



School-Based Health Centers Reauthorization Act of 2019

The School-Based Health Centers (SBHCs) Reauthorization bill of 2019—H.R.2075, sponsored by Representatives Sarbanes, Tonko, Stefanik, and Upton and S.1013, sponsored by Senators Stabenow and Capito—will enable SBHCs to offer critical primary and mental health services to vulnerable children and youth.

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

School-based health centers (SBHCs) 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, tobacco 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

6.3 million

K-12 students
with access to SBHCs

1,500

SBHCs have mental
health provider on staff

More than 1/3

of SBHCs provide care to
rural communities

**Improved
educational
outcomes**

like school
performance,
grade promotion,
and high school
completion.

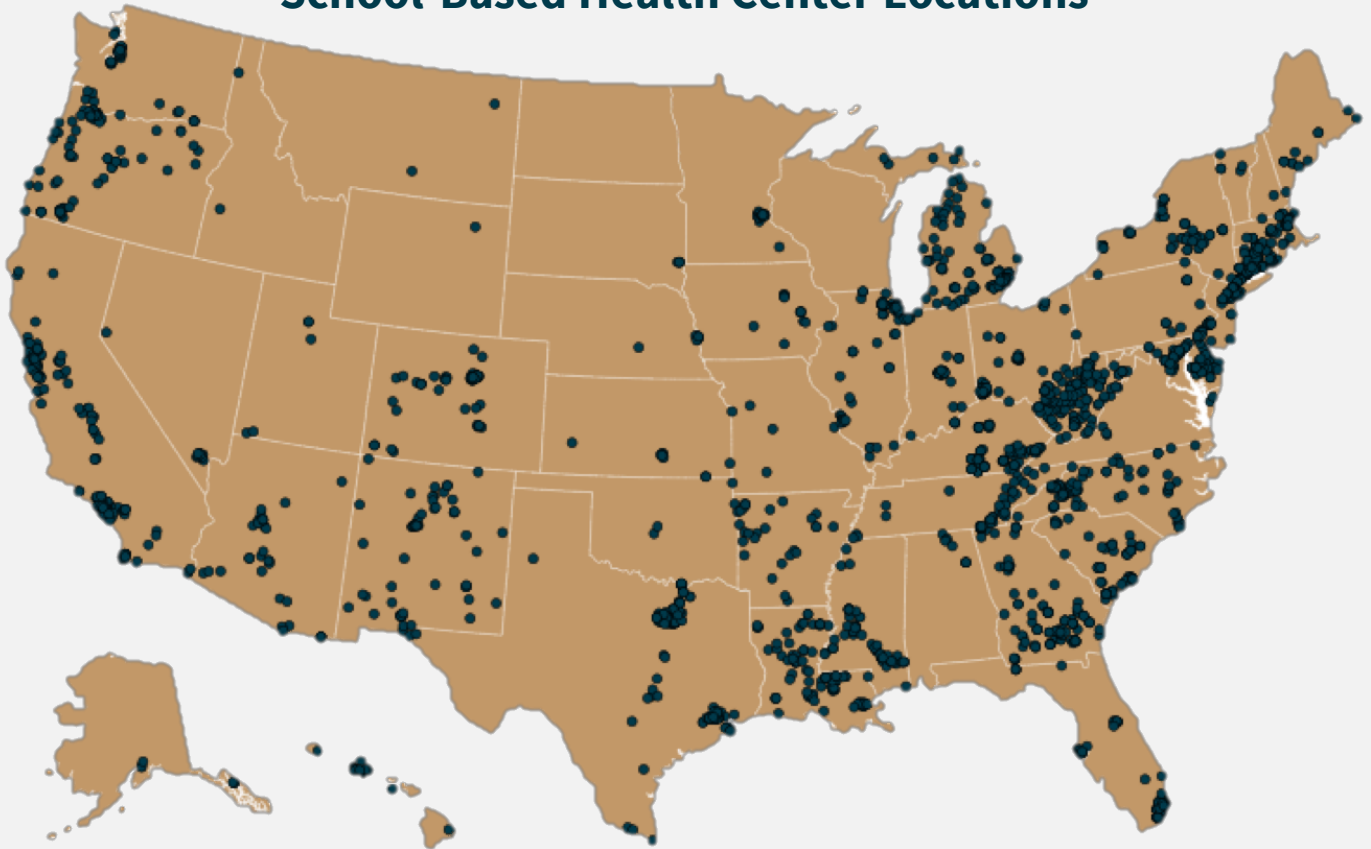
Cost savings

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



Data from the 2016-17 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)

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