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:

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

ARTICLE 49-B

SCHOOL BASED HEALTH CENTERS

Section 4940. Definition.
4941. Establishment of school based health centers.
4942. Sponsoring entities.
4943. Staffing and personnel.
4944. Access to care.
4945. Consent to care.
4946. Services.
4947. Care coordination.
4948. Data management.
4949. Medicaid and other third-party reimbursement.
4950. Department regulations.

§ 4940. Definition. For the purposes of this article a "school based health center" is defined as a health center that is established directly within or nearby a kindergarten through twelfth grade school facility of a school district or board or of a tribal organization and meets the following criteria: provides primary and preventive care, acute or first contact care, chronic care, mental health services directly or through referral, and referral for all other services as needed to all students at no out of pocket cost to those who enroll in the school based health center, and have provided consent pursuant to section forty-nine hundred 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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children and adolescents within the context of their family, social/emotional, cultural, physical, and educational environment. School based health centers may also provide dental services in accordance with department guidelines. Notwithstanding the provisions of this article to the contrary, such guidelines shall permit the operation of a school based health center that provides only dental services, including but not limited to school based health center dental programs.

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

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

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

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

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

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

have the overall responsibility for administration, operations and oversight of the facility.

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

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

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

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

2. All school based health centers shall ensure a full-time health staff presence during all normal school hours, provided however, that these normal school hours may vary between school based health centers depending on the respective schedule of the local school that a given school based health center is associated with. This may include a physician, nurse practitioner, physician assistant, mental health professional, or medical or health assistant. In cases where there is an agreement between the school and the school based health center for school nurse coverage of the school based health center, the presence of the school nurse may fulfill this requirement. The department may establish standards for these professions and other professions providing services through a school based health center in keeping with other applicable state laws, which may include availability and minimum staffing requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 4947. Care coordination. 1. Policies and procedures shall be established for those instances in which a student enrolled in a school based health center has an outside primary care provider. Upon enrollment, if the student's primary care provider is an outside entity, the school based health center shall make every effort to coordinate services with the student's primary care provider to avoid any duplication of services. The school based health center shall initiate a written communication process with the outside primary care provider. At a minimum, this shall include:

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

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

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

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

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

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

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

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

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

(a) health care data security;

(b) privacy and confidentiality; and

(c) health care data usage, storage and sharing.

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

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

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

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

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

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

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

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

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

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