



**The Center for Rural Pennsylvania Public Hearing on Rural Health
Innovative Models that Expand Access to Care
School-Based Health Care
May 6, 2026**

Good afternoon. My name is Julie Cousler and I am the Executive Director of the Pennsylvania School-Based Health Alliance (PSBHA).

Thank you for this opportunity to speak to you about the critical role that School-Based Health Centers play in rural communities all across the country. I commend the Center for Rural Pennsylvania for exploring the power and impact of this model in identifying health problems early and wrapping vulnerable youth with care so they can thrive.

As you consider innovations in health care, know that School-Based Health Centers are the missing piece of the puzzle for child and adolescent health and academic progress that Pennsylvania has yet to fully embrace.

School-based healthcare is a powerful strategy for promoting health equity among children and adolescents who face significant disparities in health outcomes, and it is a powerful strategy to invest in schools that serve the most vulnerable youth. Integrating essential medical, behavioral, dental, and vision care directly into schools ensures that all young individuals—regardless of their circumstances—have equitable access to the care they need to thrive academically and personally. Beyond direct healthcare access, school-based health care fosters cross-sector collaboration, supports comprehensive care systems, and establishes critical support mechanisms that bridge education and health services.

They work in partnership with the school nurse, but they do not replace the school nurse. They provide a very different service, notably, health care, but together they ensure a healthy student population that is ready to learn.

Today you will hear from our oldest operator of a School-Based Health Center in PA, Family First Health. Since 1997 they have partnered with the School District of the City of York to wrap their students with care. They operate within an urban district and environment with a model that can easily be adapted and deployed to rural schools with a telehealth hybrid model, but they do need support. Medicaid insurance reimbursement is simply not enough. That is why some 23 states invest in School-Based Health Centers. At least seven (7) states wrote the expansion of rural School-Based Health Centers into their Rural Health Transformation Initiative proposal to CMS, most of which have been leaders in rural school-based health care for decades, like New York, Delaware and Ohio.

Our neighbor state New York has been a leader in school-based health care for more than 25 years, in both urban and rural areas. Researchers at Cornell University recently analyzed data from a rural region of four adjacent rural counties in upstate New York in 2023 across more than a dozen district School-Based Health Centers. Comparing data from a similar rural, low-income group of students, nearly 20,000 students between the two groups, the results showed that students with access to a School-Based Health Center “made two additional health care visits per year, were significantly less likely to seek emergency care, and were about 10 percentage points more likely to receive a routine checkup and an immunization. They also missed less school, particularly in kindergarten and early elementary grades when caregivers might need to miss work to stay home with sick children.” A [summary of this study](#) is provided with this testimony for reference.

Children cannot learn or be in the seat enough to learn as they need to if they are not healthy. The school administrators and school nurses are left to manage through the impact of health problems with little to no support.

From disease outbreaks where vaccine use is low like we continue to see with measles, to untreated tooth decay & pain, to depression & anxiety, some 23 states do invest in School-Based Health Centers because the traditional model of health care in this country is simply not enough for some children. Further, we know that most long-term complex health problems begin in childhood or adolescence. Early identification & intervention is vital; and for adolescents School-Based Health Centers help them to transition to an adult medical home and teach them to



address preventive health needs into adulthood. School-Based Health Centers, in strategic partnership with the school nurse and counselor and administrators, provide the comprehensive placed-based resources to identify and intervene early.

Pennsylvania can borrow lessons and successes from rural communities across the country and consider telehealth hybrid models to bridge geographic challenges and leverage relationships with students, families, and school leaders to engage youth in care, thereby alleviating the pressure on parents to miss work and travel for care. Last year in partnership with the PSBHA, our Department of Human Services commissioned the University of Pittsburgh Medicaid Research Center to analyze data to assess the impact that School-Based Health Centers have had over services in a traditional model of care provided by federally qualified health centers. They were paired for their status as high-risk patients as a result of chronic health conditions and poverty. Some 7,000 students served in their school clinic showed significantly less hospital visits equating to approximately one million dollars saved, and significantly higher annual well-child check-ups.

PSBHA is working to build on this data and evaluation to more fully document the return on investment of School-Based Health Centers in Pennsylvania. A robust and standardized statewide data collection system will enable the Commonwealth to quantify short and long-term health and academic impact and cost savings to determine reinvestment levels for growth and sustainability. It can also quantify the impact of School-Based Health Centers' contributions to the sustainability and health of our hospitals across the state pairing the two most important safety nets in this state.

Countless studies have documented the significant economic benefit in savings to Medicaid over operational costs. Their financial and physical benefits are well-documented but more research is needed on their impact on mental health and educational outcomes, in addition to reduced absenteeism which we know contributes to better academic outcomes.

ASTHO, the Association of State and Territorial Health Officials, where our very own Health Secretary Debra Bogen serves as the Region III Director released a new report just last month that is a contemporary compilation of the national research, metrics, and financing models entitled [**Demonstrating the Impact of School-Based Health Centers: Key Measures That Highlight ROI.**](#)

In the United States, we know full well what works and the return on investment of efforts to improve health outcomes. We just need to implement them. Insurance reimbursement alone is simply not enough to launch and sustain an effective School-Based Health Center and school partnership. Private community foundations can help to launch School-Based Health Centers, braided private and public funding can support an array of the services offered in a comprehensive School-Based Health Center, but we must more fully confirm and acknowledge the cost savings that School-Based Health Centers confer on our state Medicaid dollars and we must reinvest that savings to broaden the reach and impact. Please consider joining in our efforts to move this policy agenda forward by signing on as a contributing member to PSBHA on our [website](#), and reach out to me or any of those providing testimony here today to more fully consider the options in your community.

Thank you.

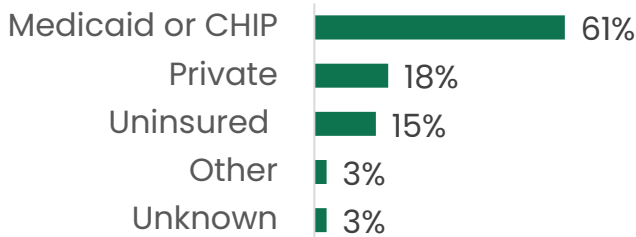
Julie Cousler
Executive Director
Pennsylvania School-Based Health Alliance
www.psbha.org
julie@psbha.org

Pennsylvania's School-Based Health Centers

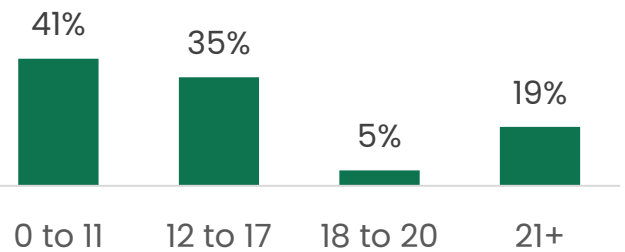
9 SBHC operators and 26 participating SBHCs provided care to **13,274** patients in **37,589** visits between July 1, 2024, and June 30, 2025.

Who uses our services?

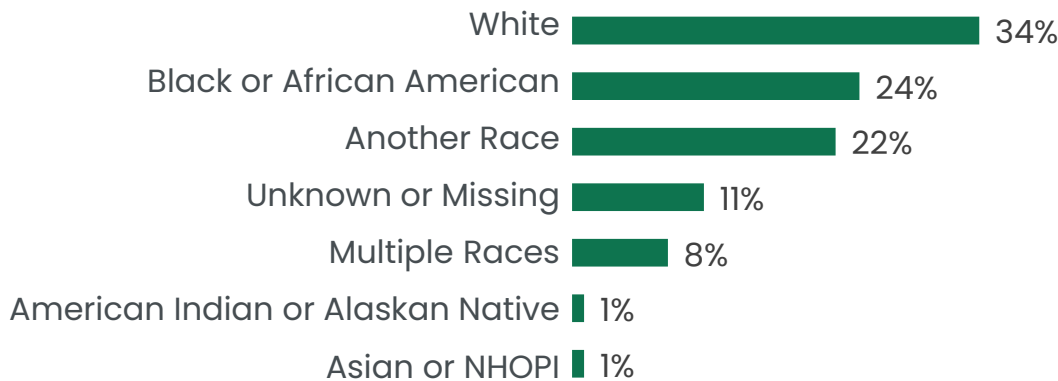
61% of patients have public insurance.¹



76% of patients are under 18 years old.

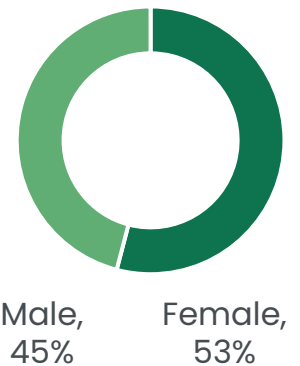


SBHC patients represent the youth of Pennsylvania.²



49% of SBHC patients also identify as Hispanic/Latino.

53% of SBHC patients are female.



What types of visits do students receive?

Primary Care³

34,409 visits were for primary care, including:

- 32% were for annual well-child visit
- 62% were for acute care
- 5% were for reproductive health care
- 1% were for sports physicals

Behavioral Health³

3,124 visits were for behavioral health.

1: Public insurance includes Medicaid & CHIP
 2: NHOPI is Native Hawaiian or Other Pacific Islander
 3: Visit types are defined by the first diagnosis code

SCHOOL-BASED HEALTH CENTERS WORK FOR PENNSYLVANIA STUDENTS

A PROVEN MODEL: INCREASES PREVENTIVE CARE AND REDUCES EMERGENCY VISITS.

SBHCs RECIPIENTS

6.8%

More Likely to have a WELL-CHILD VISIT



SBHC 59.2%
FQHC 52.4%

STUDY DESIGN
MEDICAID & CHIP ENROLLED CHILDREN **13,202**

• 23 SBHCs
• 8 COUNTIES


SBHC students get MORE



• SBHC 7,073
• FQHC 7,073

PREVENTIVE CARE - keeping kids healthy and saving money long term.

CARE AT SCHOOL - NOT THE EMERGENCY DEPT

	AVERAGE #	SBHC	FQHC*
	All-Cause ED	1.13	1.24
	Avoidable ED Visits	.55	.66
	Asthma ED Visits	.21	.23

SBHCs shift care away from emergency departments -- without increasing Medicaid spending.

*Federal Qualified Health Center


MORE CHECK-UPS. FEWER CRISES.

SBHCs matter most in communities facing HEALTH DISPARITIES.

 PENNSYLVANIA SCHOOL-BASED HEALTH ALLIANCE



PA DHS commissioned the University of Pittsburgh Medicaid Research Center to compare outcomes of 7,073 SBHC patients to 7,073 Federally Qualified Health Centers (FQHC) patients with high levels of chronic conditions enrolled in Medicaid and CHIP. The data represent a difference that is statistically significant at the 0.05 level; outcomes Pennsylvania should invest in.

 AUGUST 15, 2023

School-based health clinics found to benefit rural New York state communities

by James Dean, Cornell University



Credit: Unsplash/CC0 Public Domain

In a rural region of upstate New York, students attending schools embedded with nonprofit-run health clinics received more medical care, relied less on urgent care and missed less school, according to an analysis led by Cornell researchers.

The case study adds to evidence that school-based health centers, which have been studied more extensively in urban contexts, can improve children's health care and provide broader benefits to rural communities, the researchers said.

"You get better provision of health care service in those schools with a school-based clinic," said John Sipple, professor of global development in the College of Agriculture and Life Sciences (CALs). "Basic access to care is up, in terms of the number of times children are seen, attendance is higher and absenteeism is reduced."

Sharon Tennyson, professor in the Cornell Jeb E. Brooks School of Public Policy and in the multicollege Department of Economics, is the first author of "School-Based Health Centers and Rural Community Health," published in the journal *Community Development* in a special issue focused on schools. Cornell co-authors include Sipple, Peter Fiduccia, MPA '17, Ph.D. '22, and Elisabeth Lembo, MPA '20.

Mildred Warner, M.S. '85, Ph.D. '97, professor of global development in CALs and of city and regional planning in the College of Architecture, Art and Planning, is a guest editor of the special issue and co-author of two of its research papers. Including contributions from several other Cornell graduates, the issue explores how schools can enhance not only a community's education but its health care, nutrition and economic development, often by sharing services and facilities—from administrative functions to gyms, libraries and computer labs.

"This research shows there's a lot of interest and potential in these approaches, including in rural settings—but we have to figure out how to get schools and communities to work together," Warner said. "It requires shared power, rather than trying to enforce partnerships."

School-based health centers offer a prototype for how effective such partnerships can be, Sipple said, delivering valuable community benefits even if they don't directly save schools money.

In New York, more than 250 school-based health centers have been established to improve the primary and preventive health care of children in low-income, high-risk communities, according to the state health department. The majority are in New York City, with 18% in rural areas, where research has shown economic challenges, greater travel distances and hospital closures have reduced health care access and contributed to health disparities in children.

The team led by Tennyson and Sipple analyzed a rural region of four adjacent counties—Chenango, Delaware, Otsego and Schoharie—where Bassett Healthcare Network ran clinics in schools in more than a dozen districts, providing comprehensive care with no out-of-pocket costs to more than 9,000 K-12 students. Using de-identified 2017 data from Bassett, they compared those students to more than 7,000 peers in neighboring districts that did not have school-based clinics. More than half the students across both groups were low-income.

"We have the ability to look at similar students attending similar schools across these communities to assess the effect of school-based clinics," Sipple said.

The results showed that students with access to clinics at school made two additional office visits per year; were significantly less likely to seek emergency care; and were about 10 percentage points

more likely to receive a routine checkup and an immunization. They also missed less school, particularly in kindergarten and early elementary grades when caregivers might need to miss work to stay home with sick children.

The data suggests school-based health centers improved access to preventive care by locating it where children are each day and removing cost barriers, the researchers said. They said the collaborative process for establishing and expanding the clinics—the first of which Bassett opened more than 30 years ago—helped foster community trust that could be leveraged further.

School-based health centers "may benefit both schools and communities by addressing an important set of rural challenges," the authors concluded, and "have potential to serve a key role in local rural community development."

More information

Sharon Tennyson et al, School-based health centers and rural community health, *Community Development* (2023). DOI: [10.1080/15575330.2022.2163409](https://doi.org/10.1080/15575330.2022.2163409)

Key medical concepts

Preventive Health Services

Immunization

Emergency Medical Services

Physical Examination

Provided by [Cornell University](#)

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