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Testimony of Rep. Sam Zager in support of

LD 979 An Act to Expand Maine's School-based Health Centers

Before the Joint Standing Committee on Health and Human Services

Senator Claxton, Representative Meyer, and other esteemed colleagues on the Health and Human Services Committee, for the record, I am Sam Zager, and I represent the good people of District 41 in Portland. I salute Representative Sachs and Senator Moore for leading the sponsorship on this bill, as well as the other co-sponsors, some of whom are on this committee.

I have for years volunteered as a family physician in the school-based health center in the heart of the District 41 at Deering High School.

One September, an 18 year-old newly enrolled student from central Africa received an outreach call from a school social worker, Melissa McStay. She was checking on him because he had missed a few days of school. He reported that had missed school because of illness; he had gastrointestinal issues including abdominal pain, and was planning to go to the Emergency Room. As part of their conversation, Ms. McStay advised him of the availability of the school-based clinic. Indeed, he decided to return to school to be seen at the SBHC. There, I evaluated him, listening careful to his symptoms as well as their social context, and also doing a physical exam. No Emergency Department visit was needed for labs or imaging. The GI distress was apparently due to the emotions surrounding his start in a new school, in a completely new community. In a sense, the treatment was *listening* to him. This young man, who had missed days of school and was planning an ER visit, then stated that he was feeling better. He returned to class, with an appreciation of supports in place for a fair shot at a productive and fulfilling new life.

There are a few things to highlight from this anecdote. SBHCs are:

*** Embedded/Integrated within the school**

(1) Lowers barriers for teens, a population that otherwise tends to be isolated from healthcare; they sometimes don't want to draw attention to themselves for a health concern;
(2) Enables healthcare to be more proactive, like when Ms. McStay reached out as a social worker and made a seamless referral for a medical concern;
(3) Meets students where they are, geographically, medically, socially, emotionally;
(4) Facilitates school attendance and decreases disruption.

*** Focused on a crucial phase of life**.
(5) The lifelong health implications of decisions teenagers make are profound. Too often, they don't even realize the small decisions they routinely make lead to habits. And habits have implications for health regarding such things as accidents, substance use disorder, sexually transmitted infections, unwanted pregnancy, and lifelong cancer, heart attack, and stroke risk.

*** Frugal and cost-effective.**
(6) SBHCs led to net system savings ranging from $30 to $969 per visit, and $46 to $ 1,166 per person...Medicaid cost and hospitalization cost decreased with the presence of SBHCs.[1] I should note that this study looked at SBHCs in roral areas in Colorado, Mississippi, Ohio, and other states, as well as urban areas like Washington DC.

*** Equitable**.
(7) The US Community Preventive Services Task Force has maintained that SBHCs are valuable for bringing equity to our health system, because of benefits for low-income individuals, as well as other populations that have been traditionally marginalized.[2]

SBHCs are not substitutes for Primary Care offices or Emergency Departments, but they do occupy a crucial niche in a very fair and cost-effective manner. There are many other things worth sharing, as you'll hear from other testifiers today.

Thank you for your attention. I'd be happy to take questions.

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[1] Ran T, Chattopadhyay S, Hahn R. et al, *Am J Prev Med*. 2016 Jul; 51(1): 129–138.

[2] Hahn R et al on Community Preventive Services Task Force, *Am J Prev Med* 2016;51(1):127–128