



**Testimony of Maine Public Health Association In Support of:  
LD 979: An Act To Expand Maine’s School-Based Health Centers**

Joint Standing Committee on Health and Human Services  
Room 220, Cross State Office Building  
Tuesday, April 6, 2021

Good morning Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today providing testimony in support of LD 979: “An Act To Expand Maine’s School-Based Health Centers.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities and we take that responsibility seriously.

This bill provides ongoing funding to school-based health centers (SBHCs) and gives priority to proposals that demonstrate a commitment to closing existing health disparities based on race, ethnicity, or tribal status.

MPHA strongly supports the implementation, maintenance, and funding of SBHCs. Research shows that when compared with children who are not economically or socially disadvantaged, U.S. children from low-income and racial and ethnic minority populations commonly have worse health, insufficient or no access to health care, including primary care, more missed days of school because of illness, more hunger, and more problems with vision and hearing.<sup>1</sup>

SBHCs are often placed in schools that have a high prevalence of such students experiencing health disparities, whether due to income, geography, or race or ethnicity. SBHCs provide primary health services, including screenings and mental health services, to students of all ages, from pre-kindergarten through high school. Notably, services may be provided to school staff, student family members, and others within the surrounding community, extending the health care benefits.

According to the [Community Preventive Services Task Force](#), SBHCs have been shown to improve educational and health outcomes. Specifically, SBHCs have been shown to improve school performance, grade promotion and high school completion. Improved health outcomes include: delivery of vaccinations and other recommended preventive services; reduced asthma morbidity; reduced emergency department and hospital admissions; increased contraceptive use among sexually active females; and other improved health risk behaviors. SBHCs also help parents, particularly those who lack reliable transportation, live far from health

care, or have inflexible work schedules. Parents' economic security is improved as they aren't forced to take time off from work – sometimes an entire day – to travel for their children's routine medical care.

MPHA recently updated its 2016 report on the [History of the Fund for a Healthy Maine](#). Since SBHCs receive funding from FHM, the report includes statistics about their efforts in Maine<sup>2</sup>:

- In our 15 SBHC's provide access to care for ~10,700+ students, allowing parents to stay at work instead of taking children to appointments, decreasing absenteeism and drop-out rates among students, and improving worktime for parents.
- Nearly a third (31%) of students in a school with a SBHC were enrolled with the center.
- 55% of all SBHC users received a health risk assessment (and those with risk identified received follow-up counseling).
- Nearly half (48%) of medical visits were for preventive screenings, such as immunization or well-child visits.
- Maine SBHCs provided 6,700+ behavioral and mental health counseling visits, including 1,600+ after the pandemic struck through telehealth services.
- 92% of SBHC enrollees identified as needing mental health services received them at a SBHC.
- 53% of all SBHC users were screened for physical activity, nutrition, and sexual activity and 54% of users were screened for tobacco use, alcohol use and drug use.

We believe supporting SBHCs improves academic, mental, emotional, and physical health outcomes for students and families in Maine. As such, SBHCs are a strong contributor to improved health equity for populations experiencing health disparities. We respectfully request you vote LD 979 "Ought to Pass." Thank you for your consideration.

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<sup>1</sup>Guide to Community Preventive Services. Health equity: School-based health centers.

<https://www.thecommunityguide.org/findings/promoting-health-equity-through-education-programs-and-policies-school-based-health-centers>. Page last updated: September 30, 2020. Page accessed: April 6, 2021.

<sup>2</sup>Wheeler T, Baker M, Dumont R & Shaler G. (2020). All schools summary: School-based health center - 2019-20 year-end report. Muskie School of Public Service. University of Southern Maine.