

April 6, 2021

**Dear Members of the Health and Human Services Committee:**

My name is Gita Rao, and I am pleased to present testimony in support of [LD 979](#) "An Act to Expand School Based Health Centers". I am representing the school-based health centers (SBHCs) in Portland and Westbrook operated by Greater Portland Health, where I serve as Clinical Director of the SBHC program. This letter includes a brief overview of SBHCs; compiled anecdotes speaking to the benefits of SBHCs from SBHC students, medical providers, community partners and school nurses; an overview of Greater Portland Health and our five SBHCs; and an explanation of our strong support for the expansion of SBHCs.

**I. SBHC Overview**

According to the School-Based Health Alliance: “All children and adolescents deserve to thrive. But too many struggle because they lack access to health care services. School-based health care is the solution, bringing health care to where students already spend the majority of their time: in school. **When health and education come together, great things happen.**”<sup>i</sup>

The purpose of SBHCs is to improve the health and well-being of students and to maximize their potential through accessible, comprehensive, coordinated and integrated preventive health education and primary care services in school. SBHCs provide a variety of health care services to youth in a low-barrier environment and function as an entry point to primary care for children who might not otherwise have access to consistent medical care. SBHCs represent a model of care that is responsive to the unique physical and mental health needs of children and adolescents. Many of the patients served by SBHCs come from diverse backgrounds, often from groups that experience the greatest likelihood of being un- or underinsured and face the greatest challenges accessing health care. By increasing accessibility and continuity of health care directly on school campuses, SBHCs are in turn well positioned to address the unmet physical and mental health needs of underserved youth populations.<sup>ii</sup>

Research has demonstrated the significant impacts of delivering preventive care, such as: immunizations, managing chronic illnesses (e.g. asthma, obesity, and mental health conditions), providing reproductive health services for adolescents, and even improving academic performance. Most notably, SBHCs seek to address the host of mental health challenges that often arise during the vulnerable ages between adolescence and young adulthood, including bullying, peer pressure, depression, and anxiety.

SBHCs offer services to all students in their school, regardless of ability to pay, as well as engage students, parents, and community members in advisory councils that provide leadership, guidance, and community perspective to health service staff and school administration.<sup>iii</sup> The American Academy of Pediatrics has emphasized that a “medical home” is the ideal form of health care delivery for children and adolescents.<sup>iv</sup> A true medical home is a system of care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally

effective. In turn, it is considered a best-practice solution to include SBHCs under the umbrella of a community health center.

## **II. The Impact of School-Based Health Care**

After five years of providing clinical care within Greater Portland Health’s SBHC program, I have witnessed the tremendous impact SBHCs can have on students’ health and academic experience. Due to their accessible nature, SBHCs reach students with the most complex needs, such as youth facing homelessness, depression, dating violence, acculturation stress, and substance use. With co-location and joint teams, school staff and health care providers can work collaboratively to provide effective, comprehensive services to teens facing the most significant barriers to health and academic opportunity. Consequently, SBHCs can reduce absenteeism in schools by addressing students’ critical health needs as part of a larger plan for student engagement and support. This also gives health care providers the opportunity to be part of a circle of trusted adults who make schools safe and equitable.

This past year in particular, Greater Portland Health’s SBHC program added critical services to meet the changing health care needs of students during the COVID-19 pandemic. We grew our behavioral health services to address increased social isolation and mental health issues among students. We also began offering telehealth services to maintain continuity of care for remote learners. We recognized that many of our SBHC patients had already established trust with their provider, and the implementation of telehealth services allowed these relationships to thrive even at the height of the public health emergency. Additionally, telehealth appointments offered added flexibility to students balancing school, work, and caring for siblings.

Our SBHCs have also offered low-barrier COVID-19 testing for all students enrolled in Portland Public Schools. We understand that this testing is critical in keeping students and families safe, and have therefore provided local school nurses with a direct pathway for referring any student or school staff member for a same-day COVID test. This referral system has expedited the contact-tracing process for school nurses, thus keeping schools safer. Furthermore, COVID testing services through the SBHCs have reduced unnecessary school absences for students whose families would otherwise face multiple socioeconomic barriers to obtaining a test. Our SBHCs quickly adapted to provide more than 700 tests to school staff and students in this pandemic.

## **III. Student Success Stories**

SBHCs have great potential for affecting change, and for some students, that shift can be life-changing. The following encounters detail how school-based health care has benefitted some of our patients:

- A) A teen felt tired and weaker than usual for months on end. Eventually, her fatigue led her to quit playing sports. She told her friends at school, and they suggested she see a provider at the SBHC. This peer endorsement inspired her to schedule an appointment. During her exam, the student was found to be anemic. The student had not confided in her mother about her change in health due to fear of “burdening” her. This is a common sentiment among SBHC patients with significant household responsibilities—caring for younger

siblings, working after-school jobs, etc. At this same follow up, the student reported a worsening toothache and headache. She had a recurrent dental abscess that needed care. We were able to coordinate care onsite with the SBHC dentist to have her seen that same day for dental care. She also received the necessary iron supplementation and dietary counselling, and afterward reported improved energy and a renewed interest in sports. The ability of SBHCs to address the urgent needs of students leads to greater opportunities in health promotion and individualized health education. The student now recognizes the value of school-based health care in preventing illnesses; she also now talks with her mother about her own health care needs and how she accesses services through school. As this student transitions out of high school, her ability to navigate health services will be greatly enhanced as a result.

- B) A high school student presented with a history of anxiety. The patient also had multiple siblings who had dropped out of school. The patient was starting to miss school frequently due to headaches and worsening anxiety. A school social worker met with the student and reached out to his mother. The patient's mother was overwhelmed with family stressors and was therefore unable to connect her son to consistent health care. The school social worker offered a full connection to health services through school: a primary care doctor, psychiatric evaluation, and ongoing counseling. The mother came to school to meet the social worker, who guided the patient's mother through signing all SBHC enrollments for medical and dental. The patient now receives comprehensive health care with the ease of school access. At the core of these services are the behavioral health supports funded by our state grant. This SBHC funding has enabled us to build bridges with school staff and administrators, and this growing connection is what led this student to behavioral health care.

#### **IV: Provider and Community Support**

In addition to students, our providers and organizational partners have also witnessed the progress that the SBHCs have brought about in their respective communities. Below are their testimonies, which were written in support of LD 979.

##### **1. Medical and Behavioral Health Providers in our SBHCs:**

*Dr. Patricia Patterson – Maine Medical Center*

My name is Dr. Patricia Patterson. I am an attending pediatrician in the Pediatric Clinic at Maine Medical Center and a provider of services at Portland High School's SBHC. I would like to speak in support of the school-based health centers.

In addition to evidence suggesting that the presence of SBHCs in schools boosts performance on standardized tests and reduces utilization of expensive after-hours emergency care centers, there is a very human side to the services provided at the health centers. What follows are a couple of descriptions of experiences I have had at the SBHC that I hope will help illustrate this point. In order to protect confidentiality concerns I will be using fictitious initials.

CL was a young lady being seen at the SBHC for a “sports physical” required for her participation in tennis, a new sport for CL who had not previously participated in high school sports. Recognizing that the adolescent age group as a whole infrequently interacts with medical providers around preventive health, a complete adolescent exam was conducted. Included in this exam was a detailed questionnaire covering a wide range of topics, from healthy lifestyle choices, to mental health, to safety concerns, and more typical adolescent topics: alcohol, drugs, tobacco, vaping, etc. In reviewing the questionnaire with CL, I noted that she had checked off the box indicating that she had been making herself vomit after eating in an effort to lose weight. Cautiously, CL shared her disappointment with her physical appearance and her overpowering desire to be thinner even if it meant being unhealthy. Her struggles were long-standing, but she had never shared this information with anyone before, and in her words: “Nobody ever asked me before now.” Upon leaving the SBHC that day, CL had in hand her appointment with the SBHC’s Licensed Clinical Social Worker, her sports clearance letter, and a vaccination consent form to be signed by her parent to catch her up on missing adolescent vaccinations, including the state-required meningococcal vaccine. When CL returned several weeks later for her vaccines, she relayed that she had met with the SBHC counselor several times and felt she was making progress and was happy to be working with her.

ZO was a charming young woman who had complex medical conditions that predisposed her to a variety of infections including urinary tract, lung and skin infections. Her mother was a single mom who worked full time. It was extremely difficult for ZO to attend the number of medical appointments requested by her various providers. I was familiar with ZO, as I had seen her multiple times related to her urinary tract infections and had assisted with collecting urine samples to help inform her urologist in his management decisions. Additionally, ZO had the misfortune of experiencing a deep burn that was cared for in an emergency room and discharged with a scheduled appointment for follow-up with the surgical clinic. ZO did not return to that clinic and instead presented to the school nurse days later and asked that she take a look at the burn. The school nurse partially uncovered the dressing and quickly realized that ZO would benefit from being seen at the SBHC in session that day. Upon taking down the dressing together, it was clear that ZO’s burn was seriously infected and she needed surgical intervention immediately. I placed a call to the on-call surgeon and after speaking to him, ZO was referred to the ER where she was met by the surgical team and admitted for IV antibiotics, surgery and wound care. After discharge from the hospital over a week later, I was able to provide follow-up care in the SBHC with guidance from the surgical team, allowing ZO to stay in school for the remainder of her recovery.

I hope that today you hear a lot of testimony supporting the school-based health centers. For me, as a physician caring for children and adolescents for over 30 years, it is quite simply the fact that schools are where the children and adolescents spend a large part of their lives. If we want to deliver timely, comprehensive, efficient health care and keep children healthy and successful in school, we need to be where the children are, in schools.

Thank you for your attention.

*Patricia B. Patterson, MD*

**Patricia B Patterson, MD**  
**SBHC Provider; Portland High School**  
**School Physician, Portland Public Schools**  
**Assistant Professor of Pediatrics, Tufts Medical School**  
**Attending Pediatrician, MMP Pediatric Clinic at Maine Medical Center**  
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**207 662-6930**

*Jennie Yamartino - Social Work Supervisor for School Based Health, Greater Portland Health*

Early in the 2019-2020 school year, a young woman who had moved to Portland without any family was connected to the school-based health center (SBHC) by the school nurse. Her story was one of survival and strength. In her home country, she had experienced years of violence and the loss of her family. She had received no prior medical care in the United States. Her first contact with the SBHC was for medical services. Over time, she shared more about her daily experiences. She suffered from reoccurring nightmares, fear of being found, and intrusive memories that affected her ability to concentrate. She barely left her apartment after school. After receiving medical care, she was connected with the SBHC social worker, who began seeing her weekly. Her symptoms of post-traumatic stress disorder (PTSD) began to lessen, and she could sleep better. As the SBHC social worker better understood her clinical symptoms, the social worker was able to inform the SBHC medical providers about the patient's needs. The SBHC medical provider was then able to prescribe medication that treats PTSD and supports the patient's sleep. As the patient's medical needs grew, the SBHC medical provider connected the patient with the SBHC psychiatric provider to help optimize her medications. Initially, the patient refused to see the psychiatric provider because she could not re-tell her traumatic experiences. But she returned to the SBHC with an idea for how we could help. She asked if the SBHC social worker could join for the first one or two visits with the psychiatric provider. The joint visits helped clarify her psychiatry diagnosis and informed her about ongoing medications. It also helped build a team approach to care. The patient continued to experience reduced symptoms of PTSD over the next three months. She was able to complete remote learning, and with great pride, took her first job in Portland.

L is a 17-year-old high school junior who moved to Maine with her family from Cape Verde three years ago. She was referred for counseling by primary care in January 2019 with concerns about her anxiety and its effects on her physical health (high blood pressure). We met bi-weekly. In the early stages of treatment, L was able to identify that she was feeling anxious generally, but struggled to notice the specific physical cues and how being anxious impacted her thoughts and behavior. L has strong insight and is a fast learner—

within a matter of a couple sessions, her ability to become aware of her somatic response to anxiety increased dramatically, and we then began exploring ways to cope. We practiced guided meditation to help L relax. She found this effective, and shared that she would search similar meditations online when she was at home. She became more comfortable remaining in and facing situations that made her anxious, understanding that avoidance is "anxiety's best friend." By April 2019, L began to report that her anxiety was significantly reduced, even stating, "I forgot it exists." Her medical providers share that her blood pressure readings are down. I met with her sporadically in the fall of 2019, but L ultimately reported that she no longer felt she needed regular counseling. At this point, I check in with L for maintenance purposes only. Her ability to effectively cope with her anxiety has improved her socioemotional and physical health. It was an honor to work with her.

**Jennie Yamartino, LCSW**  
**Social Work Supervisor, School Based Health Centers**  
**Greater Portland Health**

*Jason Goff - Practice Manager, School Based Health Centers*

I am writing in support of Maine Legislative Bill LD 979 in an effort to expand school-based health care.

I have been involved with the SBHC program at Greater Portland Health in the capacity of its Practice Manager. I come in contact daily with students and families involved with SBHCs.

All too often, I speak with these patients and families pertaining to scheduling and insurance issues. I feel that our SBHCs have broken down the barriers to health care and have provided an intricate service greatly needed to our youth in the school-based setting. We have fostered meaningful and trusting relationships within our organization and in collaboration with school officials. In retrospect, and in speaking with some family members, it has been indicated that the low-barrier approach and speedy services that can be provided create a sense of security. Family members know their student can access quality health care that is specifically targeted for a school setting and tailored around needs such as sports physicals or vaccine administration to be able to attend or keep attending school. These appointments can be hard to come by. Having clinics on-site allow the parents and students to not be burdened with transportation barriers and other obstacles that are difficult for many working-class people, let alone in a time of health care crisis related to COVID-19.

I again attest that I am in support of LD 979.

**Jason G. Goff**  
**Practice Manager**  
**School Based Health Care**  
**Greater Portland Health**



## 2. School Staff and Community Partners:

*Elizabeth Nalli - Deering High School Nurse*

Greater Portland Health's school-based health center is an invaluable asset to Deering and the entire surrounding community. Students access the clinic at school and avoid missing substantial academic time compared to having to travel to a separate clinic or doctor's office. Students receive care that addresses physical and mental health, including acute health needs, injury assessment, concussion management, preventive care, physical exams, and immunizations. In addition to students missing less class, the burden on parents and guardians from having to leave work to transport students to appointments is avoided. Other students who access the clinic do not have a primary care provider or other access to care at all, and for them, the SBHC is their only health care option other than the emergency room.

Deering has a large population of students who have recently arrived in the United States, in addition to many other homeless and low-income students. Many of these students have significant health needs (physical and mental), along with limited resources and limited exposure to the U.S. health system. The SBHC offers a welcoming environment to these students, meeting their health needs and, for New Mainers, gently introducing them to health care in the United States. We are able to maintain warm handoffs for these students, where teachers introduce the new (potentially overwhelmed) student to me, the school nurse, and then I can introduce them to the clinic staff by walking them down to their appointment. This hopefully makes a scary situation less scary and also reduces the number of students getting lost in the shuffle and not having their health care needs met.

A typical example of the SBHC supporting our students happened last year when I worked closely with the SBHC to best help a student who would have episodes of rapid heart rate, not talking, and sometimes, not walking. The SBHC provided wrap-around care for this student to assess her symptoms and get her the appropriate cardiology clearance. When cardiology and other physical manifestations were cleared, the SBHC was able to offer mental health services to the student. Through the whole process, the providers communicated constantly and clearly with the student's family and me. The SBHC's location at the school was critical to this successful intervention, in part because the SBHC staff was able to witness some of the episodes that occurred at school. Without the SBHC, this student likely would have ended up in the emergency room, with a costly—and likely not as good—outcome.

**Elizabeth Nalli, MPH, RN**  
**School Nurse, Deering High School**

*Becky Bell - Casco Bay High School & PATHS Nurse*

I have been directly involved with SBHCs for a decade. They are a critical lifeline for students in providing timely, professional health care, meeting them where it is most convenient and possible—their school. Partnering with Greater Portland Health (GPH) has meant students have full access to a wide variety of physical, mental, oral, and reproductive services.

Our district has a large number of students with little or no health insurance coverage. The SBHC has been able to prevent exacerbation of acute-onset health issues and illnesses, and provide ongoing care for chronic health issues such as asthma or diabetes. They also follow students throughout the school year, providing immunizations as necessary and any follow-up for identified health needs.

In recent years, the PPS school nurses have asked for increased mental health services for our students, corresponding to the rise in adolescent mental health challenges. Our strong partnership with GPH allowed this to become a reality, where we more than doubled the capacity for MH services, and added a psychiatric NP to provide psychiatric medication management and ongoing evaluation.

Having health care providers on school grounds means quicker access to services that are convenient for both students and parents. SBHC staff have provided referrals to specialty services, community providers, and other programs, ensuring care is both coordinated and timely.

This year, our partnership with GPH expanded to provide COVID-19 testing to all PPS students and staff who were either symptomatic or identified as a close contact. This invaluable service no doubt stopped the spread of COVID-19 in our community, as testing was fast, timely, and offered immense follow-through. On behalf of the many students the SBHC has helped, I am forever grateful as a school nurse for this professional partnership.

**Becky Bell, MSN, RN, NCSN**  
**School Nurse, Casco Bay HS and PATHS**

*Amanda Atkinson-Lewis - King Middle School Social Worker*

Our SBHCs are a low-barrier model that allow for dramatically increased access to medical, dental, and mental health services for our school's most vulnerable students. It allows school and medical staff to wrap around a family to support them in accessing the services. When students access the health center, they are able to access vital health care services, without their families having to navigate systems such as transportation, take time off work to bring their children to appointments, or figure out child care for their other children so that they can bring their child to the appointment.



An example: 6th and 7th grade sisters, both struggling with symptoms of PTSD and depression, as well as potential medical concerns, were able to be referred to our SBHC for both medical and mental health care. The father would have had a very difficult time taking time off work and would have needed to bring both daughters to their doctor and therapy appointments. This likely would have jeopardized his employment, which the family depends on for housing, basic needs, and everything else. I was able to refer both kids to our SBHC, where they will not only be assessed medically, but will also have access to outpatient therapy.

**Amanda Atkinson-Lewis, LCSW**  
**School Social Worker, King Middle School**

*Sarah Furman - Casco Bay High School Social Worker*

As a social worker in a public high school, the Greater Portland Health SBHC provides an invaluable service to our students. It is particularly helpful to have easy access to medical and behavioral health care in the high school building. The low-barrier access is particularly important for students who may not have parents who are able to bring them to appointments in the community. I have worked with many students who may not receive medical and behavioral health care without having the Greater Portland Health SBHC in our high school.

**Sarah Furman, LCSW**  
**School Social Worker, Casco Bay High School**

*Katie Small - Portland High School Social Worker*

Having access to the SBHC has proven to be essential in keeping students connected to our school. The wide variety of services and supports offered by the center are designed to address students' basic needs. Having access to the school-based health center in our building allows for seamless services and low-barrier support to all students. As a school social worker, I work closely with the health center, and as a team, we work together to ensure that students are getting their needs met in order for them to access their education successfully.

**Katie Small, LCSW**  
**Portland High School**

*Sophia Payson – Portland High School Social Worker*

I am writing in support of LD 979, an increase in funding for School-Based Health Centers (SBHCs). As a high school social worker, our SBHC is an integral part of our support team

in helping students get their physical and mental health needs met so they can better access their education. Having the clinic in the school removes so many barriers for students and families to get services without having to miss school. The staff at the clinic understand the school schedule and work with school staff to meet the needs of the students at a time and place that is convenient for them. If a student is feeling unwell, they do not have to leave school, but can instead be seen by the school nurse who can then get them to the clinic where they can be treated and, if possible, return to class.

I work with so many students on a crisis basis that I am unable to provide on-going therapy, so when I have a student who is interested in seeing a mental health provider on a regular basis, I can refer them to the SBHC clinician. They can schedule a time before, after, or during their school day when they have a free block so as to minimize barriers such as transportation, missing school, work, and extracurricular activities.

Finally, because the clinics are in the school, we are able to better collaborate and communicate about students to make sure all their needs are being met. We have regular team meetings to discuss how students are doing in all areas of their lives.

I urge you to support LD 979, and if you need any further information, please feel free to contact me at [paysos@portlandschools.org](mailto:paysos@portlandschools.org) or 207-653-3034.

Sincerely,

**Sophia Payson, LCSW**  
**School Social Worker**

*Peggy Akers – CNP, City of Portland Maine*

School-Based Health Centers have proven to be an effective, efficient way to provide the best of care to some of the most vulnerable young people in our schools.

As a nurse practitioner who worked in the first centers in Portland, I found that in this safe and caring environment, young people often shared information they had not been able to share with others. The concerns primary care providers had in the beginning of the SBHC movement soon melted away into collegial supportive relationships among families, providers, and SBHC staff. It "takes a village," and this was evident with follow up with teachers, providers, social workers, and parents.

Health care provided through School-Based Health Centers saves money because support is delivered proactively while intervention is relatively inexpensive. Providing health care early on when kids are sad and depressed, or have questions about their body changes, or even concerns about a fellow student, can make a huge difference in a young person's life.

The SBHC dental program is a gift. Kids who do not have easy access to dental cleanings and a dentist are welcomed warmly, and the smiles that leave the center can readily be seen. Kids with healthy teeth are more confident and better able to deal with their lives.

I work with homeless teens at Preble Street, where many of the teens attend school. I cannot begin to tell you how the SBHC at PHS have welcomed these resilient, but at-risk teens. The dental hygienist makes them feel like they are the most important person she has met all day, and they return to the teen center bragging to the other teens about what she said about their smile, their teeth, and their dreams. I cannot even imagine how many ER visits they have prevented because of this accessibility.

Thank you for giving me the opportunity to share my experience and heartfelt thanks for School-Based Health Centers.

**Peggy Akers CNP**  
**City of Portland Maine**  
**Preble Street Teen Center**  
**343 Cumberland Avenue**  
**Portland, Maine**

## **V. Greater Portland Health Background**

Portland Community Health Center DBA Greater Portland Health (GPH) is a federally-qualified health center which provides comprehensive primary health care with integrated behavioral health services and specialty services to the most vulnerable populations in the greater Portland, Maine, area. Our mission is *to provide high quality patient-centered care that is accessible, affordable, and culturally sensitive*. Greater Portland Health's integrated family practice model includes preventive, acute, infectious, and chronic disease management; integrated behavioral health; substance use treatment; dental care; and supportive social services.

The health center provides comprehensive care to over 12,600 patients across 10 service locations, including one Healthcare for the Homeless program, two public housing sites, and five school-based health centers. We also offer preventative dental hygiene services through our Children's Oral Health Program in all 13 Portland Public Schools. Greater Portland Health serves residents from throughout the Greater Portland area, with a primary focus on the towns of Portland, South Portland, and Westbrook, which are all located within Cumberland County, Maine. Our target population is the low-income, underserved individuals and families who reside in Greater Portland, face significant health disparities, and struggle to access the primary medical, behavioral, and oral health services they need to live healthy, productive lives. The large and growing immigrant/refugee population and the low-income, often transient and/or homeless population are particular focuses of our health center's outreach, identification, and treatment efforts. These populations are at especially high-risk and struggle to access even the most basic services given the cultural, linguistic, socio-economic, and transportation barriers they face. Services are offered on a sliding fee scale discount program to all patients below the poverty line, regardless of their

ability to pay, effectively increasing local care, reducing reliance on hospital emergency departments, and reducing burdens on the greater Portland area's health care infrastructure.

The five school-based health center locations that we currently have (Casco Bay High School, Deering High School, King Middle School, Portland High School, and Westbrook High School) provide extended and easy access for school-aged children to receive the range of services offered by Greater Portland Health. The services GPH's SBHCs provide include: primary medical, sports physicals, treatment of minor illness, management of chronic conditions, immunizations, reproductive health care, behavioral health services, psychiatric services, and dental health services. School-based access is an important bridge to services given the diversity of students and large number of immigrant families in our community, and with over 60 different languages being spoken in Portland Public Schools. Our Portland High School clinic is the largest, by size, of the school-based locations with two exam rooms, a behavioral health room, and three dental chairs.

Our SBHC encounters continue to grow each year. In response to requests from school nurses and social workers, we have increased our behavioral health services and psychiatric services.

*Number of encounters from July 1<sup>st</sup> 2019- June 30<sup>th</sup> 2020 school year: **2,264***

*Number of encounters from July 1<sup>st</sup> 2020 to date: **2,251***

We are appreciative of the strong support and collaboration our SBHCs currently receive from state and community partners, including Portland Public Schools, Westbrook School Department, and Maine Medical Center. Our SBHC programming **would not be possible** without state funding and these partnerships.

## **VI. SBHC Expansion**

***LD 979 “An Act To Expand Maine’s School-based Health Centers”*** would support expansion into additional districts and thus enable these vitally important services to be available to more children across the state. We are confident that this expansion would be quite impactful and have a powerful ripple effect. Based on our experience with the five SBHCs that we operate, GPH certainly sees the benefit of expanding the model. Other school districts have approached us to see if we would be able to collaborate and develop SBHCs in their schools. We have great interest in doing so, but would need resource support to support this vision.

Thank you for your time and consideration of supporting [LD 979](#) "An Act to Expand School Based Health Centers."

Sincerely,

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<sup>i</sup> School Based Health Alliance. <http://www.sbh4all.org/about/>

<sup>ii</sup> Keeton V, Soleimanpour S, Brindis CD. School-Based Health Centers in an Era of Health Care Reform: Building on History. *Current problems in pediatric and adolescent health care*. 2012;42(6):132-158. doi:10.1016/j.cppeds.2012.03.002.

<sup>iii</sup> Maine Primary Care Association. <http://mepca.org>

<sup>iv</sup> *Medical Home Initiatives for Children With Special Needs Project Advisory Committee. American Academy of Pediatrics. 2002 Jul; 110(1 Pt 1):184-6.*