2026

The Honorable Morgan Griffith
Chairman, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
Ranking Member, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Griffith and Ranking Member DeGette:

On behalf of ALS Network and the thousands of people living with ALS, their families, caregivers, and communities we support, we respectfully submit this statement for the record for the Subcommittee on Health's May 13, 2026 legislative markup in strong support of the Accelerating Access to Critical Therapies (ACT) for ALS Reauthorization Act of 2026 (H.R. 8205).

Every day, the ALS Network supports people living with ALS and their families as they navigate a rapidly progressive and fatal disease. We work in homes, in clinics, and alongside families through every stage of ALS. We see firsthand what it means when time is limited, and treatment options are few. For this community, there is no time to wait.

Congress recognized that urgency and took a meaningful step forward through the passage of ACT for ALS in 2021. The law strengthened the national ALS research infrastructure through open data resources, natural history and biomarker research, and coordinated public-private efforts, improving how therapies are developed and evaluated. At the same time, it expanded access to investigational therapies for people who are unable to participate in clinical trials, while contributing to an evidence base that can inform future development and regulatory decision-making.

This approach has been critical to building a more coordinated and responsive research ecosystem. Today, that impact can be seen in large-scale efforts such as the ALL ALS natural history study, which has enrolled more than 1,445 participants across 34 active sites, and in Expanded Access Programs operating at 46 clinic sites. Together, these efforts are creating meaningful pathways for patients to access potential therapies while contributing to the broader evidence base.

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Reauthorization is essential to sustaining this progress. Without congressional action before September 2026, key programs established under ACT for ALS will begin to lapse. This would disrupt ongoing research, limit access to investigational therapies, and slow the momentum the ALS community has worked hard to build. At a moment when progress is becoming more tangible, maintaining continuity is critical.

The reauthorization bill not only extends these programs but also includes targeted updates to strengthen implementation and accountability, including clarifying eligibility and strengthening oversight. These updates will help ensure that federal investments remain aligned with both scientific opportunity and patient need.

Together, these updates strengthen the foundation of ACT for ALS. They preserve access, improve clarity, reinforce accountability, and help ensure the law continues to evolve in step with both scientific progress and the needs of people living with ALS.

ALS Network is grateful for the bipartisan leadership of Representatives Quigley and Calvert and the Subcommittee's attention to this important legislation. We respectfully urge the Subcommittee to advance the Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026 and preserve the progress underway. For people living with ALS, time is limited, and continued action is essential to ensure that progress in research and access is not interrupted.

Sincerely,

Sheri Strahl, MPH, MBA
President & CEO

Statement for the Record
The ALS Association
House Committee on Energy and Commerce, Subcommittee on Health
Markup of Public Health Reauthorizations and Policies to Improve FDA and Medicare
May 13, 2026

On behalf of The ALS Association and the tens of thousands of individuals and families affected by amyotrophic lateral sclerosis (ALS), thank you for reviewing the legislation at today's markup that meaningfully responds to the urgency of this disease.

ALS is a rapidly progressive, fatal neurodegenerative disease that strips individuals of muscle control and independence, typically within two to five years of diagnosis. More than 30,000 people in the United States are living with ALS today, supported by an even larger network of family caregivers. There is no cure, and therapeutic options remain limited. For people with ALS, time is the scarcest resource.

For that reason, The ALS Association strongly supports the Committee's consideration of H.R. 8205, *the Accelerating Access to Critical Therapies for ALS Reauthorization Act*. This bill addresses current and future needs of people with ALS by supporting the development of and access to new therapies.

Congress' enactment of the original *ACT for ALS* in 2021 represented a transformational shift in federal engagement on ALS, creating focused authorities at the Food and Drug Administration and National Institutes of Health to speed therapeutic development and expand access to investigational treatments. Reauthorizing and strengthening this framework will ensure momentum is sustained, accountability is enhanced, and federal agencies remain responsive to the realities of ALS research and patient need.

Recent findings from the Government Accountability Office confirm that the *ACT for ALS* is advancing coordination between NIH and FDA, expanding access programs, and generating critical data to inform future approvals. H.R. 8205 responds directly to these findings by clarifying authorities, strengthening oversight, and aligning statutory requirements with the scientific realities of ALS drug development.

The ALS Association commends the bipartisan leadership of Members advancing these measures and urges the Subcommittee to approve H.R. 8205 and move it expeditiously through the legislative process.

For people living with ALS, delay has real consequences. We urge swift action to continue building a future in which ALS is a livable disease and ultimately curable. We cannot wait.

ALS United

May 12, 2026

The Honorable Morgan Griffith
Chairman, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Diana DeGette
Ranking Member, Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Griffith and Ranking Member DeGette:

On behalf of ALS United and the people living with ALS and families we serve nationwide, we submit this statement in advance of the Subcommittee's May 13, 2026, markup to express our strong support for the Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026 (H.R. 8205).

ALS United is the largest provider of local, community-based ALS care services in the United States—a federation of 15 independent nonprofits with dedicated staff working alongside patients and families in communities across the country every single day. Through direct services, 92+ multidisciplinary care center partnerships, and wraparound support, our member organizations collectively serve more than half of all people living with ALS nationwide. Because we are embedded in communities—not just connected to them—we bring a grounded, real-time perspective on what ACT for ALS is delivering.

ALS is a rapidly progressive, fatal neurodegenerative disease, and for most people living with ALS, treatment options remain limited. Families do not have the luxury of waiting years for the traditional drug development timeline. Congress recognized that reality when it enacted ACT for ALS in 2021. The law established a practical, patient-centered approach to accelerate progress on two fronts at once: building the shared research infrastructure needed to move promising therapies forward faster, and expanding access to investigational therapies for people who cannot participate in traditional clinical trials.

That approach is already producing meaningful results. ACT for ALS has helped strengthen the national ALS research infrastructure through open data resources, natural history and biomarker research, and coordinated public-private efforts that are improving how the field develops and evaluates therapies. Separately, it has supported evidence-generating Expanded Access Programs that connect people living with ALS to investigational therapies while contributing to the evidence base that can inform future development and regulatory decision-making. The law's impact can already be seen across both areas—from the ALL ALS natural history study, which has enrolled 1,448 participants across 34 active sites, to the Expanded Access Programs now operating through 46 clinic sites.

ACT for ALS is helping build the shared data backbone, research coordination, and expanded access pathways that the ALS community has long needed. It is making ALS research more connected and more representative of the real-world patient population, including people who are often excluded from traditional clinical trials because of disease progression, geography, or medical complexity.

That is why reauthorization is so important. Without congressional action before September 2026, key ACT for ALS programs and authorities will begin to wind down. Expanded access efforts will lose support, the ALL ALS natural history initiative will be disrupted, and the shared data and collaboration infrastructure that is accelerating therapy development will be weakened at precisely the moment it is beginning to demonstrate its value. Congress should not allow successful programs that are already helping patients and researchers to lapse.

The Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026 extends these efforts and preserves the momentum the ALS community has worked so hard to build. Just as importantly, the bill also includes targeted improvements based on real-world implementation that would strengthen the program and help ensure it continues delivering meaningful value.

In particular, the bill would clarify eligibility for Phase 2/3 and planned Phase 3 trials, helping ensure that promising therapies are not excluded by narrow interpretations of the program. It would require closer review of clinical trial status when certain expanded access program grants come up for renewal, which would improve accountability and help ensure federal support remains aligned with the strongest scientific opportunities and patient benefit. It would require updated FDA planning and reporting, which would provide greater transparency into implementation progress, resource needs, and next steps for advancing ALS and other rare neurodegenerative disease work. It would also require additional GAO follow-up, helping Congress continue to evaluate how the law is being carried out and whether reauthorization is producing the intended results.

Taken together, these changes make a strong law stronger. They preserve access, reduce ambiguity, reinforce accountability, and help ensure that ACT for ALS continues evolving in ways that reflect both scientific realities and the urgent needs of people living with this disease.

ALS United appreciates the bipartisan leadership of Representatives Quigley and Calvert and the Subcommittee's attention to this important legislation. We respectfully urge the Subcommittee to advance the Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026 and help ensure that the progress ACT for ALS has already delivered is not interrupted. People living with ALS cannot afford to lose momentum in research, coordination, and access to investigational therapies.

Sincerely,

Jerry Dawson
President and CEO
ALS United

MDA® | Muscular Dystrophy Association

May 12, 2026

The Honorable Morgan Griffith, Chairman House Committee on Energy and Commerce Subcommittee on Health 2110 Rayburn House Office Building Washington, DC 20515	The Honorable Diana DeGette, Ranking Member House Committee on Energy and Commerce Subcommittee on Health 2111 Rayburn House Office Building Washington, DC 20515

Re: Energy and Commerce Subcommittee on Health Markup of the ACT for ALS Reauthorization Act (H.R.8205)

Dear Chairman Griffith and Ranking Member DeGette:

In service of the neuromuscular disease (NMD) patient community, including those living with amyotrophic lateral sclerosis (ALS) and other rare neurodegenerative diseases, the Muscular Dystrophy Association (MDA) thanks the Energy and Commerce Subcommittee on Health (the Subcommittee) for convening tomorrow's markup. In particular, we are incredibly grateful for the Subcommittee's consideration of the ACT for ALS Reauthorization Act of 2026 (H.R.8205), legislation that will renew and refresh critical ALS and other rare neurodegenerative disease research and drug development initiatives. We ask that you vote to send this legislation to the full Committee.

MDA is the #1 voluntary health organization in the United States for people living with muscular dystrophy, ALS, and related neuromuscular diseases. For over 75 years, MDA has led the way in accelerating research, advancing care, and advocating for the support of our community. MDA's mission is to empower the people we serve to live longer, more independent lives.

The ACT for ALS, enacted in December 2021, ushered in the exact kind of change the ALS and rare neurodegenerative disease community deserves. Notably, the law successfully expanded access to investigational therapies for those with ALS. According to the Government Accountability Office (GAO), approximately 750 people with ALS have received an investigational therapy due to ACT for ALS funding, individuals who were otherwise ineligible to participate in clinical trials and other available treatments were inadequate to alter the progression of their disease. This funding also unlocked the research potential of clinics across the United States, including the very first clinics to participate in ALS expanded access efforts in states like Idaho and Iowa. The law also has funded groundbreaking natural history data collection and analysis through the Access for All in ALS (ALL ALS) Consortium, a crucial endeavor for better understanding the risk factors, etiology, and progression of the disease.

The ACT for ALS also created and continues to fund the Accelerating Medicines Partnership for Amyotrophic Lateral Sclerosis (AMP ALS) as well as the Critical Path for Rare Neurodegenerative Diseases, two key facets of the HHS Public Private Partnership for Rare

Neurodegenerative Diseases created under the law. Both programs seek to speed therapeutic development in ALS and other rare neurodegenerative diseases by accelerating the creation of drug development tools and other approaches to bringing new treatments through clinical trials and to our community.

Finally, the ACT for ALS commissioned the ALS and other Rare Neurodegenerative Disease Action Plan. This plan, published in the summer of 2022, outlined the steps and initiatives the Food and Drug Administration (FDA) would take to accelerate therapeutic development in ALS. The law also created the FDA Rare Neurodegenerative Disease Grants Program, an effort that has funded over $20 million in drug development projects in ALS, Huntington's disease, myotonic dystrophy, ataxias, and more.

ALS remains an unrelenting disease. While progress has been achieved over the past five years, the experience of someone newly diagnosed with ALS today remains far too similar to the experience from five years ago. This is why reauthorizing the ACT for ALS's programs are critical for maintaining the hope and possibility of a life-changing, maybe even life-saving, treatment reaching the ALS and rare neurodegenerative disease community.

The ACT for ALS Reauthorization Act will reauthorize each of these programs while refining and improving upon the original law's approach. This bill will better target the investigational therapies available to the ALS community under the law's expanded access program by ensuring they are showing promising signs of effectiveness as well as allowing potential treatments in phase 2/3 trials to qualify, a necessary fix in today's rare disease drug development ecosystem. The bill will also renew FDA's Action Plan while requiring updates on the progress achieved under the original plan, and will commission a GAO report to evaluate the impacts of the reauthorization.

The ALS community stands united in supporting this legislation – over 25 organizations have called for swift passage of this bill.[1] We urge all Subcommittee members to support the favorable reporting of this legislation to the full Committee. For questions regarding MDA or the above comments, please contact Paul Melmeyer, Executive Vice President, Public Policy and Advocacy, at pmelmeyer@mdausa.org,

Sincerely,

Paul Melmeyer, MPP
Executive Vice President, Public Policy and Advocacy
Muscular Dystrophy Association

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NATIONAL ASSOCIATION OF
COMMUNITY HEALTH CENTERS®

May 13, 2026

The Honorable Brett Guthrie
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We appreciate that the Subcommittee on Health will be considering the School-Based Health Centers Reauthorization Act of 2026 (HR 8209) later today. We look forward to working with the Committee on the other important bills as the process moves forward. Again, thank you for your steadfast support of CHCs.

Sincerely,

Kyu Rhee

Kyu Rhee, MD, MPP
President and Chief Executive Officer

CC: The Honorable Troy Balderson
The Honorable Paul Tonko
The Honorable Diana Harshbarger
The Honorable Susie Lee

MDA® Muscular Dystrophy Association

May 12, 2026

The Honorable Morgan Griffith,
Chairman
House Committee on Energy and Commerce
Subcommittee on Health
2110 Rayburn House Office Building
Washington, DC 20515

The Honorable Diana DeGette,
Ranking Member
House Committee on Energy and Commerce
Subcommittee on Health
2111 Rayburn House Office Building
Washington, DC 20515

Re: Energy and Commerce Subcommittee on Health Markup of the ACT for ALS Reauthorization Act (H.R.8205)

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Neurodegenerative Diseases created under the law. Both programs seek to speed therapeutic development in ALS and other rare neurodegenerative diseases by accelerating the creation of drug development tools and other approaches to bringing new treatments through clinical trials and to our community.

Finally, the ACT for ALS commissioned the ALS and other Rare Neurodegenerative Disease Action Plan. This plan, published in the summer of 2022, outlined the steps and initiatives the Food and Drug Administration (FDA) would take to accelerate therapeutic development in ALS. The law also created the FDA Rare Neurodegenerative Disease Grants Program, an effort that has funded over $20 million in drug development projects in ALS, Huntington's disease, myotonic dystrophy, ataxias, and more.

ALS remains an unrelenting disease. While progress has been achieved over the past five years, the experience of someone newly diagnosed with ALS today remains far too similar to the experience from five years ago. This is why reauthorizing the ACT for ALS's programs are critical for maintaining the hope and possibility of a life-changing, maybe even life-saving, treatment reaching the ALS and rare neurodegenerative disease community.

The ACT for ALS Reauthorization Act will reauthorize each of these programs while refining and improving upon the original law's approach. This bill will better target the investigational therapies available to the ALS community under the law's expanded access program by ensuring they are showing promising signs of effectiveness as well as allowing potential treatments in phase 2/3 trials to qualify, a necessary fix in today's rare disease drug development ecosystem. The bill will also renew FDA's Action Plan while requiring updates on the progress achieved under the original plan, and will commission a GAO report to evaluate the impacts of the reauthorization.

The ALS community stands united in supporting this legislation – over 25 organizations have called for swift passage of this bill.[1] We urge all Subcommittee members to support the favorable reporting of this legislation to the full Committee. For questions regarding MDA or the above comments, please contact Paul Melmeyer, Executive Vice President, Public Policy and Advocacy, at pmelmeyer@mdausa.org,

Sincerely,

Paul Melmeyer, MPP
Executive Vice President, Public Policy and Advocacy
Muscular Dystrophy Association

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Written Testimony of the School-Based Health Alliance

Submitted to the United States House Energy and Commerce Committee
Subcommittee on Health in regard to the
Healthier America: Legislative Proposals To Improve Public Health Hearing
April 15, 2026
10:15 a.m. 2132 Rayburn House Office Building

Adriane Van Zwoll, PhD, LCSW, LMSW
Vice President
School-Based Health Alliance
1032 15th Street, NW; Suite 365
Washington, D.C. 20005

Introduction

Chairman Griffith, Ranking Member DeGette, and members of the House Energy and Commerce Committee Subcommittee on Health, thank you for the opportunity to submit written testimony on behalf of the School-Based Health Alliance (SBHA) for the subcommittee's hearing "Healthier America: Legislative Proposals To Improve Public Health." I am excited to share with you all the impact school-based health centers (SBHCs) have on student health care.

SBHCs provide the nation's vulnerable students and youth with access to primary care, behavioral health, oral health, and vision care, where they spend most of their time – at school. SBHCs operate through partnerships with health care organizations, school communities, community-based organizations, families, and youth. This collaboration, care coordination, and youth engagement improve students' health literacy and outcomes, as well as those of their families, school staff, and the community, and contribute to positive educational outcomes, including reduced absenteeism, fewer disciplinary actions, and improved graduation rates.

Today, the subcommittee will consider several bills that address fundamental issues in student well-being and educational success. Food security, mental health, and behavioral health supports are not optional—they are essential to ensuring that students can learn, thrive, and succeed. SBHCs play a critical role in meeting these needs, serving as trusted, accessible providers for thousands of students and families across the country. However, SBHCs can only fulfill this role when they are equipped with adequate resources and sustained support. Continued federal investment, including the support proposed in H.R. 8209, is vital to strengthening SBHCs and ensuring they can continue delivering essential services to students, families, and the communities they serve.

About 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.

At the School-Based Health Alliance, we've worked for over 30 years to:

- Advance national policy and legislative priorities for the field
- Advocate for greater support and funding
- Promote high-quality clinical practices and standards
- Support data collection and reporting, evaluation, and research
- Provide training, technical assistance, and consultation

National Landscape of School-Based Health Centers

At present, approximately 4,000 school-based health centers across the nation provide primary, behavioral, dental, and vision care, as well as other support services, to students in poor and underserved urban, rural, and suburban communities at school. Most of the 4,000 centers delivering this evidence-based model are in Title I schools. However, there are nearly 60,000 Title I schools nationwide, and the majority of them do not currently have a school-based health center to address students' critical needs. With only 6.5% of the nation's approximately 60,000 Title I schools served by SBHCs, students in more than 56,000 schools remain without access to the health care they need to learn, grow, and thrive, representing a significant opportunity to expand student-centered care.

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 financially advantaged compared to other sponsor types because they benefit from the Prospective Payment System (PPS) rate for Medicaid reimbursement, which is often significantly higher than that for other Medicaid providers. In addition, FQHCs benefit from robust federal funding through the Section 330 Health Centers Program. The funds being discussed today in H.R. 8209 provide FQHCs within the 330 Health Centers Program access to important resources dedicated to expanding SBHCs.

Importance of Investment in SBHCs

By providing services at school as part of a public-private partnership, SBHCs are a convenient and efficient access point to health care in a setting that families are familiar with and trust. In many rural schools, the SBHC is the nearest community health provider for miles, providing critical access to students and families, school staff, and community members. This convenience means less time taken off work for parents and school staff to travel to medical appointments, as well as increased seat time for students who can return to class after receiving health care services. SBHCs regularly provide patient-centered care that is responsive to the needs of local communities, including parents, and providers actively engage parents and promote parental involvement while obtaining parental consent for their child to receive care.

For decades, SBHCs have demonstrated their positive impact on students, schools, communities, and the health care system. Students who use SBHCs are less likely to visit the emergency room or be hospitalized, particularly for asthma. Academically, SBHCs help increase attendance, improve school climate, and support student achievement. SBHCs sometimes also respond to injuries and illnesses on school grounds, provide critical early intervention and prevention services, and help students with chronic conditions manage their health. Additionally, by facilitating positive, early interactions with health care providers, SBHCs promote lifelong health literacy and exposure to careers in health care for young people – all of which are critical to securing a healthy and prosperous future for our nation.

SBHCs are funded by third-party sponsors and aim to sustain their operations through billing and third-party revenue. The costs of startup and expansion can often be a significant barrier for sponsoring organizations running SBHCs as they seek to meet their communities' needs. Federal appropriations directed to SBHCs in the Health Center Program have helped fill some of these gaps in services expansion and startup costs. The need is still significant, and one that the federal government should continue to provide to federally qualified health centers interested in opening or expanding SBHCs.

SBHCs received $5 million in 2020 from the federal government, marking the first federal appropriation directed at establishing and supporting SBHC expansion. The appropriation increased annually from $5 million at inception up to $55 million in FY24, where it has remained. Appropriations support for SBHCs has drawn bipartisan support each year. H.R. 8209 ensures that federally qualified health centers interested in operating SBHCs will continue to receive these critical federal investments through fiscal year 2031. These funds play an integral role in the growth of SBHCs across the nation, improving access for our nation's most at-risk students and their families.

Mental and Behavioral Health Support at SBHCs

Today's students face a variety of stressors that negatively impact their mental health and ability to succeed. The Centers for Disease Control and Prevention’s (CDC) *Youth Risk Behavior Survey Data Summary & Trends Report: 2013 – 2023* found that 40% of students have persistent feelings of sadness or hopelessness. Furthermore, 20% of students seriously considered attempting suicide, and 9% attempted suicide, painting a distressing picture of the mental health of students. SBHCs are a proven, evidence-informed model for addressing the full spectrum of youth mental health and substance use needs, from prevention and early identification to treatment and care coordination. Located directly in schools, SBHCs reduce longstanding barriers to care such as transportation, cost, and stigma, ensuring students can access services where they already spend most of their time. More than 80% of SBHCs nationwide provide behavioral health services, delivered either in-person or via telehealth, making them one of the key access points for youth mental health care. SBHCs are uniquely positioned to identify concerns early through routine screenings, provide brief interventions, and deliver ongoing therapy, psychiatric care, including evaluation and medication management, and substance use services. This integrated, school-based approach increases utilization of mental health services among young people and supports improved academic outcomes, attendance, and overall well-being, while reducing reliance on emergency departments and crisis systems.

SBHCs operate through interdisciplinary staffing models that commonly include licensed mental health professionals such as social workers, psychologists, and counselors, alongside primary care providers and, in some cases, psychiatrists or other psychiatric providers and substance use specialists. This team-based structure allows SBHCs to deliver comprehensive, coordinated care that addresses both physical and behavioral health needs. Services may include universal prevention programming, mental health education, screening and assessment, individual and group therapy, psychiatric evaluation and medication management, substance use counseling, crisis intervention, and care coordination with families and community providers. SBHCs also support schools by providing effective alternatives to suspension through on-site behavioral health interventions that keep students engaged in learning while addressing underlying needs. In addition, SBHCs serve as a critical bridge to higher levels of care when needed, connecting students to specialty services such as intensive outpatient programs or inpatient treatment. By embedding clinical expertise within the school environment while maintaining strong partnerships with community health systems, SBHCs ensure continuity of care beyond the school day and across settings, creating a more responsive, efficient, and youth-centered behavioral health system.

Nutrition Education and Food Security Through SBHCs

School-Based Health Centers (SBHCs) also play an important role in promoting healthy nutrition and preventing diet-related conditions among children and adolescents through integrated, patient-centered services. Nutrition assessment, education, and counseling are routinely incorporated into well-child visits and ongoing care, consistent with established clinical guidelines and captured through Uniform Data System (UDS) reporting. SBHCs support students with individualized nutrition counseling as well as broader prevention efforts that promote healthy eating habits and overall wellness. Nutrition services are also integrated into the management of chronic conditions such as obesity, diabetes, and hypertension, ensuring that dietary counseling is part of comprehensive care. Many SBHCs utilize interdisciplinary models that may include primary care providers, registered dietitians, and community health workers, and prioritize culturally and linguistically appropriate education materials alongside ongoing provider training.

At the same time, SBHCs are uniquely positioned to address food insecurity as a key driver of health outcomes by integrating screening and resource connection into routine care. The School-Based Health Alliance's partnership with Share Our Strength's No Kid Hungry campaign demonstrates how SBHCs can operationalize this work at scale. Since 2022, this collaboration has supported SBHCs nationwide in embedding food security screening, referrals, and follow-up into clinical workflows, reinforcing their role as trusted community anchors at the intersection of health and education. In 2024, a national learning and dissemination effort, including webinars, technical assistance, and a comprehensive survey, found that 86% of SBHCs screen for food insecurity, 87% provide referrals to nutrition supports, and 69% track follow-up to some degree. These efforts help normalize conversations about food access, reduce stigma, and strengthen connections to critical programs such as school meals, SNAP, and local food resources. However, SBHCs continue to face barriers, including limited awareness among families, stigma, competing priorities, and a lack of sustainable funding, with 60% of respondents reporting no dedicated funding stream for food security work. Sustained federal investment in staffing, training, data systems, and cross-sector partnerships is needed to ensure SBHCs can continue to integrate nutrition care and food access supports, so that every student identified as needing assistance receives timely, meaningful support.

Conclusion

Every day, students come to school hungry, sick, and face challenges that keep them from being productive learners. School-based health care is part of the solution to keeping youth healthy and ready to learn. The simple fact is that healthy kids learn and grow better. By providing direct access to primary care, mental health, behavioral health, food security support, oral health, vision care, and more, SBHCs give students the opportunity to reach their full potential while relieving stress for families and bolstering communities. Thank you, Chairman Griffith and Ranking Member DeGette, for the opportunity to share this information with the committee.