

**SBHCs are intended to replace the family doctor.** School-based Health Centers are being referred to in medical literature as “medical homes” for children, replacing primary care providers and moving the child’s primary health care to the school environment where administrators and doctors replace parents as decision-makers.

**SBHC services are broad in scope and do not require parental knowledge.** Available services include vaccinations, prescriptions, mental and behavioral health counseling, reproductive counseling, and other complex topics where parents frequently desire oversight.

**SBHCs are largely unregulated.** Despite ballooning state and federal funding, and despite a recent explosion of new clinics, SBHCs provide little to no guardrails to protect parental rights and minimum standards of care.

**SBHCs often exclude the parent.**

- The parent is a child’s biggest advocate. By not requiring parental presence for appointments, children lose their biggest advocate. Studies show that parental engagement results in improved outcomes.
- A power imbalance exists without the parent present. Parents must be present at the time of treatment to prevent a power imbalance. Adult vs. child, expert vs. novice, school vs. student.
- Doctors cannot make the decisions. Medical ethics do not allow the provider to make medical decisions on behalf of the child, which is why parents can’t drop their children off at the doctor and come back to collect them later.
- Children benefit from consistency. When the child turns 18 and the school is no longer supplying the answer to every problem, the child will either feel abandoned or will replace the school with some other authority. Removing the parent also removes robust conversation, leaving the child with an authority telling them what to think, but not teaching them how to think. If a child loses this important dynamic interaction between parent and provider, they learn the habit of compliance rather than engagement.

**Pre-consent is insufficient.** Schools are most often giving one-time, blanket consent forms at the beginning of the school year that say the child can be treated in the clinic whenever and however the doctor determines care is needed. It doesn’t appear that there’s an ability for the parent to consent to some care, but not all. Neither does there appear to be a process for, or requirement of, parental notification prior to or after the child receives care in the clinic. Once a parent turns over their rights, the clinic takes over.

**An example of language from a consent form we obtained [emphasis ours]:**

*"I further authorize **any** health care provider and professional staff working for the clinic to provide such **medical tests, diagnoses, procedures, and treatments as are reasonably necessary or advisable** for the medical evaluation and management of my child's health care. **I understand that my signing this consent allows the health care provider and professional staff to provide comprehensive health services which includes physical and behavioral health services.**"*

**SBHCs provide inappropriate access to children while parents are away.**

- A study jointly published by Harvard and the University of California, Davis found that HPV vaccination rates increased by 37% for females and 45% for males when given in a SBHC compared to when given in their primary care provider's office. The authors did not elaborate on why they believe the SBHCs were so much more effective at increasing HPV vaccination rates, but an obvious observation is that parents are unable to object if they're not present. The study clearly states that parental objections are one of the biggest barriers to HPV vaccination, and offering the vaccine in a SBHC easily overcomes this barrier.
- The same study also found that giving HPV vaccines in SBHCs is even more effective at overcoming objections than school mandates and recommends that states support the expansion of SBHCs to help target public health concerns.

**Minor consent is unlawful and immoral.** SBHCs provide an opportunity for the normalization of minors consenting to their own health care despite lacking the developmental capacity, as well as the legal ability to consent to virtually all other services or products. Nineteen states already allow minors to consent to their own treatment without parental consent (and even despite parental objections).

**Education is already suffering.** More than 45% of U.S. schools are not fully staffed. We have an education crisis in this country, and merging education and health care will likely result in declining quality of both. In the end, the child suffers most.

**Children will suffer in the name of convenience.** SBHCs are often touted as a solution to busy lives. Are we as parents really okay with sacrificing our role in our children's medical care for the sake of convenience? Do we want to send our children the message that we are too busy to attend to their needs? We must protect high standards of care for our kids.

**Children deserve better.** Our children deserve to have the best care and the best education available to them. Standardizing a policy of insufficiency robs our children of the bright future they deserve.