

PA13-287

SB1137

House	10605-10610	6
Public Health	4117-4119, 4612-4620	12
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VETO
SESSION**

**VOL.56
PART 31
10451 - 10795**

SPEAKER SHARKEY:

The bill as amended -- as adopted. I'm sorry.
The bill is passed. The bill as amended is passed in
concurrence with the Senate. Will the Clerk please
call Calendar 655.

THE CLERK:

Calendar number 655 on page 29, favorable report
of the joint standing Committee on Public Safety and
Security, substitute Senate Bill 709, AN ACT
CONCERNING THE SILVER ALERT SYSTEM AND MAINTAINING THE
PRIVACY OF MISSING PERSONS' MEDICAL INFORMATION.

SPEAKER SHARKEY:

Will the Clerk -- we'll take a moment. We'll
take a moment. The Clerk -- Mr. Clerk, if you could
clear the board. We were calling Calendar 655. I
believe you had 665 on originally. So let me go
through this again if I could from the beginning. Mr.
Clerk, would you call Calendar number 655

THE CLERK:

My mistake, Mr. Speaker. I apologize. Favorable
report of the joint standing Committee on Education,
substitute Senate Bill 1137, AN ACT CONCERNING THE
DEFINITION OF SCHOOL-BASED HEALTH CENTER.

SPEAKER SHARKEY:

Representative Hampton. The Chamber will stand at ease for a moment.

(Chamber at ease.)

SPEAKER SHARKEY:

The Chamber will please come back to order. We have on the board Calendar number 655 which the Clerk has called. Senator Johnson -- Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. I move the joint committee's favorable report and passage of the bill -
-

SPEAKER SHARKEY:

The question is acceptance --

REP. JOHNSON (49th):

-- in conformance with the Senate.

SPEAKER SHARKEY:

The question is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark.

Madam?

REP. JOHNSON (49th):

Yes, Mr. Speaker. This bill is actually going to be -- I'm going to have to call LCO number -- and I apologize because I had the number here a minute ago, 7811. And I'd ask to be granted leave of the Chair to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 7881 which has been previously designated Senate Amendment A.

THE CLERK:

Senate Amendment A, LCO 7811 as introduced by Senator Gerratana and Representative Johnson.

SPEAKER SHARKEY:

The Gentlewoman seeks leave of the Chamber to summarize. Is there objection? Seeing none, you may proceed with summarization, Ma'am.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. This what it does is it stops us from actually defining school based health centers and it asks us to add more people to a taskforce so that we'll be able to make a determination as to what types of services are provided in our school based health centers and address the different types of school based health centers that we have in the State and the different

types of operations that occur from town to town. I
move adoption.

SPEAKER SHARKEY:

The question before the Chamber is adoption of
Senate Amendment A. Do you care to remark?

Representative Srinivasan.

REP. SRINIVASAN (31st):

Good evening, Mr. Speaker. I rise in strong
support of this amendment. We heard very clearly the
need for the services being rendered at the school
based medical centers. And so for us to create this
taskforce so to learn what is needed and what are all
the services that are required so that we can plan not
just for one municipality or for one town but for the
entire State. So this taskforce will do that for us
and I urge that our members support this as well.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Sir. Do you care to remark? Do you
care to remark further on Senate Amendment A? If not,
let me try your minds. All those in favor of Senate
Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. The amendment is adopted. Would you care to remark further on the bill as amended? Do you care to remark further on the bill as amended? If not, staff and guests to the well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.
The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

SPEAKER SHARKEY:

Have all the members voted? Have all the members voted? Will the members please check the board to make sure your vote is properly cast. And if all the members have voted the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

In concurrence with the Senate, substitute for Senate Bill 1137 as amended by Senate A.

Total Number Voting	146
Necessary for Adoption	74
Those voting aye	146

Those voting nay	0
Absent and not voting	4

SPEAKER SHARKEY:

The bill as amended passes in concurrence with
the Senate. Will the Clerk please call Calendar
number 676.

THE CLERK:

Calendar number 676 on page 32, favorable report
of the joint standing Committee on General Law,
substitute Senate Bill 1067, AN ACT CONCERNING THE
PROVISION OF CERTAIN SERVICES AT MEDICAL SPAS.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Good evening, Mr. Speaker. I move the joint
committee's favorable report and passage of the bill
in conformance with the Senate.

SPEAKER SHARKEY:

The question is acceptance of the joint
committee's favorable report and passage of the bill
in concurrence with the Senate. Will you remark,
Madam?

REP. JOHNSON (49th):

Yes, Mr. Speaker. I would like to call -- this

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

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Thank you.

THE CHAIR:

So ordered and the Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

The Senate will come back to order.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, the amendment for which we are -- we're waiting has arrived so would ask the Clerk to call from Calendar Page 43, Calendar 400, Senate Bill 1137.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 43, Calendar 400, Substitute for Senate Bill Number 1137, AN ACT CONCERNING THE DEFINITION OF SCHOOL-BASED HEALTH CENTER, Favorable Report of the Committee on Public Health. We have amendments.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Good evening, Mr. President.

Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill.

THE CHAIR:

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On acceptance and passage, will you remark?

SENATOR GERRATANA:

Yes, Mr. President.

Mr. President, I have a strike-all amendment. If the Clerk would please call LCO Number 7811.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 7811, Senate "A", offered by Senators Gerratana, Welch and Representative Johnson.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

I move adoption.

THE CHAIR:

On adoption, will you remark?

SENATOR GERRATANA:

Yes, thank you, Mr. President.

Mr. President, as I said this is a strike-all amendment. This year in the Public Health Committee we of course were all, to some extent, involved in the tragedy in Newtown and after hearing the testimony both on the bipartisan task force and also on Public Health Committee, we realized that our school-based health centers, they are licensed as clinics, were a portal that children can go through -- school-aged children can go through and receive healthcare, both

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behavioral healthcare and also the usual medical healthcare.

So it became of interest to us on the Committee to see how our school-based health centers were doing. We, of course, heard testimony on the subject and we also had many discussions with the Department of Public Health which is the agency that oversees school-based health -- school-based health centers.

So what we have here is a way to address some of the concerns and also some of the ideas that members in the General Assembly had and we recognize that there was established a school-based health center advisory committee and working with the Commissioner of Public Health and the Department we are now expanding both that advisory committee as well as some of their duties and functions in this amendment.

One of our discussions was to find out how many school-based health centers we have in the state. We found out that there's well over 100, around 140 of them, some of whom are funded by the Department of Public Health, some that are not.

We also found out that some provide medical services. Some provide both medical and behavior health services. So after much discussion we all agree that we want high quality healthcare services in our school-based health centers and this bill allows the advisory committee to also discuss that.

We have some appointments in the expansion to represent all of the, if you will, stakeholders who are interested in school-based health centers who actually work with them and they will be now represented on the advisory committee. Some of these entities do not receive funding through the Department of Public Health but this is a way to get people to the table to talk and also to come up with ways to increase the quality of school-based health centers.

We also, in Section 2, have asked the Commissioner of Public Health, in consultation with the Commissioner of Children and Families and the advisory committee, to discuss some of the aspects of behavioral health

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services in school-based health centers in the state and then to report to the Commissioner.

So that's the amendment in sum and of course I urge members to support it.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I also rise to support the amendment. I think Senator Gerratana said very well that in our investigation of the issue of school-based health centers, which I think we all kind of perceived as an opportunity or an area to improve upon coming out of the tragedy of Sandy Hook, we found out that there were a lot of them and a lot of different ones, some providing only physical health aid, others providing behavioral health aid as well.

So this is an important amendment and then therefore would be an important bill to establish a committee that would essentially take a look at what -- what should be the -- the minimum standards as it were for school-bathed -- excuse me, school-based health centers in general.

So with that, Mr. President, I also am supporting this amendment and I urge the Chamber for its adoption.

Thank you.

THE CHAIR:

Thank you, Senator.

Will you remark further on the amendment? Will you remark further on the amendment?

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If not, I'll try your minds. All in favor please
signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Those opposed nay? The ayes have it. Senate "A" is
adopted.

Will you remark further on the bill as amended? Will
you remark further on the bill as amended?

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

If there is no objection, I ask that this item be
moved to our Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR GERRATANA:

Thank you.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, if the Clerk would now call the items
on the Consent Calendar so that we might move to a
vote on that Consent Calendar.

THE CHAIR:

Thank you, Senator.

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Mr. Clerk.

THE CLERK:

On Page 2, Calendar 49, Senate Bill 523; Page 15,
Calendar 489, Senate Bill Number 871.

On Page 35, Calendar 44, Senate Bill Number 809; on
Page 36, Calendar 152, Senate Bill 465.

On Page 37, Calendar 177, Senate Bill 972 and on Page
40, Calendar 293, Senate Bill 814.

Page 41, Calendar 359, Senate Bill 1099 and Calendar
377, Senate Bill 889.

On Page 43, Calendar 400, Senate Bill 1137 and on Page
45, Calendar 488, Senate Bill 1153.

THE CHAIR:

Thank you.

Please announce that the machine is open on the first
Consent Calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll
call on today's Consent Calendar ordered in the
Senate.

THE CHAIR:

Have all members voted? If all members have voted,
please check the board to make sure your vote is
accurately recorded. If all members have voted, the
machine will be closed and the Clerk will announce the
tally.

THE CLERK:

Today's Consent Calendar.

Total Voting

36

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Voting Yea	36
Voting Nay	0
Absent, not voting	0

THE CHAIR:

Consent Calendar 1 passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, before moving to the item which will be marked for the order of the evening, I believe the Clerk is in possession of Senate Agenda Number 2 for today's session.

THE CHAIR:

Mr. Clerk.

THE CLERK:

The Clerk is in possession of Senate Agenda Number 2. It's dated Thursday, May 23, 2013. Copies have been made. They are on Senators' desks.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I move all items on Senate Agenda Number 2 dated Thursday, May 23, 2013 to be acted upon as indicated and that the Agenda be incorporated by reference into the Senate Journal and the Senate Transcript.

THE CHAIR:

So ordered.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 13
4018-4316**

2013

Next we go on to Senate Bill 1137 and Jessie White Frese is the first person to testify. Jessie here? Then Joann Eaccarino. No, I don't see her either. Well, here's, that's not Joanne.

JOANN EACCARINO: Jessie was unable to make it, so Senator Gerratana --

SENATOR GERRATANA: Okay, thank you.

JOANN EACCARINO: Representative Johnson, Members of the Committee, my name is Joann Eaccarino and I'm President of the Board of Directors of the Connecticut Association of School-Based Health Centers, the official voice of school-based health centers in Connecticut.

Testimony that Jessie has presented on line described our response to Bill 1137 in general. I would like to respond to Section 5 of the bill.

It has been very advantageous over the years to have a school-based health center advisory committee comprised of the Departments of Children and Families, Mental Health and Addiction Services, Social Services and Education, in addition to the Department of Public Health and representatives from the Association. Together we have worked on issues of access, services, reimbursement, funding opportunities and collaboration with school support services.

The Department of Public Health has the major role in establishing standards, including reporting requirements. They license the school based health centers, determine the data needed to support results-based accountability, ensure standards of care are being provided,

require local advisory boards to support community collaboration and determine the level of licensing required of providers, and they fund us.

To include the Department of Education as the co-manager in the basic decisions about uniform standards, staffing ratios, third party reimbursement and reporting requirements would not be helpful and could lead to conflict in the day-to-day operations of the Center.

In the 25 plus years of the school based centers in Connecticut, the universal practice has been to offer registration in the health center to every student in the school with their parent or guardian's permission. We believe that this constitutes informed consent for a service that would otherwise be provided in a private healthcare provider's office, a community health center, child guidance clinic or emergency room, all of which require parental permission to treat.

This is an advanced practice beyond that which the school nurse or school social worker provides. In that permission, the school-based health center obtains information about the student's health history, allergies, medications, community providers and information about insurance.

In my personal experience with the health centers that I manage, approximately five percent of parents respond to an annual form with a statement that they do not want their child receiving services from the school-based health center. They are always welcome to reverse that decision but getting active permission from them is not only a Connecticut

requirement, but a practice supported by the National Assembly on School-Based Health Care.

We therefore oppose a passive, or opt out mechanism for enrollment in the school based health center as stated in Section 5, Number 4.

Thank you for allowing me to present this and I'm happy to answer any questions about this or about the Section 1 that Jessie was going to be presenting on.

SENATOR GERRATANA: Good. I'm going to read his testimony. Are there any questions? If not, thank you. Oh, I'm sorry. Senator Welch.

SENATOR WELCH: Thank you, Madam Chair. I just, I thought I heard you say you were opposed to an opt out, so you would prefer it to be opt in?

JOANN EACCARINO: Yes.

SENATOR WELCH: Okay.

JOANN EACCARINO: We want parents to be on board fully knowledgeable, give informed consent and sign the permission.

SENATOR WELCH: I appreciate that. Thank you. Thank you, Madam Chair.

SENATOR GERRATANA: Thank you. Next is House Bill 6594. Kay Williams. Is Kay here? There you go.

KAY WILLIAMS: Senator Gerratana, Representative Johnson and Members of the Committee. My name is Kay Williams. I'm an attorney with Cooney, Scully and Dowling and I represent Catholic Charities. I'm speaking in support of Section 40 of Bill 6594 for the reason that it provides

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 15
4578-4856**

2013



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

**TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 20, 2013***Jewel Mullen, MD, MPH, MPA, Commissioner, (860) 509-7101***Senate Bill 1137 - An Act Concerning School-Based Health Centers**

The Department of Public Health (DPH) supports Section 1 of Senate Bill 1137. This section is consistent with a 2011 recommendation of the Legislative Program Review and Investigations Committee in its study entitled "Adolescent Health Coordination and School Based Health Centers in Connecticut RBA Project 2011" to codify the federal definition of school based health center contained within the Social Security Act.

The Department opposes Sections 2 and 5. These sections broaden the scope and purpose of the school-based advisory committee to include the development of recommendations for statutory and regulatory changes for all school-based health centers (SBHCs); the establishment of uniform standards, the development of a state-wide SBHC plan inclusive of mechanisms for the centers to receive reimbursement from private health insurance and Medicaid, and protocols for SBHC reporting. The bill does not redefine the composition of the committee to reflect the broadened scope. Comprehensive representation should include all types of sponsoring agencies – these would include Boards of Education, community health centers, and hospitals.

The Department licenses all school-based health centers as outpatient clinics, but provides funding to a subset of those. All school-based health centers, those receiving DPH funding, as well as those that do not, should be represented on the committee. The committee should also include other stakeholders such as a family advocate or parent, the CT American Academy of Pediatrics, and the Commission on Children. Furthermore, the Department has no jurisdiction over reimbursement mechanisms, nor does it receive reports from SBHCs that do not receive funding from the Department. Therefore DPH could not implement committee recommendations concerning those elements.

Thank you for your consideration of the Department's views on this bill.

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Raymie H. Wayne, Ph.D., JD, MSW, President
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Testimony on S.B. 1137: AAC School-Based Health Clinics
Public Health Committee
March 20, 2013
Submitted by: Stephen Karp, MSW

The National Association of Social Workers, CT Chapter supports S.B. 1137 as it calls for a state definition of a school based health clinic that we believe will assure consistency of services. It also calls for an advisory board to the DPH Commissioner that we believe will heighten the attention given to School Based Health Clinics and within available appropriations can expand the number of school based clinics through grants.

Of particular interest to NASW/CT is Section 5 of the bill that calls for uniform standards of operation for a school based clinic, including behavioral health services. According to the National Mental Health Association, less than 1 in 5 of the 12.5 million children in need of mental health services actually receive them. Many of these children will not achieve academic success due to social, emotional and behavioral problems affecting school performance. School based clinics that include behavioral health services offer these school aged children with accessible mental health services.

Children today have more stress than ever before that place increasing numbers of children at risk. For many of these children mental health services are not available due to cost, lack of insurance coverage, myths and stigma of mental health services that keep these children's parents from seeking mental health services, lack of accessible care in the community, waiting lists for appropriate services, lack of culturally appropriate services or due to parents that are struggling with multiple jobs and work schedules that make it too difficult to bring their children to a mental health program. School based clinics offer an effective approach to addressing all of these issues.

Children who utilize school based health clinics can access needed mental health care without embarrassment or stigma. Because the clinics offer a range of health care services the purpose of a visit is not readily identifiable. Additionally, the fact that children are already in school addresses the issues of accessibility and care can be made affordable to all of the school's children. School social workers can coordinate services with the school based clinic however we caution that clinics do not offer the same services as school social workers and should not be seen as a replacement for school social work services.

SBHC's typically offer mental health treatment, address acute conditions, provide preventive medical exams, treat injuries, offer oral health care, provide follow-up on chronic conditions and offer health education. These are services that benefit the student, the student's family, and the school system by having a healthier student body. These are also the services that every school based clinic needs to offer to be fully comprehensive. This bill, by defining a school based clinic will assure that all school based clinics do indeed offer the full range of necessary services. However, we would recommend that, if CT adopts the federal definition, **it must amend the definition, in section (iv), and insert the following language: "provides**

through health and mental health professions primary and mental health services in accordance with State and local law". The federal definition does not include mental health, which is a critical part of comprehensive health care services and in keeping with mental health parity.

Schools do not function in a vacuum. When students cross that school door they bring with them the life stresses of their family, impacts of poverty, trauma of witnessing violence, fears of being bullied, chronic and acute health problems, and in this poor economy where so many families are struggling to get by all of the concerns that a poor economy places on a family press on the student's mind. All of these factors are obstacles to learning. All of these obstacles are brought into the classroom. The medical and behavioral staff of SBHC's breaks through these barriers by providing students with a safe place to seek care within the school. This in turn allows students to return to the classroom ready to be productive in their educational learning. That is why it is imperative that school based clinics be given priority status by DPH and this Legislature.



Good afternoon Senator Gerratana, Representative Johnson, and members of the Public Health Committee. My name is Jesse White-Fresé; I am the Executive Director of the Connecticut Association of School Based Health Centers. I am testifying on SB 1137, an Act Concerning School Based Health Centers. I will refer specifically to Section 1, which is new. Other members of the Connecticut Association of School Based Health Centers will comment on additional sections of this bill in their testimony.

The purpose of Section 1 is to create a standard definition of a School Based Health Center in Connecticut statute. Section 1 of Bill 1137 refers to the federal definition established as part of the Social Security Act of 2009 (42 USC 1397jj(c)(9)). Our goal is to align with the federal definition but to add in Connecticut-specific information. I have attached the federal definition to this testimony with the Association's suggested additions that will address contract guidelines as set forth by the Connecticut Department of Public Health.

The purpose of formalizing the definition is to create consistency in the SBHC model that supports the provision of both physical and behavioral health services. We believe this will maximize the opportunities to address and improve student health, and serves as the gold standard for comprehensive services provided through School Based Health Centers.

Section 2 refers to the establishment of a school based health center advisory committee, which currently exists in statute (PA 11-242, §44). The purpose of the SBHC Advisory Committee is to assist the Commissioner of Public Health in developing recommendations for statutory and regulatory changes to improve health care through access to school based health centers. The committee is composed of the following members: the Commissioners of Public Health, Social Services, Mental Health and Addiction Services, Education or the commissioners' designees; and three school based health center providers appointed by the Connecticut Association of School Based Health Centers. Administrative support for the activities of the committee is provided by the Connecticut Association of School Based Health Centers (CASBHC). The Committee meets monthly and addresses issues related to sustainability of SBHCs.

Thank you for the opportunity to provide you with this information.

Jesse White-Fresé, Executive Director
203-230-9976/ jesse@ctschoolealth.org

Please refer to the underlined sections of the School Based Health Center definition attached below.

**DEFINITION OF A SCHOOL BASED HEALTH CENTER:
(UNDERLINED SECTIONS ARE CONNECTICUT-SPECIFIC)**

(A) IN GENERAL – The term ‘school based health center’ means a health clinic that

- (i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;
- (ii) is organized through school, community, and health provider relationships;
- (iii) is administered by a sponsoring facility/agency;
- (iv) provides comprehensive medical and behavioral health services to children and adolescents in accordance with State and local law including laws relating to licensure and certification.

(A) SPONSORING FACILITY – For purposes of subparagraph (A)(iii), the term “sponsoring facility” includes any of the following:

- (i) a hospital
- (ii) a public health department
- (iii) a community health center
- (iv) a nonprofit health or human services agency
- (v) a school or school system
- (vi) a program administered by the Indian Health Service or Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.

Public Health Committee
Bill 1137 AN Act Concerning School-Bases Health Centers
March 20th, 2013
Kristen Tierney

I'm a lifelong caregiver of a non-custodial family member who is diagnosed with a mental illness. I represent caregivers through my business Turtles & Lemonade.

I'm here today to speak in support of S.B. Bill 1137 with a modification to its language.

Please adopt the federal language for "school-based health center" and include mental & behavioral health services to its language.

1 in 5 children have a diagnosable mental illness, 70-80% of those children receive services only in school. This is an essential component to these very successful in School Health Centers. I urge you to change the language and support the mental health of our children.

As with cancer, early detection and managed care work. It is the most cost effective model for insurance companies, patients and society.

When you know better, we need to do better.

Thank you for your time in reading my testimony and addressing this very important issue.

SB 1137

JoAnne Eaccarino

Sec 5 (*Effective from passage*) (a) The Commissioners of Public Health and Education shall jointly, in consultation with the school-based health center advisory committee established pursuant to section 19a-6i of the general statutes, as amended by this act, develop a plan concerning school-based health centers. Such plan shall consider and recommend actions to: (1) Establish and implement uniform standards for the operation of school-based health centers, (2) establish and implement uniform standards for the provision of health care services offered by school-based health centers, including, but not limited to, behavioral health services and dental services; (3) establish staffing ratios of licensed health care providers to school students for school-based health centers, (4) ensure each school student has access to the services provided by a school-based health center, (5) establish mechanisms for school-based health centers to receive reimbursement for services from private health insurance and Medicaid, (6) coordinate services provided by school-based health centers with health care services provided by community-based health care providers; and (7) establish reporting requirements for school-based health centers.

Sen. Gerratana, Rep. Johnson, and Members of the Public Health Committee. Thank you for the opportunity to testify on House Bill 1137: An Act Concerning School Based Health Centers. My name is JoAnn Eaccarino and I am President of the Board of Directors of the CT Association of School Based Health Centers, the official voice of School Based Health Centers in Connecticut.

Testimony presented by the Executive Director describes our response to Bill 1137 in general. I would like to respond to Section 5 of the bill. It has been very advantageous over the years to have the SBHC Advisory Committee comprised of the Departments of Children and Families, Mental Health and Addiction Services, Social Services, and Education in addition to the Department of Public Health and representatives from the CT Association of School Based Health Centers. Together we have worked on issues of access, services, reimbursement, funding opportunities, and collaboration of SBHCs with school support services.

The Department of Public Health has the major role in establishing standards, including reporting requirements. They license the school based health centers, determine the data needed to support results-based accountability, ensure standards of care are being provided, require local advisory boards to support community collaboration, and determine the level of licensing required of the providers.... and they fund us. To include the Department of Education as a co-manager in the basic decisions about uniform standards, staffing ratios, third-party reimbursement, and reporting requirements would not be helpful and could lead to conflict in the day-to-day operations of the School Based Health Centers.

In the 25+ years of School Based Health Centers in Connecticut, the universal practice has been to offer registration in the health center to every student in the school with their parent/guardian's permission. We believe that this constitutes informed consent for a service that would otherwise be provided in a private healthcare provider's office, community health center, child guidance clinic, or emergency room, all of which require written parental permission to treat. This is an Advanced Practice, beyond that which the school nurse or school social worker provides. In that permission the School Based Health Center obtains information about the student's health history, allergies, medications, community providers, and information about insurance. In my personal experience with the School Based Health Centers that I manage, approximately 5% of parents respond to an interest form with a statement that they DO NOT want their child receiving services from the SBHC. They are always welcome to reverse that decision, but getting active permission from them is not only a Connecticut requirement, but a practice supported by the National Assembly on School Based Health Care. We therefore oppose a passive, or "opt out" mechanism for enrollment in the School Based Health Center.

**TESTIMONY OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) OF CONNECTICUT
 BEFORE THE PUBLIC HEALTH COMMITTEE**

March 20, 2013

COMMENT TO IMPROVE S.B. No. 1137 (RAISED) AN ACT CONCERNING SCHOOL BASED HEALTH CENTERS

Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee, my name is Sara Frankel and I am the Public Policy Director for Children, Youth and Young Adults with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut, and as member of the Keep the Promise Coalition, to comment on proposed Senate Bill 1137, An Act Concerning School Based Health Centers.

Section 1 of proposed S.B. No. 1137, requires Connecticut to adopt the federal definition of "school-based health center," which is defined as:

[A] health clinic that (i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; (ii) is organized through school, community, and health provider relationships; (iii) is administered by a sponsoring facility; (iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and (v) satisfies such other requirements as a State may establish for the operation of such a clinic," 2 USC 1397jj(c)(9)).

However, NAMI Connecticut recommends that should the state adopt a uniform definition of "school-based health centers," such centers must be described as offering both primary and behavioral health services. Specifically, if Connecticut adopts the federal definition, it must amend the definition in section (iv) to state the following: "provides through health and mental health professionals primary and mental health services in accordance with State and local law."

It is well known that although one in five children and adolescents have symptoms of a mental illness, only 20 percent receive mental health services. Yet, of those twenty percent, 70-80% receive mental health services in school. The number one reason children seek out the services of school-based health centers in Connecticut is for mental health services. Between FY 2006-2009, 32% of the visits to School-based health centers in Connecticut were for mental health reasons.¹ Accordingly, in any standard definition of "school-based health center" that Connecticut chooses to adopt, it must include a provision that such centers provide both primary and behavioral health services.

¹ *Adolescent Health Coordination and School-Based Health Centers in Connecticut RBA Project 2011*, Page 58 Legislative Program Review & Investigations Committee, Connecticut General Assembly (March 2012)

HB 1137
Joann Eaccarino

Sen. Gerratana, Rep. Johnson, and Members of the Public Health Committee. Thank you for the opportunity to testify on House Bill 1137: An Act Concerning School Based Health Centers. My name is JoAnn Eaccarino and I am President of the Board of Directors of the CT Association of School Based Health Centers, the official voice of School Based Health Centers in Connecticut.

Testimony presented by the Executive Director describes our response to Bill 1137 in general. I would like to respond to Section 5 of the bill. It has been very advantageous over the years to have the SBHC Advisory Committee comprised of the Departments of Children and Families, Mental Health and Addiction Services, Social Services, and Education in addition to the Department of Public Health and representatives from the CT Association of School Based Health Centers. Together we have worked on issues of access, services, reimbursement, funding opportunities, and collaboration of SBHCs with school support services.

The Department of Public Health has the major role in establishing standards, including reporting requirements. They license the school based health centers, determine the data needed to support results-based accountability, ensure standards of care are being provided, require local advisory boards to support community collaboration, and determine the level of licensing required of the providers.... and they fund us. To include the Department of Education as a co-manager in the basic decisions about uniform standards, staffing ratios, third-party reimbursement, and reporting requirements would not be helpful and could lead to conflict in the day-to-day operations of the School Based Health Centers.

In the 25+ years of School Based Health Centers in Connecticut, the universal practice has been to offer registration in the health center to every student in the school with their parent/guardian's permission. We believe that this constitutes informed consent for a service that would otherwise be provided in a private healthcare provider's office, community health center, child guidance clinic, or emergency room, all of which require written parental permission to treat. This is an Advanced Practice, beyond that which the school nurse or school social worker provides. In that permission the School Based Health Center obtains information about the student's health history, allergies, medications, community providers, and information about insurance. In my personal experience with the School Based Health Centers that I manage, approximately 5% of parents respond to an interest form with a statement that they DO NOT want their child receiving services from the SBHC. They are always welcome to reverse that decision, but getting active permission from them is not only a Connecticut requirement, but a practice supported by the National Assembly on School Based Health Care. We therefore oppose a passive, or "opt out" mechanism for enrollment in the School Based Health Center.