

STATE OF NEW YORK

3547

2025-2026 Regular Sessions

IN SENATE

January 28, 2025

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed 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.