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February 1, 2010

Re: An act to amend the public health law, in relation to school-based health centers

**On Assembly Health Agenda**

A.9717 (Gottfried)  
S.6616 (Montgomery)

**MEMORANDUM IN OPPOSITION**

Submitted on behalf of the  
Blue Cross and Blue Shield Plans

The Blue Cross and Blue Shield Plans of New York oppose enactment of this legislation which requires a Child Health Plus (CHP) plan to cover primary and preventive services provided in a School-Based Health Center (SBHC) when the sponsoring organization (i.e. hospital, clinic) of a SBHC participates in the plan's network. While school-based health centers play an important role in providing health care services to children and direct access to certain services provided by participating providers at the SBHC, the Legislation appears to restrict the ability to ensure that there is a coordination of high-quality health care being provided to children enrolled in the Child Health Plus (CHP) program.

Specifically, the Legislation removes the ability of a child's primary care provider (PCP) to provide care coordination. Primary care pediatricians play a vital role in the process of care coordination, and are the point of entry for children enrolled in the Child Health Plus

(CHP) program. Yet, this bill removes the vital component of physician oversight. Nurse Practitioners (NP) generally provide care to children in school-based health centers, however NPs do not meet a plan's credentialing criteria as primary care providers. CHP plan's use this credentialing criteria to ensure that quality care is being provided to all of their members.

By not requiring coordination of care with the child's primary care physician, this Legislation also eliminates a plan's ability to ensure that children are not receiving duplicative services. Under the bill, a school-based health center would have no knowledge of the health care services already being provided by the child's primary care physician. Medical errors are often the result of providers lacking the benefit of a full medical history for the patients they treat. While this is certainly not the intent of the Legislation, the bill poses potential safety risks to children enrolled in the CHP program. In addition to the potential safety risks, duplication of services will also unnecessarily increase costs in the Child Health Plus (CHP) program.

The Legislation also requires a Child Health Plus (CHP) plan to provide levels and methods of payment to school-based health centers consistent with those provided for "similar services in similar settings" in the plan's network. The ambiguous nature of this language can be interpreted to mandate pay parity among all providers. There are no other providers in the CHP program for which a payment level is mandated. Moreover, it is inconsistent for the legislation to require CHP plans to treat the school-based health centers as participating providers under existing contracts with sponsoring organizations while at the same time mandating a specific level of payment. Participating providers are always bound by their negotiated contracts with CHP plans and it makes no sense to exempt school-based health centers from this arrangement. This mandate will only result in an increase in CHP premiums and an underlying increase in the cost of the program.

Moreover, this Legislation contains a duplicate payment issue for many Child Health Plus (CHP) plans that have a capitation payment arrangement with primary care providers. In many instances, CHP plans pay a capitation payment to a primary care provider to provide primary and preventative services. This legislation requires the CHP plan to pay the school-based health center provider separately, requiring the plan to pay for the same service twice. This would further increase costs in the CHP program.

For all of these reasons, we oppose the enactment of this legislation.

Respectfully submitted,

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Legislative Counsel for the  
Blue Cross and Blue Shield Plans.