

# STATE OF NEW YORK

7419

2025-2026 Regular Sessions

## IN ASSEMBLY

March 25, 2025

Introduced by M. of A. PAULIN -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to school based health centers

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new article  
2 49-B to read as follows:

### ARTICLE 49-B

#### SCHOOL BASED HEALTH CENTERS

##### Section 4940. Definition.

6 4941. Establishment of school based health centers.

7 4942. Sponsoring entities.

8 4943. Staffing and personnel.

9 4944. Access to care.

10 4945. Consent to care.

11 4946. Services.

12 4947. Care coordination.

13 4948. Data management.

14 4949. Medicaid and other third-party reimbursement.

15 4950. Department regulations.

16 § 4940. Definition. For the purposes of this article a "school based  
17 health center" is defined as a health center that is established direct-  
18 ly within or nearby a kindergarten through twelfth grade school facility  
19 of a school district or board or of a tribal organization and meets the  
20 following criteria: provides primary and preventive care, acute or first  
21 contact care, chronic care, mental health services directly or through  
22 referral, and referral for all other services as needed to all students  
23 at no out of pocket cost to those who enroll in the school based health  
24 center, and have provided consent pursuant to section forty-nine hundred  
25 forty-five of this article, and provides services to students including

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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1 children and adolescents within the context of their family,  
2 social/emotional, cultural, physical, and educational environment.  
3 School based health centers may also provide dental services in accord-  
4 ance with department guidelines. Notwithstanding the provisions of this  
5 article to the contrary, such guidelines shall permit the operation of a  
6 school based health center that provides only dental services, including  
7 but not limited to school based health center dental programs.

8 § 4941. Establishment of school based health centers. 1. School based  
9 health centers shall be organized through school, community, and health  
10 provider relationships and provide services in keeping with state and  
11 local laws and regulations, as well as established medical standards,  
12 and best practices.

13 2. School based health center services shall be developed based on  
14 local assessment of needs and resources. The commissioner shall take  
15 such actions as necessary to support the establishment of school based  
16 health centers in schools having students with the highest prevalence of  
17 unmet medical and psychosocial needs, provided that nothing in this  
18 article shall be construed as to prevent the operation of a school based  
19 health center in conjunction with any school, and the use of telehealth  
20 and mobile services in accordance with department guidelines.

21 3. Schools that are seeking to have a school based health center shall  
22 provide space to host the school based health center at no cost to the  
23 school based health center, provided that this shall not require schools  
24 to cover costs associated with renovations of such space. Schools shall:  
25 (a) assist in obtaining parental consent for enrollment of students; (b)  
26 assist in the collection of all necessary information for the operation  
27 of the school based health center, such as insurance status, Medicaid  
28 status, which shall include information of any enrollment in a managed  
29 care plan; (c) provide appropriate access to school health records; (d)  
30 maintain the school based health center facility; and (e) market the  
31 school based health center by publicizing the school based health center  
32 services to the student body at least twice a year.

33 4. The school district and/or school building administration and the  
34 school based health center sponsor shall hold meetings on a regular  
35 basis as they see fit. (a) The school district and school based health  
36 center sponsor health care provider shall maintain a current memorandum  
37 of understanding that shall at a minimum be five years in duration. (b)  
38 The memorandum of understanding shall include methods for addressing  
39 priorities and resolving differences between entities, provide assurance  
40 of a collaborative relationship between the school based health center  
41 staff and school personnel, and describe how the provider will provide  
42 twenty-four hour access to services when the school based health center  
43 is closed.

44 5. The department shall maintain a list, and update it periodically,  
45 of potential sponsoring entities. The list shall be publicly posted on  
46 the department's website. The list shall be generated utilizing existing  
47 sponsoring entities and shall also include entities that are seeking to  
48 become a sponsoring entity. Potential entities, as outlined in subdivi-  
49 sion 2 of section forty-nine hundred forty-two of this article, that are  
50 seeking to become a sponsoring entity shall submit information, as  
51 determined necessary by the department, in a form and manner prescribed  
52 by the department in order to be included on the list maintained by the  
53 department.

54 § 4942. Sponsoring entities. 1. Every school based health center shall  
55 enter into an agreement with one or more sponsoring entities that shall

1 have the overall responsibility for administration, operations and over-  
2 sight of the facility.

3 2. Sponsoring entities of a school based health center may include:  
4 (a) a facility licensed under article twenty-eight of this chapter that  
5 is eligible to be designated or has received a designation as a feder-  
6 ally qualified health center in accordance with 42 USC § 1396a(aa); (b)  
7 a general hospital licensed under article twenty-eight of this chapter,  
8 including but not limited to an academic medical center; (c) a diagnos-  
9 tic and treatment center licensed under article twenty-eight of this  
10 chapter; (d) a local health department; (e) the department; (f) behav-  
11 ioral health organizations licensed under the mental hygiene law; (g) an  
12 independent practice association or organization; and (h) a health  
13 system as defined by section twenty-eight hundred one of this chapter.

14 3. Policies and procedures outlining the involvement of the sponsoring  
15 entity shall address the following: (a) ongoing communication; (b) twen-  
16 ty-four hour coverage including weekends, which may be achieved through  
17 an agreement with another health care provider that is authorized to  
18 provide such services within the state; (c) maintenance of health  
19 records in accordance with all applicable state and federal laws; (d)  
20 continuous quality improvement; (e) fiscal and billing procedures; (f)  
21 coordination of services; and (g) security, inventory control, and  
22 accountability for medications and related supplies.

23 4. The sponsoring entity shall ensure receipts and expenditures are  
24 adequately identified for each contract and/or source of funds, and  
25 shall ensure that equipment inventories, budget analysis, and total cost  
26 calculations are completed annually.

27 § 4943. Staffing and personnel. 1. All core school based health center  
28 staff shall be trained in: (a) child abuse mandated reporter require-  
29 ments under section four hundred thirteen of the social services law;  
30 (b) infection control; and (c) emergency care including but not limited  
31 to general first aid, basic life support, and use of Automated External  
32 Defibrillator equipment. All training shall meet the requirements of a  
33 nationally recognized first aid and safety program as determined by the  
34 department.

35 2. All school based health centers shall ensure a full-time health  
36 staff presence during all normal school hours, provided however, that  
37 these normal school hours may vary between school based health centers  
38 depending on the respective schedule of the local school that a given  
39 school based health center is associated with. This may include a physi-  
40 cian, nurse practitioner, physician assistant, mental health profes-  
41 sional, or medical or health assistant. In cases where there is an  
42 agreement between the school and the school based health center for  
43 school nurse coverage of the school based health center, the presence of  
44 the school nurse may fulfill this requirement. The department may estab-  
45 lish standards for these professions and other professions providing  
46 services through a school based health center in keeping with other  
47 applicable state laws, which may include availability and minimum staff-  
48 ing requirements.

49 § 4944. Access to care. 1. School based health center services shall  
50 be provided at no out of pocket cost to the student or family.

51 2. School based health centers shall provide on-site access including  
52 care through telehealth or mobile services, during the academic day when  
53 school is in session, and twenty-four hour coverage through an on-call  
54 system and through additional health care providers that are authorized  
55 to provide services within the state, to ensure access to services on a  
56 year-round basis when the school or the school based health center is

1 closed. The additional health care providers shall ensure continual  
2 access to services for enrolled students during non-school hours and  
3 vacation periods, and ensure the continuity of care for enrollees  
4 referred to other providers. Any telephonic or digital access should  
5 ensure contact with a qualified individual for triage purposes.

6 3. The school based health center may serve as a student's primary  
7 care provider, or complement services provided by an outside primary  
8 care provider.

9 4. The school based health center shall not turn any student away  
10 because of insurance status, health status, or because a student has an  
11 existing primary care provider. If a student has a primary care provid-  
12 er, the school based health center should make reasonable efforts to  
13 coordinate services with the student's primary care provider to avoid  
14 any duplication of services and ensure proper care coordination.

15 5. The complete range of school based health center services shall be  
16 made available to any student who enrolls.

17 6. When providing services by referral, providers should offer as many  
18 options as possible. Financial, geographical, and other barriers should  
19 be minimized as much as possible.

20 7. The school based health center, in partnership with the school and  
21 other co-located service providers, shall develop policies and systems  
22 to ensure confidentiality in the sharing of medical information in order  
23 to facilitate case management in accordance with all applicable state  
24 and federal laws.

25 § 4945. Consent to care. 1. School based health centers shall make  
26 consent forms available to all enrolling students in order to obtain  
27 their informed written consent. Consent forms shall be provided at a  
28 minimum of once per academic semester or quarter within a school year as  
29 a school sees fit. At minimum, consent forms shall include a student's:  
30 name; address; date of birth; parent or guardian name; social security  
31 number; current health care coverage, including the name of the managed  
32 care plan if applicable; insurance or Medicaid identification number;  
33 the student's primary care provider name and address, or designation of  
34 the school based health center as the primary care provider; and a  
35 medical release authorization. If no health care coverage is indicated,  
36 the school based health center should assist in referring the student to  
37 Medicaid/Child Health Plus. Written consent from a parent or guardian is  
38 required for school based health centers to enroll and provide services  
39 to students, provided that a student that is age eighteen or older, or  
40 authorized by section twenty-five hundred four of this chapter, or other  
41 applicable state law, to consent for certain services may provide  
42 consent directly to the school based health center and receive services  
43 as authorized by state law without such consent from a parent or guardi-  
44 an.

45 2. The provider, through cooperation with the participating school,  
46 shall make written information about school based health center services  
47 available to parents, guardians, and students, including: (a) the scope  
48 of services offered, including the ability of the school based health  
49 center to serve as the designated primary care provider, or to provide  
50 services in collaboration with the student's primary care provider; (b)  
51 the staffing pattern, including how medical coverage will be assured in  
52 those schools where the full-time presence of a mid-level practitioner  
53 is not provided; and (c) how students can access coverage when the  
54 school is closed.

55 § 4946. Services. 1. School based health center services shall be made  
56 available to students enrolled in the school in which the school based

1 health center is established, the child's family and the community where  
2 the school based health center is located.

3 2. All school based health centers shall provide the following core  
4 services: (a) comprehensive primary care; (b) diagnosis and treatment of  
5 medical conditions; (c) referrals; (d) health education and promotion;  
6 (e) mental health services or referrals; and (f) social services. The  
7 services provided by a school based health center shall depend on an  
8 initial and ongoing assessment of the needs of the population of  
9 students served, and shall be sensitive to the following differences:  
10 ages of the students served; availability, utilization, and access to  
11 other school and community resources; and the size of the enrolled popu-  
12 lation of the school based health center. School based health centers  
13 shall consider population based assessments as well as responding to  
14 individual needs.

15 3. Comprehensive primary care services shall include but are not  
16 limited to:

17 (a) Physical exams. Each student shall have within their medical chart  
18 a record of an up-to-date assessment and comprehensive physical exam.  
19 This may be performed either by the school based health center or an  
20 outside provider.

21 (b) Immunizations. Immunizations shall be provided as necessary and to  
22 assist with compliance with section twenty-one hundred sixty-four of  
23 this chapter.

24 (c) Reproductive health. All school based health centers shall provide  
25 age appropriate, on-site, reproductive health care.

26 (d) Risk behaviors. All school based health centers serving adoles-  
27 cents should follow guidelines which recommend an annual visit that  
28 includes an assessment of recognized risk behaviors, such as tobacco and  
29 vapor products use.

30 (e) Oral health. School based health centers shall address oral health  
31 either by referral or on-site services. On-site assessments shall  
32 include an oral health history, including who the student's dentist is  
33 and when the last visit was made, an inspection of the mouth, identifi-  
34 cation of observable problems, and appropriate dental health education  
35 and referral, if no preventive appointment was made within the past  
36 year, or if concerns or problems are identified.

37 (f) Mental health. School based health centers shall address mental  
38 health either by referral or on-site services. The range of on-site  
39 mental health services offered shall be determined by student/family  
40 needs and the availability of school and community resources. On-site  
41 services should include mental health care in both individual and group  
42 settings, including assessment, treatment, follow-up, referral, and  
43 crisis intervention. Other services shall include but are not limited to  
44 primary prevention, short and long-term counseling, linkage with commu-  
45 nity counseling, on-site or by referral group and family counseling, and  
46 psychiatric evaluation and treatment.

47 4. Diagnosis and treatment of medical conditions shall include that  
48 on-site diagnosis, treatment, and appropriate triage and referral mech-  
49 anisms shall be in place for minor, acute, and chronic problems. This  
50 shall include routine management of chronic conditions including but not  
51 limited to asthma and diabetes. Laboratory testing may be provided as a  
52 part of services offered by school based health centers. Such testing  
53 shall be performed pursuant to state and federal laws, provided that  
54 such tests are classified as waived or provider performed microscopy  
55 procedures tests under the Federal Clinical Laboratory Improvement Act.  
56 Tests not classified as such shall be performed by qualified New York

1 state licensed laboratories holding a comprehensive permit. School based  
2 health centers performing waived tests shall register with the depart-  
3 ment's Wadsworth center clinical laboratory evaluation program to obtain  
4 a clinical laboratory improvement act registration number for either a  
5 certificate of waiver, or a provider performed microscopy procedures  
6 certificate.

7 5. A school based health center may provide referrals for any services  
8 where such referral is deemed medically necessary. All services provided  
9 by referral shall include a follow-up including verification the  
10 appointment was kept, the services met the student's needs, and the  
11 outcome of the referral, including relevant health care findings, and  
12 shall be incorporated into the student's school based health center  
13 medical record. Should a student be enrolled in a managed care plan or  
14 other insurance plan, a referral for services should be made within the  
15 plan network and should follow the plan's service access requirements.

16 6. All school based health centers shall provide health education for  
17 enrolled students, their families, and health center staff to support  
18 the provision of comprehensive health education in the classroom. These  
19 services may include but are not limited to one-on-one patient educa-  
20 tion, group/targeted education at the school based health center, family  
21 and community health education, health education for school based health  
22 center and school staff, and support for comprehensive health education  
23 in the classroom.

24 7. All school based health centers shall provide social services  
25 assessments, referrals, and follow-up for needs including basic needs  
26 (food, shelter, clothing), legal services, public assistance, assistance  
27 with Medicaid and other health insurance enrollment, employment  
28 services, identifying information for day care services, and identifying  
29 information for transportation services to the sponsoring entity or  
30 referral site.

31 8. All school based health centers may provide the following addi-  
32 tional services according to the local need and feasibility, these  
33 services may include but are not limited to dental care, nutrition  
34 education and counseling, specialty care, and well-child care of  
35 students' children.

36 9. All school based health centers shall contribute to and participate  
37 in health surveillance, monitoring and evaluations conducted as a  
38 routine function of public health agencies.

39 § 4947. Care coordination. 1. Policies and procedures shall be estab-  
40 lished for those instances in which a student enrolled in a school based  
41 health center has an outside primary care provider. Upon enrollment, if  
42 the student's primary care provider is an outside entity, the school  
43 based health center shall make every effort to coordinate services with  
44 the student's primary care provider to avoid any duplication of  
45 services. The school based health center shall initiate a written commu-  
46 nication process with the outside primary care provider. At a minimum,  
47 this shall include:

48 (a) Notification that the student has enrolled in the school based  
49 health center;

50 (b) The scope of services offered by the school based health center;  
51 and

52 (c) A request for the student's health records, including the most  
53 recent physical exam, history, and current treatment plan, along with  
54 the transmittal of the appropriate medical release authorization form.

55 2. The school based health center shall follow up with the outside  
56 primary care provider to verify and coordinate care. Once verified, all

1 encounters shall be recorded and documented in the student's health  
2 record and made available to the outside primary care provider through  
3 secured and agreed upon means. Periodically, the school based health  
4 center and outside primary care provider may send summary reports of the  
5 student's progress to avoid any duplication of services. Should the  
6 outside entity become unresponsive, the school based health center shall  
7 contact the students' parent/guardian for further assistance, unless the  
8 student directly consent to care pursuant to section forty-nine hundred  
9 forty-five of this article, in which case the student should be  
10 contacted, or the disclosure of such information is prohibited under  
11 applicable law. All attempts made by the school based health center to  
12 contact the outside primary care provider shall be documented in the  
13 student's health record.

14 3. The school based health center and the local health department  
15 shall coordinate the provision of mandated health services when such  
16 mandated health services are the obligation of the county department of  
17 health to avoid duplication of such services.

18 4. Should the student be enrolled with a third-party insurance plan or  
19 Medicaid managed care organization, the school based health center shall  
20 transmit information related to the student's enrollment and any  
21 services provided to such insurance plan or managed care organization in  
22 a timely fashion. Such insurance plan or managed care organization shall  
23 make information, as deemed necessary by the department, available to  
24 the school based health center in order to facilitate school based  
25 health center's activities and make referrals based on current network  
26 information.

27 5. School based health centers shall submit regular reports to the  
28 department detailing services provided, Medicaid and other third-party  
29 reimbursement received, encounter data and quality metrics.

30 § 4948. Data management. 1. All school based health center staff and  
31 personnel shall receive training that shall include but is not limited  
32 to:

- 33 (a) health care data security;
- 34 (b) privacy and confidentiality; and
- 35 (c) health care data usage, storage and sharing.

36 2. All school based health centers shall have written policies to  
37 dictate the access to and use of school based health center data.

38 3. A designated individual shall be responsible for preparation of the  
39 department's reporting forms, which should be submitted to the depart-  
40 ment's school health program within thirty days of the end of the  
41 reporting period.

42 § 4949. Medicaid and other third-party reimbursement. 1. Procedures  
43 shall be established for confirming and obtaining information on Medi-  
44 caid, child health plus, and other third-party eligibility, and for  
45 helping families in the enrollment process if the student is not  
46 enrolled.

47 2. Services provided in school based health centers shall not be  
48 provided to medical assistance recipients through managed care programs  
49 established pursuant to this section and shall continue to be provided  
50 outside of managed care programs.

51 3. Medicaid eligibility shall be confirmed at each encounter. Encount-  
52 er forms shall be generated for all billable visits. Procedures should  
53 be in place to ensure Medicaid and any other third-party insurance is  
54 billed for encounters. Procedures should adequately address follow-up on  
55 any denied Medicaid, or other third-party, claims. Medicaid, and other  
56 third-party revenues, should be readily identifiable by using correct

1 billing codes. Medicaid revenues shall be returned to the school health  
2 center program for the support and development of the program.

3 4. School based health centers services that were reimbursed at the  
4 ambulatory patient group rates as of January first, two thousand twen-  
5 ty-five, shall continue to be reimbursed using such rates, at the  
6 providers' discretion, including but not limited to dental services  
7 provided to Medicaid recipients, which shall be calculated based on the  
8 complexity and resource intensity of dental services.

9 § 4950. Department regulations. The department shall make regulations  
10 as necessary to effectuate this article. Such regulations shall address  
11 community input, quality management and improvement, and facility  
12 requirements.

13 § 2. Severability clause. If any clause, sentence, paragraph, subdivi-  
14 sion, section or part of this act shall be adjudged by any court of  
15 competent jurisdiction to be invalid, such judgment shall not affect,  
16 impair, or invalidate the remainder thereof, but shall be confined in  
17 its operation to the clause, sentence, paragraph, subdivision, section  
18 or part thereof directly involved in the controversy in which such judg-  
19 ment shall have been rendered. It is hereby declared to be the intent of  
20 the legislature that this act would have been enacted even if such  
21 invalid provisions had not been included herein.

22 § 3. This act shall take effect immediately; provided however, that  
23 pending the development of regulations by the department of health as  
24 required by section one of this act, school based health centers may  
25 continue to operate based on department of health guidance.