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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 3114

02/03/2022 Authored by Sandell, Stephenson, Sundin, Keeler, Ecklund and others
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; establishing grants and a contract for activities to sustain
1.3 school-based health centers; appropriating money; proposing coding for new law
1.4 in Minnesota Statutes, chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [144.595] SUPPORT AND GRANTS FOR COMPREHENSIVE
1.7 SCHOOL-BASED HEALTH CENTERS.

1.8 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
1.9 the meanings given.

1.10 (b) "School-based health center" or "comprehensive school-based health center" means
1.11 a safety net health care delivery model that is located in or near a school facility and that
1.12 offers comprehensive medical care, including preventive and behavioral health services,
1.13 provided by licensed and qualified health professionals in accordance with federal, state,
1.14 and local law, to all students and youth within a school or district regardless of ability to
1.15 pay, insurance coverage, or immigration status. When not located on school property, the
1.16 school-based health center must have an established relationship with one or more schools
1.17 in the community and operate to primarily serve those student groups.

1.18 (c) "Sponsoring organization" means any of the following that operate a school-based
1.19 health center:

1.20 (1) health care providers;

1.21 (2) community clinics;

1.22 (3) hospitals;

- 2.1 (4) federally qualified health centers and look-alikes as defined in section 145.9269;  
2.2 (5) health care foundations or nonprofit health care organizations;  
2.3 (6) higher education institutions; or  
2.4 (7) local health departments.

2.5 Subd. 2. **Contract with Minnesota School-Based Health Alliance.** (a) The  
2.6 commissioner of health shall contract with the Minnesota School-Based Health Alliance,  
2.7 an entity organized under section 501(c)(4) of the Internal Revenue Code and a state affiliate  
2.8 of the national School-Based Health Alliance, for activities to sustain the network of  
2.9 Minnesota school-based health centers and, in coordination with the Departments of Health,  
2.10 Education, and Human Services, to advance education, stimulate growth opportunities, and  
2.11 support the establishment and sustainability of school-based health centers.

2.12 (b) Duties of the Minnesota School-Based Health Alliance shall include:

2.13 (1) ensuring that school-based health centers that grant funds distributed under subdivision  
2.14 3 meet the requirements in this section for school-based health centers and adhere to core  
2.15 competencies identified by the national School-Based Health Alliance including attention  
2.16 to issues affecting student and health equity;

2.17 (2) convening regular forums related to school-based and school-linked health care in  
2.18 Minnesota, including mental health care and behavioral health care;

2.19 (3) recognizing educational and health equity as key elements in planning and providing  
2.20 health services in Minnesota schools;

2.21 (4) providing technical assistance to school-based health centers and to school districts  
2.22 with school-based health centers or that are interested in establishing school-based health  
2.23 centers;

2.24 (5) providing assistance with data analysis and maintenance of a unified data set reported  
2.25 annually to the Department of Health;

2.26 (6) cultivating interagency partnerships among educational, health, and human services  
2.27 stakeholders to further strengthen the role of school-based health centers as part of existing  
2.28 and emerging health and educational equity efforts and responses to any student health  
2.29 crisis;

2.30 (7) supporting revenue models that foster fiscal stability through third-party billing,  
2.31 medical assistance billing, and support from foundations and federal grants;

3.1 (8) maintaining relationships with state and national organizations that focus on health  
 3.2 or health and education issues;

3.3 (9) in partnership with the Department of Health, providing opportunities for workforce  
 3.4 development in school health and coordinating interagency dialogues related to school-based  
 3.5 health care and school-linked behavioral health;

3.6 (10) in partnership with the Department of Health, developing a process for school  
 3.7 districts to follow if school districts establish school-based health centers;

3.8 (11) establishing a pool of financially stable organizations across the state with  
 3.9 comprehensive health care experience to serve as sponsoring organizations;

3.10 (12) assisting school districts, individual schools, and sponsoring organizations in  
 3.11 establishing relationships and agreements;

3.12 (13) meeting with stakeholders to describe and promote school-based health centers;  
 3.13 and

3.14 (14) as specified by the commissioner of health, participating in a comprehensive  
 3.15 evaluation of program planning, implementation, service, and costs and anticipated benefits.

3.16 (c) The Minnesota School-Based Health Alliance must maintain an executive and support  
 3.17 staff to support its work with school-based health centers, participating school districts,  
 3.18 sponsoring organizations, and government partners.

3.19 **Subd. 3. Grants to sustain and expand the network of Minnesota school-based health**  
 3.20 **centers. (a) The commissioner of health shall administer, or contract with the Minnesota**  
 3.21 **School-Based Health Alliance to administer a grants program that provides grants to**  
 3.22 **sponsoring organizations that meet the requirements in subdivision 5 in order to sustain**  
 3.23 **existing school-based health centers and to promote and facilitate the growth of a network**  
 3.24 **of school-based health centers in Minnesota.**

3.25 (b) Grant funds distributed under this subdivision must be used to support new or existing  
 3.26 school-based health centers that:

3.27 (1) operate in partnership with a school or district and with the permission of the school  
 3.28 or district board;

3.29 (2) provide health services through a sponsoring organization that meets the requirements  
 3.30 in subdivision 5; and

4.1 (3) provide health services to all students and youth within a school or district regardless  
4.2 of ability to pay, insurance coverage, or immigration status in accordance with federal, state,  
4.3 and local law.

4.4 Subd. 4. **School-based health center services.** Services provided by a school-based  
4.5 health center may include but are not limited to:

4.6 (1) preventive health care;

4.7 (2) chronic medical condition management, including diabetes and asthma care;

4.8 (3) mental health care and crisis management;

4.9 (4) acute care for illness and injury;

4.10 (5) oral health care;

4.11 (6) vision care;

4.12 (7) nutritional counseling;

4.13 (8) substance abuse counseling;

4.14 (9) referral to a specialist, medical home, or hospital for care;

4.15 (10) additional services that address social determinants of health; and

4.16 (11) emerging services such as mobile health and telehealth.

4.17 Subd. 5. **Sponsoring organizations.** A sponsoring organization that agrees to operate  
4.18 a school-based health center must enter into a memorandum of agreement with the school  
4.19 or district. The memorandum of agreement must require the sponsoring organization to be  
4.20 financially responsible for the operation of school-based health centers in the school or  
4.21 district and must identify the costs that are the responsibility of the school or district, such  
4.22 as Internet access, custodial services, utilities, and facility maintenance. To the greatest  
4.23 extent possible, a sponsoring organization must bill private insurers, medical assistance,  
4.24 and other public programs for services provided in the school-based health centers in order  
4.25 to maintain the financial sustainability of school-based health centers.

4.26 Subd. 6. **Public report.** The Minnesota School-Based Health Alliance must prepare an  
4.27 annual report of its activities, including its finances, and must make that report available to  
4.28 the public, the legislature, and stakeholders.

5.1       Sec. 2. **APPROPRIATIONS.**

5.2               \$1,400,000 in fiscal year 2023 is appropriated from the general fund to the commissioner  
5.3 of health for grants and support for comprehensive school-based health centers under  
5.4 Minnesota Statutes, section 144.595. Of this amount:

5.5               (1) \$500,000 is for a contract with the Minnesota School-Based Health Alliance under  
5.6 Minnesota Statutes, section 144.595, subdivision 2. Of this amount, the commissioner may  
5.7 use up to \$..... for administrative costs; and

5.8               (2) \$900,000 is for grants to sponsoring organizations to sustain and expand the network  
5.9 of school-based health centers under Minnesota Statutes, section 144.595, subdivision 3,  
5.10 including planning for and supporting the establishment of new school-based health centers.