
OLR Bill Analysis

sSB 1137 (File 545, as amended by Senate "A")*

AN ACT CONCERNING THE DEFINITION OF SCHOOL-BASED HEALTH CENTER.

SUMMARY:

This bill expands, from seven to 17, the membership of the school-based health center (SBHC) advisory committee and adds to its responsibilities. It requires the committee to advise the Department of Public Health (DPH) commissioner on matters relating to (1) minimum standards for the provision of services in SBHCs to ensure that high quality health care services are provided and (2) statutory and regulatory changes to improve health care through access to SBHCs. Current law instead requires the committee to assist the commissioner in developing recommendations for the latter.

The bill also requires the DPH commissioner to study and report to the Public Health Committee by February 1, 2014 on the provision of behavioral health services by SBHCs in the state. She must do this (1) in consultation with the SBHC advisory committee and Department of Children and Families commissioner and (2) only if DPH receives private or federal funds to conduct the study.

*Senate Amendment "A" (1) removes the provisions creating a statutory definition of "school-based health center" and (2) adds the provisions regarding the (a) SBHC advisory committee and (b) DPH study and reporting requirements.

EFFECTIVE DATE: Upon passage, except that the provision regarding the DPH school-based health center advisory committee takes effect October 1, 2013.

SBHC ADVISORY COMMITTEE MEMBERSHIP

The bill adds to the seven-member SBHC advisory committee the

following ten members:

1. one family advocate or parent whose child uses SBHC services, appointed by the House speaker;
2. one school nurse, appointed by the Senate president pro tempore;
3. one representative of an SBHC sponsored by a community health center, appointed by the House majority leader;
4. one representative of an SBHC sponsored by a nonprofit healthcare agency, appointed by the Senate majority leader;
5. one representative of an SBHC sponsored by a school or school system, appointed by the House minority leader;
6. one representative of an SBHC that does not receive state funds, appointed by the Senate minority leader;
7. one representative each of (a) the American Academy of Pediatrics' Connecticut Chapter and (b) a hospital-sponsored SBHC, appointed by the governor;
8. one representative of an SBHC sponsored by a local health department, appointed by the DPH commissioner; and
9. the Commission on Children's executive director, or her designee.

The bill retains as members the commissioners, or their designees, of DPH, social services (DSS), mental health and addiction services, and education. It also retains as members three school-based health center providers. But, it requires the Connecticut Association of School-Based Health Centers (CASBHC) to appoint only two, instead of three of these members. It requires the third member to be the CASBHC executive director. (The bill does not specify what happens to the membership of CASBHC's current third appointee. Neither existing law nor the bill specifies how long members serve, when

appointments must be made, and who fills any vacancies.)

The bill extends, from January 1, 2012 to January 1, 2014, the date by which the committee must begin annually reporting to the Public Health and Education committees on its activities.

It also authorizes DPH, instead of CASBHC, to provide administrative support for the advisory committee.

DPH STUDY OF SBHC BEHAVIORAL HEALTH SERVICE PROVISION

By February 1, 2014, the bill requires the DPH commissioner to report to the Public Health Committee on its study of the provision of behavioral health services at SBHCs. The commissioner must do this only if she received private or federal funds to conduct the study. The report must include:

1. recommendations for standards concerning the provision of behavioral health services at SBHCs and oversight of such service provision;
2. the estimated cost for all SBHCs in the state to provide the recommended behavioral health services;
3. a description of the behavioral health services currently provided at SBHCs; and
4. recommendations for maximizing federal reimbursement for such services by private insurance and social service programs, including DSS-administered medical assistance programs.

For the purposes of the study, the bill defines an SBHC as a DPH-licensed health clinic that provides health care services to students at school.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 27 Nay 0 (04/02/2013)

Education Committee

Joint Favorable

Yea 29 Nay 0 (04/29/2013)