

EQUITY FOR ALL KIDS



To: Chair Pendergrass and members of the Health and Government Operations Committee
From: Shamoyia Gardiner, Education Policy Director
Re: House Bill 975: State Department of Education and Maryland Department of Health – School-Based Health Centers – Ombudsmen
Date: February 26, 2020
Position: Support

School-Based Health Centers (SBHCs) are health clinics located in schools. Services offered typically include: primary medical care, mental/behavioral health care, dental/oral health care, health education and promotion, nutrition education, substance abuse counseling, and case management¹. Depending on the model implemented at each school site, a SBHC can serve the student population exclusively or even, as seen in Community Schools in Maryland and across the nation, serve students, staff, families, and the community.

House Bill 975 will require the Maryland Department of Health and the Maryland State Department of Education to designate ombudsmen conduct a statewide needs assessment of public schools with high rates of students living in poverty, with the goal of ascertaining information about the need for SBHCs, the existing capacity of local schools systems and health departments to meet those needs, and the additional resources needed to expand services offered by or establish new SBHCs to meet those demonstrated needs. **This inter-agency analysis is exactly the type of logical, evidence-based practice that ACY hopes to see implemented to better meet the needs of children and youth living in areas of concentrated poverty.**

National research has demonstrated that full-scale implementation of SBHCs result in decreased absenteeism, an elimination of the health care coverage gap between low-income African Americans, and net cost savings for school districts over time². **Nationally, high schools with SBHCs see about a 50% drop in chronic absenteeism within 2 months of full-scale implementation.** The report also estimated that SBHCs could save Medicaid about \$35 per student per year--\$1 million annually. In Baltimore City, for example, a SBHC was able to take an elementary school student who was a new arrival to the United States on a Monday, provide the physical checkup he needed on-site, and have him enrolled in class by Wednesday of the same week.

For all the reasons above, ACY urges a favorable report on SB 975.

¹ Health Resources & Services Administration. "School-Based Health Centers".

² Guo, et. Al. "School-Based Health Centers: Cost-Benefit analysis and Impact on Health Care Disparities". American Journal of Public Health. September 2010. 1 North Charles Street, Suite 2400, Baltimore, MD 21201 | www.acy.org | 410-547-9200 |