

Good morning, Chairwoman Eshoo, Ranking Member Burgess, and members of the Health Subcommittee.

Thank you for inviting me to speak with you this morning.

I would also like to thank Congressman Sarbanes for being the tireless champion for School-Based Health Centers. Without your leadership and your dedicated staff, we wouldn't be here today.

My name is Robert Boyd, and I am the son and nephew of public school teachers. I am here today as the president of the School-Based Health Alliance, a nonprofit organization based here in Washington DC.

Since 1995, we have served as the national voice for more than 2,500 School-Based Health Centers that collectively provide access to

health care for 3.6 million children and youth, from predominately low income families, across the country.

School-Based Health Centers have been located in public schools since the early 1970's. As you all know, schools are more than just places of learning. Schools are pillars of community-- whether located in large cities, suburbs, or rural America. For millions of low-income students, School-Based Health Centers are their sole source of health care. They allow parents to remain at work and students to stay in school while getting the healthcare they need.

Now, the data is clear: healthy kids learn better. Healthy kids earn higher grades and achieve higher promotion and graduation rates. Healthy kids grow up to be healthy adults. **School-Based Health Centers sit at the critical intersection of education and health.**

Currently, we hear extensive discussion about how schools will operate this fall. It will be difficult to safely resume in-person learning. Many schools will continue remote learning, or in some hybrid combination.

But what cannot be up for debate is the ability of School-Based Health Centers to continue providing essential health care services to the most vulnerable students.

Many people may not realize it, but even during the pandemic, many School-Based Health Centers are still delivering ongoing care.

Throughout the pandemic, School-Based Health Centers have continued to provide health services to K-12 students directly: on site in a school, at school-linked clinics, via mobile vans, and even drive-through visits in school parking lots. Some students have been able to receive

life-saving medications, immunizations, and even participate in socially-distanced counseling sessions. Unfortunately far too many have not.

We also provide care through telehealth services. As a result of the pandemic, U.S. Centers for Medicare & Medicaid Services has given state Medicaid programs increased authority and flexibility to expand telehealth services, including telephonic and video conference care, and has removed some cross-state licensing requirements.

Going forward, telehealth will remain an important strategy for increasing access to care, allowing us reach the students and families with the greatest needs, including the almost one-third of School-Based Health Centers located in rural communities. Telehealth is NOT a substitute for in person

care. It is a technological enhancement in the tool chest of healthcare providers.

Ladies and Gentlemen, please be clear, The School-Based Health Alliance believes in a comprehensive definition of health that includes protecting the mental, emotional, and social health needs of students. Even as education and health leaders are urgently purchasing hand sanitizer and masks, we cannot forget to care for the entire school community—and we are here to help.

The mental and emotional health of students is an issue that has too often been overlooked in the current debate about re-opening school buildings. It is more important than ever that we think comprehensively and act with urgency: we must treat this pandemic as we would a mass incident like tornados, hurricanes, or school shootings that wreak

multiple levels of havoc on an entire community.

And as with a mass incident, some of the pandemic's harm is visible and immediately apparent, but other damage may be less visible, such as increases in depression, anxiety, sleep problems, hunger, and stress caused by children's struggles with online learning and social isolation. A lingering concern is the potential for child abuse to remain unchecked, given that the primary reporters of violence and neglect are educators and health care workers.

Communities need maximum flexibility to ensure that the doors of School-Based Health Centers—both our literal doors as well as our virtual online gateways-- remain open to deliver critical primary and mental health services to children and youth.

By passing the bipartisan **School-Based Health Centers Reauthorization Act (HR 2075)** you will recognize the critical role that School-Based Health Centers play in both the immediate and longer-term health needs, of our nation's school children. Thank you and I am happy to answer questions.