

March 31, 2023

TO: Health and Human Services Committee

Re: **SF2995 (Article 4, Section 49, p. 178)**

Dear Chair Wiklund and members of the Health and Human Services Committee,

My name is Jessica Mieke, and I am the founder and clinic director of a school-based health center in White Bear Lake and a Board Member of the MN School-Based Health Alliance. I am thrilled to share with you the success of Minnesota's 29 school-based health centers as these clinics work to improve health equity and educational outcomes in children.

Positioned strategically where children spend most of their weekday hours, SBHCs interrupt social structural barriers because of their unique location and, in turn, improve health care accessibility.

Compared to other private or community clinics, SBHCs consistently demonstrate improved health outcomes in children regardless of insurance status, race, or ethnicity. Children who use SBHCs have increased immunization rates, are more likely to utilize mental health counseling, and have decreased hospitalizations and emergency department visits.

Students who use SBHCs demonstrate improved academic performance through more in-class seat time, higher GPAs, and increased graduation rates. These clinics also have an economic impact – there are net savings to taxpayers and state Medicaid programs and thousands of dollars in healthcare cost savings for families.

There continues to be a growing need for SBHCs as we enter the pandemic recovery phase. Students are incredibly behind on immunizations and preventative care, leading to concerns about communicable diseases in the state. At the Bear Care school-based health clinic in White Bear Lake, we saw just over 460 patients during the 2020-2021 academic school year. Last year, we saw over 1100 students. This year, we are on track to provide low and no-cost healthcare and mental health services to nearly 2000 students.

We see families who often have to choose between paying for food or paying for health care. Or families with multiple children, who, by paying a co-payment or deductible, means their kids will not get to participate in an activity, or the heating bill will not get paid. We are here, so families don't have to choose between health care and living costs. We are here for families new to our country with no insurance. We are here when a parent realizes basketball tryouts are tomorrow and their child needs a sports physical today. We are here when a child wakes up with a 102 fever, their clinic is booked, and the only other option is an expensive urgent care visit. We are here so that high school kids can learn to navigate their own health – they can be seen during the school day and then return right back to class. We want to keep kids in school and parents at work and eliminate access barriers because every child deserves health equity to give them their best chance at school.

SF2995 (Article 4, Section 49, p. 178) will allow SBHCs to remain sustainable and expand across the state. It also ensures that the definition of SBHCs is written into State Statute to establish that no child will ever be turned away for their ability to afford healthcare and that evidence-based practices are followed. We need to consider SBHCs as a permanent solution to the healthcare system's failure to provide affordable and accessible care to children. Thank you for your time.

Sincerely,

Dr. Jessica Mieke, DNP, MSN, RN, PHN
St. Catherine University, Associate Professor of Nursing
Rise Up Health Clinics, Founder and Director
jimmie@stkate.edu
(651) 260-1596