The Honorable Tom Harkin, Chairman  
and  
Michael B. Enzi, Ranking Republican  
Senate Committee on Health, Education, Labor, and Pensions  
428 Senate Dirksen Office Building  
Washington, D.C. 20510  

RE: In Opposition to H.R. 1214: “To Repeal Mandatory Funding for School-Based Health Center Construction”

Dear Senators Harkin and Enzi:

The American Art Therapy Association is the professional membership organization for practitioners and research scientists engaged in the field of art therapy. The Association comprises over 5,500 national and international members. The AATA National Office works in concert with the Association’s 38 state and regional chapters. Many of our members are licensed master-level or doctoral-level art therapists, who practice under a variety of licensure titles that vary across states, including as licensed art therapists, counselors, psychologists, occupational therapists, marriage and family therapists and others, depending upon their qualifications.

Of course, many art therapists work in schools in various capacities and have a focused interest in school health centers that they work in as staff or work with, in their jobs. A recent membership survey of 2009 revealed that 59.7% of art therapist-respondents work with children (5-12 years old) and 64.7% work with adolescents (13-18 years old). 14.2% art therapist-respondents reported working in educational settings (grades K-12). Other art therapists work with children and adolescents in other settings, such as in hospitals, clinics, and private practice.

The sponsor of H.R. 1214 is Representative Michael Burgess (R - TX), who introduced this bill on March 29, 2011, with four cosponsors, Representatives Kevin Brady (R-TX), Jason Chaffetz (R-UT), Mike Coffman (R-CO), and Steven Pearce (R-NM). The House passed H.R. 1214 May 4, 2011, without amending it. The latest major action was on May 5, 2011, when H.R. 1214 was read twice in the Senate, then referred to the Senate Committee on Health, Education, Labor, and Pensions.

H.R. 1214 intends to repeal Subsection (a) of Section 4101 of the Patient Protection and Affordable Care Act (hereinafter, “the Act”) (42 6 U.S.C. 280h–4) It is Section 4101(a) that the Act designed to make funds available to the Secretary of Health and Human Services (HHS) to award grants to school-based health centers or their sponsoring facilities to support the operation of such health centers. If Section 4101(a) is repealed, any funds appropriated and allocated for this purpose and program would become unobligated funds that H.R. 1214 also intends to rescind.
We believe that de-funding school health centers by repealing Section 4101(a), or otherwise, would be unconscionable. That would substantially harm the health and welfare of children and adolescents whom those who drafted and passed the Protection and Affordable Care Act specifically intended to help.

Under the Act, “SEC. 399Z–1. SCHOOL-BASED HEALTH CENTERS, makes it clear that these centers are to provide primary, core physical and mental health services to students, including comprehensive health assessments, mental health and substance use disorder assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions and referrals, crisis intervention, counseling, treatment and referral to medical or community mental healthcare services. For many children without health insurance or suboptimal health coverage, school health services may be the only ones they can access. In addition, the very fact of having these interventions literally at student’s fingertips and that they can access at their initiation and convenience makes it easier for those who need help to receive it. Early assessments and interventions provide cost-savings for medical and mental health services. They also play a significant role in sparing costly Emergency Department visits that often ensue for two primary reasons: 1) lack of healthcare access to treat problems at earlier stages; and 2) lack of insurance coverage for needed services, regardless of access otherwise.

Particularly in an economic climate where many people are unemployed and without healthcare insurance, it is more essential than ever to provide children and adolescents with the services they. It is common knowledge that participating in school and learning is severely compromised when a student is not healthy in body and mind.

1 Patient Protection and Affordable Care Act “SEC. 399Z–1. SCHOOL-BASED HEALTH CENTERS.
(a) DEFINITIONS; ESTABLISHMENT OF CRITERIA.—In this section:
(A) COMPREHENSIVE PRIMARY HEALTH SERVICES.—The term ‘comprehensive primary health services’ means the core services offered by school-based health centers, which shall include the following:
(A) PHYSICAL.—Comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals to, and follow-up for, specialty care and oral health services.
(B) MENTAL HEALTH.—Mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.
(2) MEDICALLY UNDERSERVED CHILDREN AND ADOLESCENTS.—
(A) IN GENERAL.—The term ‘medically underserved children and adolescents’ means a population of children and adolescents who are residents of an area designated as a medically underserved area or a health professional shortage area by the Secretary.
(B) CRITERIA.—The Secretary shall prescribe criteria for determining the specific shortages of personal health services for medically underserved children and adolescents under subparagraph (A) that shall—
(i) take into account any comments received by the Secretary from the chief executive officer of a State and local officials in a State; and
(ii) include factors indicative of the health status of such children and adolescents of an area, including the ability of the residents of such area to pay for health services, the accessibility of such services, the availability of health professionals to such children and adolescents, and other factors as determined appropriate by the Secretary.
(3) SCHOOL-BASED HEALTH CENTER.—The term ‘school-based health center’ means a health clinic that—
(A) meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act);
(B) provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established standards, community practice, reporting laws, and other State laws, including parental consent and notification laws that are not inconsistent with Federal law;...
In an era where many children with special needs are mainstreamed into general classrooms, teachers often become drawn away from their teaching duties to handle the health and other needs of the special-needs students. Having sufficient school health center staff to perform more of these attending functions relieves teachers to concentrate on teaching their students.

Apart from the clear benefit to individuals, here are some other reasons to fully fund school health centers, expand them and build more, where needed:

BENEFITS OF SCHOOL HEALTH CENTERS:

- **Early Interventions**: Early identification of physical and mental health disorders, including substance use, with proper treatment and/or referral, is one function of school health center staff. Numerous studies point to the efficacy and cost-effectiveness of early interventions;

- **Referrals**: Many parents and guardians of children, especially those new to this country, are unfamiliar with various sources of services of which they can avail themselves for help with a wide variety of physical and mental health problems that pupils experience. School health center staff provide information and referrals to sources of help that could be overlooked otherwise;

- **Infectious Disease Control**: Healthcare staff within the school environment can monitor, report and handle infectious diseases early to avoid their spread;

- **Data Collection Sources**: School health centers provide a means to collect data on the health status and services utilization of the pupil population, which can be used to develop effective policies and practices with regard to health education and programs;

- **Jobs**: School health centers afford job opportunities to local people. In inner city and rural areas where jobs may be scarce, such jobs prove extremely valuable to the community;

- **Role Models**: Healthcare staff members provide positive role models for children and may inspire them to follow similar career paths.

This is one of several letters we have written in opposition to various bills designed to repeal, amend, defund or otherwise undermine the Patient Protection and Affordable Care Act. This bill has been introduced at an ironic point, given the large proportion of our children and adolescents beset by a panoply of health risks. To name only a few: widespread obesity, diabetes, asthma, autism, environmental toxins, drug, tobacco and alcohol use, and infectious diseases. Our young people are also on an unprecedented number of medications for ADD/ADHD, depression, anxiety, etc., that may require dispensing by school health center staff.

We urge you both to use your respective Senatorial influence as Chairman and as the Ranking Republican member of the Senate Committee on Health, Education, Labor, and Pensions, to quash this bill and similar bills that seek to diminish the promise of improved health and healthcare that affects us all, under provisions of the Patient Protection and Affordable Care Act.
Should you wish to obtain more information on the manner in which art therapists assist people, if we can be a resource, or otherwise be of service to you, please do not hesitate to contact us. Thank you, again, for your service regarding this crucial issue.

Very sincerely yours,

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