



House of Representatives

General Assembly

File No. 744

January Session, 2007

Substitute House Bill No. 7366

House of Representatives, May 3, 2007

The Committee on Appropriations reported through REP. MERRILL of the 54th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING SCHOOL-BASED HEALTH CLINICS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) The committee established
2 pursuant to section 51 of public act 06-195, as amended by this act,
3 shall assist the Commissioner of Public Health in examining and
4 evaluating methods to strengthen and expand the delivery of care
5 provided through school-based health clinics. The committee shall
6 hold its first meeting for such purpose not later than July 15, 2007. The
7 committee shall focus on (1) strategies for maximizing reimbursement
8 from insurers and third party payors, (2) enhancements to the
9 standard model for full-time comprehensive school-based health
10 clinics, (3) stable funding sources for school-based health clinics, (4)
11 resource leveraging to expand oral health services at school-based
12 health clinics, and (5) licensing requirements for school-based health
13 clinics. Other topics may be included at the discretion of the
14 commissioner and the committee.

15 (b) On or before December 1, 2007, the Commissioner of Public

16 Health shall submit, in accordance with section 11-4a of the general
17 statutes, the results of the examination and evaluation pursuant to
18 subsection (a) of this section, including recommendations for statutory
19 changes to the Governor and the joint standing committee of the
20 General Assembly having cognizance of matters relating to public
21 health.

22 Sec. 2. Subdivision (1) of subsection (b) of section 51 of public act 06-
23 195 is repealed and the following is substituted in lieu thereof (*Effective*
24 *from passage*):

25 (b) (1) The ad hoc committee shall consist of the Commissioners of
26 Public Health and Social Services, or their designees, and the following
27 members appointed by the Commissioner of Public Health (A) two
28 employees of the Department of Public Health, (B) one employee of the
29 Department of Mental Health and Addiction Services recommended
30 by the Department of Mental Health and Addiction Services, (C) one
31 employee of the Office of Policy and Management recommended by
32 the Office of Policy and Management, [and] (D) three school based
33 health center providers recommended by the Connecticut Association
34 of School Based Health Centers, and (E) three school-based clinic
35 providers representing priority school districts described in section 10-
36 266p of the general statutes.

37 Sec. 3 (NEW) (*Effective July 1, 2007*) Funds appropriated to the
38 Department of Public Health for the fiscal year ending June 30, 2009,
39 and each fiscal year thereafter, for the establishment and operation of
40 new school-based health clinics shall be awarded on a competitive
41 basis, through the grant program established under section 4 of this
42 act.

43 Sec. 4 (NEW) (*Effective October 1, 2007*) (a) On or before July 1, 2008,
44 the Department of Public Health shall establish and administer a
45 competitive grant program to award grants to municipalities for the
46 establishment and operation of new school-based health clinics.

47 (b) Municipalities may apply for a grant pursuant to this section at

48 such time and in such manner as the Commissioner of Public Health
 49 prescribes. In determining whether to award a municipality a grant for
 50 a new school-based health clinic, the commissioner shall consider, at a
 51 minimum, the following municipal indicators: (1) Median family
 52 income, (2) parental education, (3) parental occupation, (4) percentage
 53 of children living in families with a single parent, (5) percentage of
 54 public school children eligible to receive free or reduced-price meals
 55 pursuant to federal law and regulations, (6) percentage of children
 56 whose families speak a language other than English at home, (7)
 57 number of students attending school in the area to be served by the
 58 school-based health clinic, (8) status as a priority school district under
 59 section 10-266p of the general statutes, (9) designation as a health
 60 professional shortage area or a medically underserved area, and (10)
 61 community support for school-based health clinics.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	PA 06-195, Sec. 51(b)(1)
Sec. 3	<i>July 1, 2007</i>	New section
Sec. 4	<i>October 1, 2007</i>	New section

Statement of Legislative Commissioners:

Subdivision (1) of subsection (b) of section 1 was deleted and section 2 was inserted in lieu thereof in order to avoid redundancy between the bill and section 51 of public act 06-195.

PH *Joint Favorable Subst. C/R*

APP

APP *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Public Health, Dept.	GF - Implements the Budget	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 08 \$	FY 09 \$
Various Municipalities	Revenue Gain	Potential	Potential

Explanation

Sections 1 and 2 authorize the continuation of an Ad Hoc Working Group on School Based Health Centers (SBHCs), originally established during 2006, and expands its membership to include three SBHC providers representing priority school districts. No resulting fiscal impact is anticipated. Members are not entitled to compensation or reimbursement of expenses.

It is anticipated that representatives of the Departments of Public Health (DPH) and Mental Health and Addiction Services, as well as the Office of Policy and Management will participate to the extent that each agency’s resources allow. The DPH can submit the required report within its normally budgeted resources.

Sections 3 and 4 require the DPH to establish a competitive grant program to award grants to municipalities for the establishment and operation of new school based health clinics on or before 7/1/08, and requires that funds appropriated for FY 09 and subsequent fiscal years for the establishment and operation of SBHCs be awarded competitively.

sHB 7077, as favorably reported, includes \$2.5 million in new funding in each of FY 08 and FY 09 for enhanced SBHC services. The OFA narrative that accompanied sHB 7077 set forth the intent of the committee that SBHC services at four identified schools receive a total of \$410,000 from the \$2.5 million in each year.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 7366

AN ACT CONCERNING SCHOOL-BASED HEALTH CLINICS.

SUMMARY:

This bill (1) directs an ad hoc committee to help the Department of Public Health (DPH) commissioner examine ways to strengthen and expand the use of school-based health centers (SBHCs), and (2) expands the committee's membership. It also establishes a competitive grant program, administered by DPH, to provide funding for new SBHCs.

EFFECTIVE DATE: Upon passage for the SBHC committee; July 1, 2007 for the SBHC funding provision; and October 1, 2007 for the competitive grant program.

SBHC COMMITTEE

PA 06-195 (§ 51) directed the DPH commissioner to establish an ad hoc committee to help DPH examine statutory and regulatory changes to improve health through access to SBHCs. This committee was established, met throughout 2006, and issued a report in December 2006.

This bill requires that the committee help the commissioner examine and evaluate methods to strengthen and expand health care delivery through SBHCs. The committee must hold its first meeting by July 15, 2007. It must focus on (1) strategies for maximizing reimbursement from insurers and third-party payers, (2) improvements to the standard model for full-time comprehensive SBHCs, (3) stable funding sources, (4) leveraging resources to expand oral health services at SBHCs, and (5) licensing requirements for SBHCs. Other topics can be included at the commissioner's and committee's discretion.

Under current law, the committee membership includes the DPH and Department of Social Services (DSS) commissioners or their designees and the following people appointed by the DPH commissioner: (1) two DPH employees, (2) one DMHAS employee recommended by the DMHAS commissioner, (3) one Office of Policy and Management (OPM) employee recommended by the OPM secretary, and (4) three SBHC providers recommended by the Connecticut Association of School Based Health Centers. The bill adds three SBHC providers representing priority school districts.

The bill requires the DPH commissioner to submit the results of its examination with specific recommendations for statutory changes to the governor and the Public Health Committee by December 1, 2007.

COMPETITIVE GRANT PROGRAM

The bill requires DPH to establish a competitive grant program, by July 1, 2008, to award grants to municipalities to establish and operate new SBHCs. Municipalities can apply for the grants in a manner determined by DPH. In deciding whether to award a grant, the DPH commissioner must consider at least the following municipal indicators:

1. median family income,
2. parental education and occupation,
3. percentage of children living in families with a single parent,
4. percentage of public school children eligible to receive free or reduced-price meals according to federal law,
5. percentage of children whose families speak a language other than English at home,
6. number of students attending school in the area to be served by the SBHC,
7. status as a priority school district,

- 8. designation as a health professional shortage or medically underserved area, and
- 9. community support for SBHCs.

The bill specifies that funds appropriated to DPH for FY 09 and afterward for new SBHCs must be awarded on a competitive basis through the grant program.

BACKGROUND

Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA)

The federal health Resources and Services Administration (HRSA) develops health workforce shortage designation criteria to help determine whether a geographic area or population group is an HPSA or MUA. HPSAs may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, population groups, or medical or other public facilities.

MUAs may be a whole county or group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts where residents have a shortage of personal health services.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute Change of Reference
 Yea 27 Nay 0 (03/21/2007)

Appropriations Committee

Joint Favorable Substitute
 Yea 38 Nay 9 (04/19/2007)