



**MINNESOTA**  
**SCHOOL-BASED**  
**HEALTH ALLIANCE**

**Talking Points for School-Based Health Care Initiative, 2023**

1. School-based health centers work in partnership with schools to identify needs and provide care for students. They do not supplant or replace school and district staff with allied healthcare positions, such as school nurses and counselors, but work hand in hand with them to expand services to students in need of support beyond their scope of practice.
2. School-based health centers make mental healthcare, dental care, sports physicals, preventive care, optometry, asthma care, primary care and care for illness and injury easy to access where kids spend time.
3. School-based health centers provide continuity of care for families and communities experiencing barriers to care such as poverty, transportation, homelessness, or gaps in healthcare coverage.
4. School-based health centers are partnerships between schools and healthcare organizations. Health care staff are licensed providers who work for the partnering healthcare organization.
5. One of the [Core-Competencies of SBHCs](#) is ACCESS, which includes ensuring parental for care consent. School-based health centers follow the same parent consent laws as all clinics in MN.
6. A further [Core-Competencies of SBHCs](#), SYSTEMS COORDINATION, specifically identifies that care in an SBHC “Involves, communicates, informs, and educates parents/guardians/caregivers.” SBHC providers are experts in coordination of care as appropriate and legal between patient, family, school, primary and specialty providers.
7. Older students who have written consent forms filed by their parent can be seen unaccompanied, which parents tend to greatly appreciate as they can remain at work or home while their older student stays in school and receives care.
8. National evidence demonstrates school-based health centers address education equity, assist the whole community, effectively intervene in the current mental health crisis, and provide a durable safety net.
9. Many of Minnesota’s school-based health centers are training sites for mental healthcare students and nursing students, contributing greatly to expansion of the healthcare work force.
10. School-based health centers offer stable, continuous support when schools and communities are struggling. For instance, when schools moved to distance learning, school-based health centers stepped up to provide COVID testing, telehealth mental health therapy and behavioral health support, nutrition services including food access, ongoing preventive care such as sports physicals, asthma plans and checkups, and health education for individuals and groups that engaged kids with their school.
11. School-based health centers do not charge students or send bills for care. Most accept insurance including Medicaid or have other means to cover the costs of care for students. All offer equitable services for every student and turn no one away for their ability to pay.
12. School-based health centers provide immediate and easy access to care as-needed for students, curbing inappropriate use of emergency rooms and decreasing Medicaid costs.
13. This initiative provides funding for existing and emerging school-based health centers, supports quality care and equitable access for students, and supports both the community-based MN School-Based Health Alliance and the MN Department of Health to meet the rapidly increasing demand for technical support with school-based health initiatives among communities, schools, and health care organizations.
14. The MN Alliance priorities are to ensure best practices in school-based care, address sustainability of care delivered in schools, expand school-based health efforts, particularly in rural counties, and partner with MDH in evaluation of school-based health centers.