



To: The Honorable Senator Claxton, Chair
The Honorable Representative Meyer, Chair
Members, Committee on Health and Human Services

From: Mikenzie Dwyer, Intern with Maine Medical Association and University of New England Senior

Date: 6 April 2021

Re: **In Support**
LD 979 An Act To Expand Maine's School-based Health Centers

The Maine Medical Association is the State's largest professional physician organization representing more than 4,300 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine and promote the health of all Maine residents.

I am pleased to be here before you today to testify in support of LD 979, An Act To Expand Maine's School-based Health Centers. Adolescents face multiple health barriers and are particularly vulnerable to health risks. School-based health clinics provide an alternative model of care that increases accessibility and improves health outcomes. [One study](#)¹ on the school-based health clinics in Denver, Colorado, found the percentage of ninth and tenth-grade students who accessed medical providers on a yearly basis increased from 65 percent of 81

¹ Bridis, Claire, D., Sanghvi, Rupal V. (1997) *School-Based Health Clinics: Remaining Viable in a Changing Health Care Delivery System*. Annual Review of Public Health. Volume 18.

percent. Forty percent of those students reported they would lack access to care altogether without the school-based health center.

SBHCs can help students return to class more quickly with their increased accessibility. Because of this, SBHCs have been linked with improved academic outcomes such as GPAs and attendance². SBHCs provide further assistance for our adolescent mental health epidemic. Nationwide, schools are oftentimes the primary provider of children’s mental health care but have neither the resources nor the expertise to manage these services independently³. Early identification and alignment of school and community mental health resources is a better path for a successful mental health outcome and better long-term learning. Fifteen percent of youth in Maine reported suffering from at least one major depressive episode in the past year, 59 percent of youth with major depression do not receive any mental health treatment⁴.

COVID-19 poses several health risks, one of them being decreased mental well-being in adolescents. Mental health risks disproportionately impact children and adolescents who are already disadvantaged and marginalized⁵. SBHCs can work to provide access to mental health care, especially during these unprecedented times.

² Bersamin, M., Garbers, S., Gold, M. A., Heitel, J., Martin, K., Fisher, D. A., & Santelli, J. (2016). Measuring Success: Evaluation Designs and Approaches to Assessing the Impact of School-Based Health Centers. *The Journal of adolescent health* : official publication of the Society for Adolescent Medicine, 58(1), 3–10. <https://doi-org.une.idm.oclc.org/10.1016/j.jadohealth.2015.09.018>

³ Atkins, M. S., Cappella, E., Shernoff, E. S., Mehta, T. G., & Gustafson, E. L. (2017). Schooling and Children's Mental Health: Realigning Resources to Reduce Disparities and Advance Public Health. *Annual review of clinical psychology*, 13, 123–147. <https://doi-org.une.idm.oclc.org/10.1146/annurev-clinpsy-032816-045234>

⁴ <https://mhanational.org/issues/2020/mental-health-america-youth-data>

⁵ Fegert, Jörg M., Vitiello, Bededetto., Plenar, Paul L., Clemens, Vera. (2020) Challenges and burden of Coronavirus 2019 (COVID-19) pandemic for children and adolescent mental health: a narrative review to highlight clinical and

Fiscally, school-based health centers make sense as well. SBHCs provide financial savings to children and their families as well as preventing secondary losses of time and productivity for the parents. They also prevent unnecessary ED visits and unintended pregnancies⁶. For those enrolled in Medicaid, the total healthcare costs and costs for mental health services were lower for students in schools with SBHCs compared to those in schools without⁷. According to a [study](#) on cost benefits of SBHCs, they have a total social benefit ranging from \$15 to \$912,878 depending on factors such as geography and school characteristics. They also have savings for Medicaid, ranging from \$30 to \$969 saved per visit⁸.

School-based health centers do not rid the need for community-based primary care, but they can improve access to much needed care and improve the overall health outcomes of students. COVID-19 has increased the need and urgency of such access. Therefore, we urge the committee to vote Ought to Pass on this important piece of legislation to provide much needed funding to our SBHCs.

Thank you for your time today. Please contact us if we can help provide useful information before, or at the work session.

research needs in the acute phase and the long return to normality. *Child Adolescent Psychiatry Mental Health*. <https://link-springer-com.une.idm.oclc.org/content/pdf/10.1186/s13034-020-00329-3.pdf>

⁶ Ran, T., Chattopadhyay, S. K., Hahn, R. A., & Community Preventive Services Task Force (2016). Economic Evaluation of School-Based Health Centers: A Community Guide Systematic Review. *American journal of preventive medicine*, 51(1), 129–138. <https://doi.org/10.1016/j.amepre.2016.01.017>

⁷ Guo, J. J., Wade, T. J., & Keller, K. N. (2008). Impact of school-based health centers on students with mental health problems. *Public health reports (Washington, D.C. : 1974)*, 123(6), 768–780. <https://doi-org.une.idm.oclc.org/10.1177/003335490812300613>

⁸ Adams, E. K., & Johnson, V. (2000). An elementary school-based health clinic: can it reduce medicaid costs?. *Pediatrics*, 105(4 Pt 1), 780–788. <https://doi-org.une.idm.oclc.org/10.1542/peds.105.4.780>

Sincerely,

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