



FOR IMMEDIATE RELEASE: February 26, 2007

Re: A.3597 (Gottfried)

An act to amend the Public Health Law in relation to school-based health centers.

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MEMO IN OPPOSITION

This legislation, A.3597 reverses the long-standing goal of providing every child enrolled in the Child Health Plus program a “medical home” by authorizing “direct access” to school-based health clinics. Because this proposal undermines medical continuity between children and their primary care providers, the New York Health Plan Association (HPA) opposes its passage.

Instead of focusing efforts on enabling school-based health centers to fully participate in health plans as primary care providers, the bill simply “opens the door” to such providers without ensuring they are capable of providing comprehensive services and quality of care necessary to treat children. Unfortunately, too many of these providers cannot meet the basic statutory and contractual requirements promulgated by the state and federal governments, as well as accrediting organizations to function as primary care providers. Further exacerbating the difficulty of integrating school-based clinics in managed care products are critical regulations like HIPAA privacy requirements and mandated formats for health care transactions. Compliance with these regulations requires a significant commitment of resources that the average school health clinic is unlikely to attain.

Despite these limitations, health plans *have* worked with more advanced, school-based health providers to integrate these clinics into the Medicaid managed care program and arrangements between health plans and school health providers have been consummated in many areas of the state. However, mandating every clinic be integrated into this system as envisioned by this legislation regardless of readiness, capability or need, is simply a prescription for less coordinated care and higher costs.

HPA does not discount the value of beneficial relationships with school-based providers in ensuring good health for its member children. However, these entities should not receive preferential “direct access” status above any other provider. Contracting with clinics should only occur when a school health provider can meet the state and federal requirements for participation in government programs and when it can be fully integrated into a health plan’s network of providers to maximize seamless (rather than duplicative) coverage for children.

For all these reasons, HPA opposes the passage of A.3597.

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The New York Health Plan Association represents 30 managed care health plans that provide comprehensive health care services to nearly 6 million New Yorkers.