



April 6, 2022

Re: [HF4706](#), A22 amendment, Article 1, Section 47, **MN School Health Initiative**

Dear Chair Lieblich and members of the House Health Finance and Policy Committee,

We appreciate your inclusion of the School Health Initiative in the House Health Omnibus Bill and ongoing support of school-based clinics and dental care for students. School-based clinics have been strongholds of accessible, equitable and comprehensive preventive care for students in [Minnesota for 50 years](#). If passed, this legislation would be the first state statute and dedicated funding to support school-based health centers in that time. As the only part of the health care safety net dedicated entirely to children, your support of school-based clinics and the infrastructure that supports them at this pivotal time will be historic.

The gold-standard model for school-based clinics had its genesis here in St Paul, Minnesota, and is now codified in federal statute. Today, over 2,200 school-based clinics operate across the United States. Until 2022, our local School Based Health Alliance was a voluntarily coalition of the leaders who operate school-based clinics (SBCs) in Minnesota. There are now 27 in existence and at least 10 in development in our state. The Alliance represents and supports each of the health care providers and districts partnering in school-based health care.

The Alliance is a long-term community partner of the Minnesota Department of Health (MDH). MDH has provided a convener to support this work since 2015 when the Alliance became an official affiliate of the national [School Based Health Alliance](#). In January, MDH partnered with the Alliance in a [CDC COVID Workforce grant](#) to assist schools with pandemic recovery. During distance learning, the mental health therapy, medical care, nutrition services, health education, and parent support delivered in Minnesota's SBCs proved SBCs are a durable part of the health care safety net. Inclusion of language specific to School Based Health Centers in the Health Omnibus Bill supports continued growth of this critical part of Minnesota's safety net and pivotal partnership with MDH.

Evidence shows partnership between a local Alliance and a state program office like MDH, and dedicated state funding for new and existing SBCs, correlates with expansion of care for kids, decreases Medicaid costs and increases school success. Growth has been slow in [Minnesota compared to most other states](#). We hear from families, school administrators, health care providers, mental health support systems and dental providers daily who are seeking means to assist students after two highly disrupted years of school. As those best positioned to assist with these efforts, we are incredibly grateful for your critical attention to this. This bill allows SBCs to be here for kids as they recover from the pandemic, a time when their needs are critically underserved and increasingly acute, and particularly in rural areas where one SBC can offset care shortages for an entire community.

The ROI on school-based care is irrefutable. Care within SBHCs is not a replacement for the allied health professionals in schools such as Licensed School Nurses, School Counselors, and Social Workers. Simply said, their co-existence creates ease for families and optimizes learning. Expanding this to more children is a key lever for reducing disparities in education and health outcomes for children in Minnesota.

Thank you,
Shawna Hedlund
Executive Director
MN School Based Health Alliance