ON THE MOVE:

ADVANCING POLICY, FINANCING, AND INFRASTRUCTURE FOR SUSTAINABLE SCHOOL-BASED MOBILE HEALTH CARE PROGRAMS

A Policy and Sustainability Landscape Analysis

SCHOOL-BASED
HEALTH ALLIANCE
The National Voice for School-Based Health Care

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EXECUTIVE SUMMARY

Between January 2025 and April 2026, the School-Based Health Alliance (SBHA) convened leaders in mobile health care, school-based health, and education from national organizations supporting mobile health and education, state agencies, and representatives of federally qualified health centers (FQHCs) and school-based mobile health care operators, to examine the policy and sustainability landscape shaping school-based mobile health care (SBMHC) programs. This report draws on seven key informant interviews (KIIs), three subject matter expert (SME) convenings, three national Coffee Chats with practitioners, and a review of federal and state policies to build on implementation-level insights reflected in the SBHA Mobile Health Toolkit.

Across these activities, participants consistently described school-based mobile health care programs as an enticing approach to expanding access to care in communities where traditional brick-and-mortar school-based health centers are not feasible. School-based mobile health care programs fill a crucial gap in small school districts and in communities with access barriers. Participants also noted barriers to school-based mobile health care, emphasizing that long-term sustainability is shaped by the policy and financing environments in which programs operate.

At the federal level, mobile health care has been formally recognized through the Mobile Health Care Act (PL 117-204)[1], though participants noted that the absence of dedicated appropriations limits its impact on program expansion. States' planned investments in mobile health centers under the Rural Health Transformation Plan reflect openness to expanding school-based mobile health care services. Federal funding opportunities, such as the Bureau of Primary Health Care (BPHC) School-Based Service Sites (SBSS) funding, support the expansion of services in school settings. Yet, no federal legislation specifically supports school-based mobile health care.

At the state level, participants described significant variation in school-based health care-related policy environments. Some states have taken steps to expand school-based health services, including mobile models. However, supportive legislation beyond Oregon's HB 2591 (2021)[2] is scarce. Participants emphasized that implementation is impacted by reimbursement policies, limited startup funding, and guidance that lacks clarity and coordination across agencies.

A theme consistently raised across all aspects of this work was that SBMHC programs are developing and operating within fragmented policy environments, lacking coordinated pathways for implementation or sustainability. Programs navigate multiple systems, adapting to available policy and funding structures, to launch and sustain services. These findings point to opportunities to better align policies to support the long-term sustainability and integration of school-based mobile health care programs. One approach to advancing this alignment is to convene like-minded organizations and key players interested in growing and supporting the field to form an official school-based mobile health care coalition.

BACKGROUND

What is School-Based Health Care?

School-based health care is a powerful tool for achieving health equity among children and adolescents who experience disparities in health and well-being outcomes. School-based health care is organized through school, community, and health provider relationships and administered by a healthcare agency.

School-based health centers (SBHCs) are one facet of school-based health care. School-based health centers are federally defined as health clinics located in or near a school facility that provide comprehensive primary health services.[3] The Community Preventive Services Task Force systematic review concludes that school-based health centers can effectively advance health equity.[3] This is supported by evidence that school-based health centers improve educational and health outcomes, including school performance, grade promotion, high school completion, and vaccination delivery.

What is Mobile Health Care?

Mobile health care is a model of delivering primary, preventive, and specialty care directly to patients who face significant barriers to accessing traditional healthcare through mobile clinics or community-based outreach. These programs operate in both rural and urban settings and are designed to reach underserved populations, helping reduce health disparities and improve equity by meeting patients where they are.

Mobile clinics provide a wide range of services, from dental and behavioral health to pediatrics and screenings, and have been shown to improve patient outcomes while lowering costs by reducing unnecessary emergency department use.[4] Mobile healthcare addresses gaps in the healthcare system's distribution of services, particularly in "health deserts," and, when supported by effective policy and sustainable financing, offers a scalable, patient-centered solution that can expand access to care for many.[5]

What is School-Based Mobile Health Care?

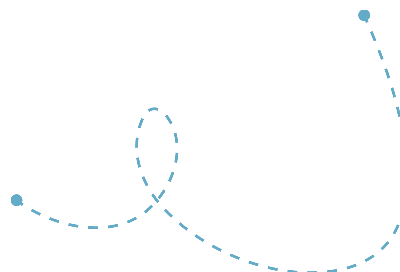
School-based mobile health care (SBMHC) programs are subsections of larger fields and are uniquely positioned to benefit from the strengths of both school-based and mobile health care. Access to a concentrated, consistent student population of school-based health care and the flexibility of mobile healthcare position SBMHC programs to maximize the impact of both models. While brick-and-mortar SBHCs are an effective approach to reduce barriers to accessing health care, low school enrollment and provider shortages can be prohibitive. School-based mobile health care programs represent a dynamic response to structural inequities by bringing services directly to school campuses where other models may not be possible, allowing care to reach students where they spend most of their time, at school.

Prior work: Site-level Approaches for Sustainable School-Based Mobile Health Care Programs

SBHA's previous work with the Lowenstein Foundation examined the development and implementation of school-based mobile health care (SBMHC) programs across the United States through surveys, interviews, and focus groups with program leaders to inform the School-Based Mobile Health Care Toolkit. Findings showed that SBMHC programs expand access to care for students and communities with access barriers, while adapting services and operations to meet local needs. Key factors identified through this work that set SBMHC programs up for success include:

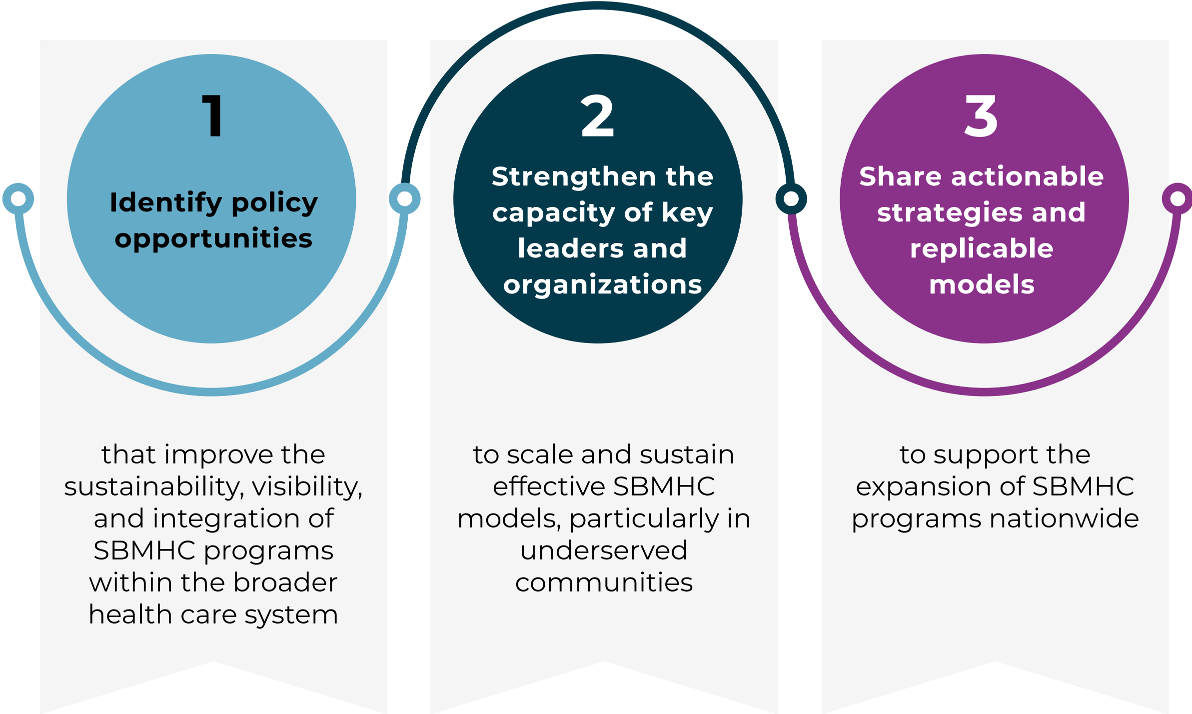
- **Conducting community needs assessments**
- **Building strong partnerships with schools and community organizations**
- **Developing sustainable funding strategies**
- **Maintaining consistent community visibility and engagement**

Programs also face common challenges, such as vehicle maintenance costs, staffing shortages, language barriers, and funding instability. These challenges are addressed through practical strategies like cross-trained staff, referral networks, community health workers, and local champions. This work highlighted SBMHC as a promising approach to expanding equitable access to care; however, it also revealed a critical gap in understanding how policy environments shape the sustainability and expansion of these programs.



CURRENT WORK: POLICY-LEVEL SUPPORTS FOR SCHOOL-BASED MOBILE HEALTH CARE PROGRAMS

In 2025, SBHA launched a second phase of work in partnership with the Lowenstein Foundation, focusing on the policy and financing conditions shaping school-based mobile health care. While earlier efforts centered on implementation at the site and sponsoring organization levels, this phase shifted to a systems-level approach, examining how local, state, and national policies influence the sustainability and integration of SBMHC programs. This current work aimed to:



Key Activities

To understand how policy and financing shape the sustainability and expansion of school-based mobile health care (SBMHC), SBHA used a multi-part engagement approach that combined targeted interviews, expert convenings, and field-based dialogue. This approach was designed to identify policy opportunities, strengthen connections among leaders and organizations, and develop practical strategies to support sustainable, scalable SBMHC programs.

Key Informant Interviews

Seven key informant interviews with national leaders in mobile health care, state officials currently implementing or interested in implementing school-based mobile health care programs, nonprofit leaders in health care and education, and operators of school-based mobile health care programs explored reimbursement structures, start up barriers, consent and liability concerns, workforce challenges, data infrastructure, and policy variation.

Key informant organizations include:

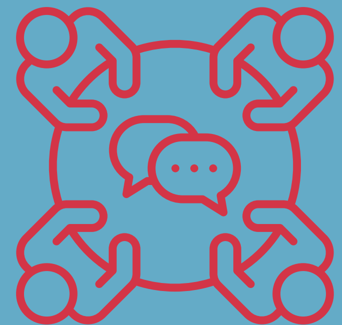
- Children's Health Fund
- Mission Mobile Medical
- Mobile Healthcare Association
- New York State Department of Health
- Oregon Health Authority
- Truth Initiative
- A Physician Representative of Wayne State University

Subject Matter Expert (SME) Convenings

Three national subject matter expert (SME) convenings brought leaders into dialogue to share experiences, challenges, and potential solutions regarding policy solutions to supporting SBMHC. The SME convenings broadened our understanding of how national, state, and local policies intersect with implementation. They connected leaders in conversation to expand their networks and collaboration.

Organizations represented include:

- Beaufort Jasper Hampton Comprehensive Health (SC)
- FamilyCare (WV)
- Health Leads
- Mission Mobile Medical
- Mobile Healthcare Association
- National Association of Elementary School Principals
- National Association of Rural Health Clinics
- Oregon Health Authority
- Partners for Rural Impact
- School Superintendents Association
- Wisconsin Department of Health



Coffee Chats

Three Coffee Chats provided space for attendees to network, build community, and share experiences and insight into school-based mobile health care programs, including local policy, planning, billing, trust-building strategies, and challenges. These Coffee Chats were open to the field. They drew substantial interest from practitioners, administrators, and school health staff at varying levels of implementation of school-based mobile health care programs.

Organization types represented include:

- Health Care
  - Hospital systems
  - Local health departments
  - Federally-Qualified Health Centers
- National organizations
- School Districts
- State-level health and education agencies

FINDINGS

Policy Landscape: Recognition, Fragmentation, and Opportunity

Federal Context

Participants described a federal policy environment that recognizes both school-based health centers (SBHCs) and mobile health care but does not consistently support school-based mobile health care (SBMHC) programs through sustained funding or integrated policy structures. SBHCs benefit from established definitions and appropriations that support service delivery in school settings,[6,7] while mobile health care has been formally recognized in federal statute through the Mobile Health Care Act (PL 117-204).[1] However, the Mobile Health Care Act has not been matched with dedicated appropriations. The Act provides important flexibility for Federally Qualified Health Centers (FQHCs) and Health Center Program Look-Alikes by allowing Health Resources and Services Administration (HRSA) New Access Point (NAP) grants to be utilized to establish mobile health units. Previously, NAP funds were only applicable for permanent brick-and-mortar sites and could not be used for mobile clinics.[1] While this flexibility is beneficial, dedicated federal appropriations would help expand the field and allow FQHCs and Health Center Look-Alikes to invest additional resources directly in mobile health care.

Federal funding opportunities through the Bureau of Primary Health Care (BPHC), including School-Based Service Sites (SBSS) funding under initiatives such as School-Based Service Expansion (SBSE), support expanded services in school settings and require rapid implementation.[8] Within this context, those engaged in this work noted that existing mobile units may be used to meet accelerated timelines, reflecting how available infrastructure is leveraged within current funding structures. **Despite these opportunities, participants described a gap between federal recognition and implementation, noting that existing policies are not aligned or lack specificity to consistently support school-based mobile health care delivery as an integrated model of care.**

State Policy Variations

State policy environments vary significantly. State school-based health care programs typically operate under state program offices (SPOs) such as departments of public health or education, each with its own definitions, requirements, and systems regarding school-based health care oversight. Findings from the School-Based Health Alliance's 2023 State Policy Survey found that of 33 responding states, over half (n= 19) provided dedicated funds to school-based health centers (SBHCs) during fiscal year 2022. Not all states support school-based health centers, and fewer support school-based mobile health care programs specifically. Among the states that indicated the types of models funded under state policy (n=19), just under a quarter (n=5) indicated that school-based mobile health care programs can receive state support.[9] Key informants, subject matter experts, and Coffee Chat attendees emphasized that policy alone does not ensure consistent implementation and often described navigating siloed systems across Medicaid, education, licensing, and public health.

Of states with specific policies for school-based mobile health care programs, implementation and resource allocation remain inconsistent. Even when federal funding is available, like with the newly created Rural Health Transformation (RHT) Fund, investments in school-based mobile health care can vary greatly. As many as 42 states explicitly included investments in mobile health in their approved or proposed RHT plans.[10] A review of publicly available RHT applications found that between 10 and 15 plan to invest in school-based health centers.[11] The patchwork of state investments treats school-based health centers and mobile health clinics as separate strategies, without explicitly recognizing that school-based mobile health care can be supported through both. Calling out this model across both approaches could expand reach to more patients and improve efficiency.

Across states, school-based mobile health care programs fall into regulatory gray areas due to fragmented policies within and across state and local contexts. Key players emphasized that policy permission alone does not ensure scalability. Sustainable expansion requires consolidated guidance, funding planning, and a standardized structure.

To better understand how state policy can support school-based mobile health care, SBHA conducted a key informant interview with staff from the Oregon Health Authority. Oregon has invested in school-based health centers since 1986, reaching a current commitment of about $28.5 million[12] and has recently pursued policies to expand service delivery models. Oregon's HB 2591 (2021)[2] represents an early effort to expand school-based health services, including mobile approaches, through planning and implementation funding. This reflects a level of state engagement and cross-sector coordination not consistently observed across states. Findings indicate that implementation remains limited by broader system constraints. There are challenges related to Medicaid reimbursement, balancing state investment for startup funding, and integration into SBHC funding structures. While state-level leadership and policy can facilitate a favorable environment, challenges remain in reducing the structural fragmentation that inhibits SBMHC implementation.

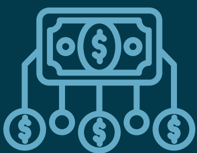
Additional interviews highlighted interest in mobile expansion, alongside ongoing challenges stemming from siloed statutory guidance and limited startup funding. Mobile presents greater unknowns and unique sustainability challenges that serve as hurdles for inclusion alongside other SBHC models. **Largely, SBMHC programs continue to operate within varied and often unaligned policy environments.** Findings highlight the potential of targeted state action and the continued need for broader policy and financing alignment to support sustained implementation.

Operating Within These Fragmented Policy Contexts

Participants described sustainability as the defining challenge of school-based mobile healthcare programs. Throughout interviews and convenings, key players described school-based mobile health care as a way to improve health equity, student attendance, and rural health care access. Participants described SBMHC programs as in demand, responding to gaps that existing policy-supported models do not fully address, particularly in rural communities, small school districts, and areas where transportation or provider availability limit access. Mobile delivery allows services to be shared across multiple school sites, making care more feasible where fixed-site models are not ideal or sustainable under current policy and funding conditions. As one state representative explained, "servicing only 50 students is not cost-effective... but if they could visit those students on a semi-frequent basis, it creates equity."

At the same time, they noted challenges around sustainability and service delivery that can be prohibitive. Sustainability is influenced by factors at several levels, including the operations and implementation at the site, but also policy and financial factors further from the program's control. Members of the field noted that the scope and effectiveness of service delivery are shaped by broader system capacity, including the availability of referral networks. One noted, "schools want mental health support, but if there's no referral pipeline, it puts us in a tough spot," reflecting the need for intentionality and systems thinking before introducing mobile as a solution.

With no overarching policy initiative to cover the cost of school-based mobile health care programs from start up through ongoing implementation, programs continue to find ways to implement and sustain themselves through creative planning and financial systems. School-based mobile health care programs were consistently described not as features of a coordinated system but as adaptations to existing constraints.



In line with policy, financing was similarly described as fragmented and inconsistent. **In the absence of a standardized funding pathway, programs rely on multiple revenue streams, including Medicaid reimbursement, managed care incentives, state funding, and philanthropic support.** While this approach enables programs to operate, sustainability is harder to project when funding is short-term or tied to a single source. Participants noted that multi-year funding supports planning and infrastructure development, while gaps in billing infrastructure and payer alignment limit some programs' ability to generate consistent reimbursement.

Startup conditions further reflect these policy constraints. **Participants described significant upfront costs associated with mobile units, including vehicles, equipment, and regulatory requirements, as well as the need to navigate licensing, reimbursement eligibility, and cross-agency coordination.** These challenges were described not only as operational barriers but also as indicators of policy environments that do not consistently provide clear pathways or sustained support for SBMHC program implementation.

SBMHC programs are not operating within systems designed to support school-based mobile delivery but instead are adapting to disjointed policy and financing environments.

Current Pathways Emerging from Fragmented Policy Systems

Participants described two primary pathways through which school-based mobile health care (SBMHC) programs are developed and sustained in the absence of a coordinated policy framework:

- A state-supported pathway where existing infrastructure and funding support school-based health centers including mobile delivery.
- A sponsor-led pathway where the sponsoring organization prioritizes mobile as a delivery model for their school-based health care.

These pathways reflect varying levels of state policy alignment and available infrastructure, shaping how programs are structured, supported, and sustained. It is important to note that a sponsor-led pathway can occur in states with or without distinct school-based health care support.

Table 1. Pathways for Expanding School-Based Health Care Through Mobile Delivery

Domain	State-Supported Pathway	Sponsor-Led Pathway
Policy Context & Primary Drivers	Shaped by state policy, funding, and SBHC infrastructure, with closer alignment to existing SBHC frameworks; mobile may be incorporated into broader state strategies.	Initiated independently by sponsoring organizations, with limited or no dedicated policy pathway; operates across multiple, often unaligned systems.
Governance, Structure, & State Role	Structured through state agencies, SBHC programs, or cross-agency initiatives (e.g., health, education); may include guidance, coordination, or technical assistance, with implementation varying locally.	Governed at the organizational level (often FQHCs, but not exclusively), with limited state-level coordination; requires independent navigation of Medicaid, education, and regulatory systems.
Financing & Startup Conditions	May include state appropriations, SBHC funding streams, and Medicaid reimbursement, often supplemented by other sources; in some states may include planning grants, pilot funding, or technical assistance, though not consistently available.	Typically relies on blended funding approaches, including Medicaid, grants, philanthropy, and partnerships; startup is driven by organizational capacity, with challenges in securing upfront capital and navigating requirements.
Performance, Reporting, & Technical Assistance	May include state-defined reporting requirements, quality metrics, and access to technical assistance through SBHC programs or state agencies, supporting alignment with broader state priorities.	Reporting and technical assistance vary by sponsor and funding source and are not typically coordinated through a single statewide framework.

Domain	State-Supported Pathway	Sponsor-Led Pathway
Implementation & Scalability	More structured within state frameworks, though implementation varies by locality and capacity; offers potential for coordinated expansion where sustained policy and funding exist but is often limited by time-bound or pilot funding.	Highly variable depending on sponsor resources, partnerships, and local context; expansion depends on organizational capacity and ability to navigate policy and financing barriers.
Key Challenges Identified by Participants	Limited long-term integration of mobile models into sustained funding and policy structures.	Navigating siloed policy, funding, and regulatory environments without dedicated support.

Federal Policy Alignment: FQHCs Bridging Mobile and School-Based Health Care

Federal policy governing mobile health care and school-based health services has developed along separate tracks. The Mobile Health Care Act of 2021 (P.L. 117-204), discussed above, formally recognizes mobile care as a strategy to expand access in underserved communities, including those facing geographic and transportation barriers, but does not include dedicated appropriations. In contrast, the Bureau of Primary Health Care (BPHC) School-Based Service Sites (SBSS) funding supports the expansion of school-based services, including rapid implementation of new or expanded sites, but does not explicitly address mobile delivery.

Federally qualified health centers (FQHCs) operate within both of these policy environments. As designated safety-net providers, FQHCs are eligible to operate mobile units and frequently serve as sponsors of school-based health centers. They also participate in the Medicaid Prospective Payment System (PPS), which provides more predictable reimbursement than fee-for-service structures, particularly in Medicaid-dominant populations.

This overlap of federal designation, funding eligibility, and reimbursement structure places FQHCs at a unique intersection of mobile and school-based health policy. In practice, some FQHCs have leveraged existing mobile infrastructure to expand school-based services, including in response to time-limited federal funding opportunities that require rapid site activation.

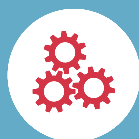
The position of FQHCs presents an opportunity to be leaders and early adopters in the school-based mobile health care field, leveraging federal policy and funding structures to reduce implementation challenges that have not yet extended to other sponsoring organizations.

LEVERAGING EXISTING SYSTEMS TO SUPPORT SCHOOL-BASED MOBILE HEALTH CARE

School-based mobile health care (SBMHC) programs leverage key features of two established models: school-based health centers (SBHCs) and mobile health care. Findings from this work highlight ways to strengthen SBMHC by more intentionally connecting the structures that support these models, rather than developing a new unique system. Across interviews and convenings, four consistent themes emerged across policy, funding, and implementation.

Embed SBMHC within Broader SBHC systems

Leveraging complementary strengths allows SBMHC programs to operate within SBHC systems including state program office frameworks, while extending their reach beyond fixed sites.



Align systems across sectors

Aligning policy and operational requirements across sectors including Medicaid and public health can better support the integration of mobile delivery within school-based health care to reduce administrative burden, and enable more consistent service delivery.

Strengthen funding pathways

Connecting and braiding funding approaches that traditionally support SBHCs with those used for mobile health care can support more predictable and sustainable financing, allowing mobile delivery to function as an extension of school-based care rather than a separately funded model.

Support implementation through practical infrastructure

SBMHC requires logistical supports such as parking and connectivity beyond those of traditional SBHCs. Schools are well positioned to address some of the infrastructure barriers that mobile programs may encounter at other locations by providing a dedicated parking space, internet extenders, and water hookups.

Participants of interviews and convenings consistently emphasized that SBMHC programs are most effective when policy and funding structures across school-based and mobile systems are better integrated. Strengthening connections between these systems could reduce fragmentation and support more sustainable implementation.

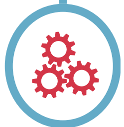
Policy Opportunities

Building on the themes identified from this work, the following policy opportunities exist to reduce fragmentation and better connect established systems to support sustainable SBMHC delivery.

Federal Opportunities

Increase visibility of SBMHC programs, including in federal funding, guidance, and technical assistance to support integration within school-based health care systems

Ensure SBHC data are identifiable within federal reporting and differentiate delivery models, including mobile delivery models

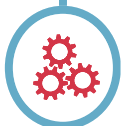


Coordinate mobile health policy with existing SBHC mechanisms to support integrated delivery models

Align federal recognition of mobile health care with dedicated appropriations that support implementation in school-based settings, allowing SBMHC programs to benefit from braided funding

State Opportunities

Integrate mobile delivery into SBHC state program office frameworks by including mobile as a delivery option alongside other models



Align policy guidance across Medicaid, education, public health, and licensing agencies to reflect the multi-system nature of SBMHC programs and reduce fragmentation

Clarify and standardize Medicaid reimbursement pathways for SBMHC service delivery, including billing, credentialing, and site designation

Local and Sponsoring Organization Opportunities

Align implementation with existing SBHC systems by leveraging established partnerships, workflows, and administrative structures and building on existing clinical, billing, and reporting systems

Develop financing strategies that address both startup capital needs and long-term operational sustainability within existing policy constraints

Provide supports to reduce operational barriers, such as designated no-fee parking, access to on-site electrical hookups, and shared maintenance or storage services

These opportunities underscore the need for coordinated action to reduce fragmentation and support sustainable SBMHC implementation. **A dedicated coalition of policymakers, SBMHC operators, advocates, students, and caregivers should drive this alignment, coordinate efforts across sectors, and advance consistent policy and financing approaches that support long-term sustainability.**

*Visit **SBHA's School-Based Mobile Toolkit** to learn more about best practices and considerations regarding collaboration, partnerships, operations, site-level sustainability*

CONCLUSION

School-based mobile health care (SBMHC) programs are developing and expanding within policy environments that lack a single, coordinated pathway for implementation or sustainability. Across interviews and convenings, participants consistently described programs navigating multiple, and often disconnected, systems, including Medicaid, education, licensing, and public health, to launch and sustain services. Despite these challenges, SBMHC programs continue to operate and expand, particularly in communities where fixed-site models are not feasible. Participants described mobile delivery as a practical approach to extending access across multiple schools and addressing gaps in existing service models.

Findings from this work suggest that the long-term sustainability of SBMHC programs and sponsors' interest in establishing new SBMHC programs are shaped by the policy and financing environments in which they operate. Strengthening alignment across existing school-based health center frameworks, mobile health policies, and funding structures may support more consistent implementation and reduce administrative burden.

As SBMHC programs continue to develop, there is a clear opportunity for policymakers, funders, and system leaders to align existing policies and funding structures to better support this model. Doing so does not require creating entirely new systems but rather ensuring that mobile delivery is more fully integrated into established school-based health care and is met with a supportive funding framework.

To aid in this work, SBMHC key players and organizations should form a coalition to inform and advance federal, state, and local policies with a dedicated advocacy strategy that promotes the growth and sustainability of SBMHC programs and coordinates with existing mobile health coalitions to develop a unified advocacy strategy.

The field is positioned to move from experimentation to durable systems. With coordinated policy reform, multi-year investment, and strengthened operational infrastructure, school-based mobile health care programs can become a stable and scalable component of the nation's child health delivery system.

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