F1, J1 5lr2196 CF HB 375

By: Senator Madaleno

Introduced and read first time: February 6, 2015

Assigned to: Education, Health, and Environmental Affairs

A BILL ENTITLED

1 AN ACT concerning

2 Education - Maryland Council on Advancement of School-Based Health Centers

- 3 FOR the purpose of repealing the Maryland School Board Health Center Policy Advising 4 Committee and establishing the Maryland Council on Advancement of School-Based 5 Health Centers; specifying the duties of the Council; providing for the composition, 6 chair, and staffing of the Council; prohibiting a member of the Council from receiving 7 certain compensation, but authorizing the reimbursement of certain expenses; 8 requiring the Council to study and make recommendations regarding certain 9 matters; requiring the Council to report its findings and recommendations to certain State agencies and the General Assembly on or before a certain date each year; 10 11 requiring the Council to include certain recommendations in a certain report that is 12 due on a certain date; repealing obsolete provisions of law; specifying the terms of 13 the initial members of the Council; and generally relating to the Maryland Council on Advancement of School-Based Health Centers. 14
- 15 BY repealing
- 16 Article Education
- 17 Section 7–4A–01 and 7–4A–05
- 18 Annotated Code of Maryland
- 19 (2014 Replacement Volume and 2014 Supplement)
- 20 BY adding to
- 21 Article Education
- 22 Section 7–4A–01 and 7–4A–05
- 23 Annotated Code of Maryland
- 24 (2014 Replacement Volume and 2014 Supplement)
- 25 BY repealing and reenacting, with amendments,
- 26 Article Education
- 27 Section 7–4A–02, 7–4A–03, and 7–4A–04
- 28 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (2014 Replacement Volume and 2014 Supplement)
- 2 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 3 That the Laws of Maryland read as follows:
- 4 Article Education
- 5 [7–4A–01.
- 6 In this subtitle, "Council" means the Maryland School–Based Health Center Policy
- 7 Advisory Council.
- 8 **7–4A–01.**
- 9 In this subtitle, "Council" means the Maryland Council on
- 10 ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS.
- 11 7-4A-02.
- 12 (a) There is a Maryland [School-Based Health Center Policy Advisory] Council
- 13 ON ADVANCEMENT OF SCHOOL-BASED HEALTH CENTERS in the Department.
- 14 (B) THE PURPOSE OF THE COUNCIL IS TO IMPROVE THE HEALTH AND
- 15 EDUCATIONAL OUTCOMES OF STUDENTS WHO RECEIVE SERVICES FROM
- 16 SCHOOL-BASED HEALTH CENTERS BY ADVANCING THE INTEGRATION OF
- 17 SCHOOL-BASED HEALTH CENTERS INTO:
- 18 (1) THE HEALTH CARE SYSTEM AT THE STATE AND LOCAL LEVELS;
- 19 **AND**
- 20 (2) THE EDUCATIONAL SYSTEM AT THE STATE AND LOCAL LEVELS.
- [(b)] (C) Staff support for the Council shall be provided by the Department.
- 22 7–4A–03.
- [(a) The Council consists of the following 25 members:
- 24 (1) The Special Secretary of the Office for Children, Youth, and Families or
- 25 the Special Secretary's designee:
- 26 (2) The State Superintendent of Schools or the State Superintendent's
- 27 designee;

$\frac{1}{2}$	designee;	(3)	The	Secretary of Health and Mental Hygiene or the Secretary's
3		(4)	The S	Secretary of Juvenile Services or the Secretary's designee;
4		(5)	The S	Secretary of Human Resources or the Secretary's designee;
5		(6)	The S	Secretary of Budget and Management or the Secretary's designee;
6 7	the Senate;	(7)	One	member of the Senate of Maryland appointed by the President of
8	(8) One member of the House of Delegates of Maryland appointed by the Speaker of the House;			
0		(9)	The f	Collowing members appointed by the Governor:
$\frac{1}{2}$	Medical Ass	istance	(i) e Prog	One individual with experience or expertise with the Maryland ram;
13			(ii)	One local health officer;
4			(iii)	One local superintendent of schools;
15 16	representati	ive of a	(iv) local	Three individuals from local jurisdictions, including at least one management board;
17 18 19	(v) Three individuals who represent community leaders from organizations and faith communities that have experience or expertise with the services offered in school-based health centers;			
20 21	and their pa	irents;	(vi)	Three consumers of school–based health care including students
22			(vii)	A pediatrician;
23 24	health cente	er;	(viii)	A nurse practitioner who serves children in a school-based
25 26	Centers;		(ix)	A member of the Maryland Assembly of School-Based Health
27			(x)	A dental health professional; and
28 29	core service	agency	(xi)	A representative of the Behavioral Health Administration or a

- 1 (A) THE COUNCIL CONSISTS OF THE FOLLOWING 13 VOTING MEMBERS AND 2 5 EX OFFICIO MEMBERS:
- 3 (1) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE 4 PRESIDENT OF THE SENATE, AS AN EX OFFICIO MEMBER;
- 5 (2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE 6 SPEAKER OF THE HOUSE, AS AN EX OFFICIO MEMBER;
- 7 (3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR A 8 DESIGNEE OF THE SECRETARY, AS AN EX OFFICIO MEMBER;
- 9 (4) THE STATE SUPERINTENDENT OF SCHOOLS AS AN EX OFFICIO 10 MEMBER;
- 11 (5) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH
 12 BENEFIT EXCHANGE AS AN EX OFFICIO MEMBER; AND
- 13 (6) THE FOLLOWING 13 MEMBERS, APPOINTED BY THE GOVERNOR:
- 14 (I) THE PRESIDENT OF THE MARYLAND ASSEMBLY ON SCHOOL-BASED HEALTH CARE, OR A DESIGNEE OF THE PRESIDENT;
- 16 (II) THREE REPRESENTATIVES OF SCHOOL-BASED HEALTH
 17 CENTERS, NOMINATED BY THE MARYLAND ASSEMBLY ON SCHOOL-BASED HEALTH
 18 CARE:
- 19 **1. From a diverse array of sponsoring** 20 **ORGANIZATIONS; AND**
- 21 2. FOR AT LEAST ONE OF THE REPRESENTATIVES, FROM 22 A NURSING BACKGROUND;
- 23 (III) ONE REPRESENTATIVE OF THE PUBLIC SCHOOLS 24 SUPERINTENDENTS ASSOCIATION OF MARYLAND;
- 25 (IV) ONE ELEMENTARY SCHOOL PRINCIPAL OF A SCHOOL THAT 26 HAS A SCHOOL-BASED HEALTH CENTER;
- 27 (V) ONE SECONDARY SCHOOL PRINCIPAL OF A SCHOOL THAT 28 HAS A SCHOOL-BASED HEALTH CENTER;

- (VI) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL 1 2 ASSOCIATION: (VII) ONE REPRESENTATIVE OF THE MARYLAND ASSOCIATION 3 OF COUNTY HEALTH OFFICERS; 4 5 (VIII) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED 6 **HEALTH CENTER;** 7 ONE REPRESENTATIVE **MANAGED** (IX)OF Α **CARE** 8 **ORGANIZATION**; 9 **(X)** ONE COMMERCIAL REPRESENTATIVE OF Α HEALTH 10 **INSURANCE CARRIER; AND** 11 (XI) ONE PARENT OR GUARDIAN OF A STUDENT WHO UTILIZES 12 SERVICES AT A SCHOOL-BASED HEALTH CENTER. In making the appointments required under this section, the Governor shall 13 ensure that the Council is representative of: 14 15 (1) The geographic regions of the State; and 16 (2) Minority populations of the State. 17 The term of a member appointed under subsection (a) of this section is (c) (1) 3 years. 18 19 (2)The terms of **VOTING** members are staggered as required by the terms provided for members of the Council on October 1, [2002] **2015**. 2021At the end of a term, a member shall continue to serve until a successor 22 is appointed and qualifies. 23A member who is appointed after a term has begun shall serve for the (4) 24rest of the term or until a successor is appointed and qualifies. 25 The Governor shall appoint a successor in the event of a vacancy on the (d) 26 Council.
- 27 (e) From among the members of the Council, the [Governor] **VOTING MEMBERS**28 **OF THE COUNCIL** shall [designate] **ELECT** a [chairman] **CHAIR** for a 2-year term.

- 1 (f) A member of the Council may not receive compensation but is entitled to 2 reimbursement for expenses under the Standard State Travel Regulations, as provided in 3 the State budget.
- 4 7–4A–04.
- 5 (a) A majority of the members then serving on the Council is a quorum.
- 6 (b) The Council shall determine the times and places of its meetings and any other necessary operating procedures [which may include the establishment of subcommittees, consultant panels, or work groups utilizing the expertise of noncouncil and nonpanel members] IN ACCORDANCE WITH THE OPEN MEETINGS ACT.
- 10 (C) (1) THE COUNCIL MAY ESTABLISH WORKGROUPS TO ADVISE THE 11 COUNCIL ON SPECIFIC ISSUES, INCLUDING BEHAVIORAL HEALTH, ORAL HEALTH, 12 AND PRIMARY CARE.
- 13 (2) (I) THE CHAIR OF THE COUNCIL SHALL APPOINT THE
 14 MEMBERS OF A WORKGROUP ESTABLISHED BY THE COUNCIL UNDER PARAGRAPH
 15 (1) OF THIS SUBSECTION.
- 16 (II) THE CHAIR OF THE COUNCIL MAY APPOINT THE 17 FOLLOWING INDIVIDUALS TO A WORKGROUP:
- 18 MEMBERS OF THE COUNCIL WITH EXPERTISE IN THE 19 ISSUE TO BE STUDIED; AND
- 20 **2. M**EMBERS OF THE PUBLIC, INCLUDING CONSUMERS 21 AND STAKEHOLDER GROUP REPRESENTATIVES, WITH EXPERTISE IN THE AREA TO 22 BE STUDIED.
- 23 **[**7–4A–05.
- 24 (a) The purpose of the Council is to coordinate the interagency effort to develop, 25 sustain, and promote quality school–based health centers in Maryland.
- 26 (b) In consultation with appropriate State agencies and other interested 27 organizations, including representatives from academic institutions, health care providers, 28 and payors, the Council shall:
- 29 (1) Monitor the activities and range of services of the school-based health 30 centers;
- 31 (2) Recommend legislative initiatives;

- 1 (3) Develop and update a compendium of technical assistance experts that 2 will be used as a reference when local requests for assistance come to the State;
 3 (4) Monitor the development of notifications of available funds;
- 4 (5) Participate in the review of grants to local jurisdictions for the 5 development of school-based health care programs;
- 6 (6) Develop strategies for funding and reimbursement of care delivered in school-based health centers;
- 8 (7) Develop a consistent outcome measurement tool to be used by all school-based health centers in the State and assess the progress of all school-based health centers based on the information collected;
- 11 (8) Establish standards of practice within school–based health centers;
- 12 (9) Encourage the development of models of excellence in school-based 13 health centers:
- 14 (10) Prepare an annual report to the State Department of Education and the 15 Department of Health and Mental Hygiene; and
- 16 (11) Perform other activities identified that impact on the development, 17 sustainability, or quality of school-based health care in Maryland.]
- 18 **7–4A–05.**
- 19 (A) THE COUNCIL SHALL DEVELOP POLICY RECOMMENDATIONS TO 20 IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS WHO RECEIVE 21 SERVICES FROM SCHOOL-BASED HEALTH CENTERS BY:
- 22 (1) SUPPORTING LOCAL COMMUNITY EFFORTS TO ESTABLISH OR 23 EXPAND SCHOOL-BASED HEALTH CENTER CAPACITY IN PRIMARY CARE, 24 BEHAVIORAL HEALTH, AND ORAL HEALTH;
- 25 (2) INTEGRATING SCHOOL-BASED HEALTH CENTERS INTO EXISTING 26 AND EMERGING PATIENT-CENTERED MODELS OF CARE;
- 27 (3) PROMOTING THE INCLUSION OF SCHOOL-BASED HEALTH 28 CENTERS IN NETWORKS OF MANAGED CARE ORGANIZATIONS AND COMMERCIAL 29 HEALTH INSURANCE CARRIERS;
- 30 (4) ADVANCING THE PUBLIC HEALTH GOALS OF STATE AND LOCAL 31 HEALTH OFFICIALS;

- 1 (5) PROMOTING THE INCLUSION OF SCHOOL-BASED HEALTH 2 CENTERS INTO NETWORKS OF SCHOOL HEALTH SERVICES AND COORDINATED
- 3 STUDENT SERVICE MODELS FOR THE RANGE OF SERVICES OFFERED IN SCHOOL
- 4 SETTINGS;
- 5 (6) SUPPORTING STATE AND LOCAL INITIATIVES TO PROMOTE 6 STUDENT SUCCESS;
- 7 (7) REVIEWING AND REVISING BEST PRACTICE GUIDELINES; AND
- 8 (8) SUPPORTING THE LONG-TERM SUSTAINABILITY OF 9 SCHOOL-BASED HEALTH CENTERS.
- 10 (B) THE COUNCIL SHALL REVIEW THE COLLECTION AND ANALYSIS OF SCHOOL-BASED HEALTH CENTER DATA COLLECTED BY THE DEPARTMENT TO:
- 12 (1) MAKE RECOMMENDATIONS ON BEST PRACTICES FOR THE 13 COLLECTION AND ANALYSIS OF THE DATA; AND
- 14 (2) PROVIDE GUIDANCE ON THE DEVELOPMENT OF FINDINGS AND 15 RECOMMENDATIONS BASED ON THE DATA.
- 16 (C) THE COUNCIL SHALL CONDUCT OTHER ACTIVITIES THE COUNCIL 17 CONSIDERS APPROPRIATE TO MEET THE PURPOSE OF THE COUNCIL.
- 18 (D) ON OR BEFORE DECEMBER 31 OF EACH YEAR, THE COUNCIL SHALL
- 19 REPORT THE FINDINGS AND RECOMMENDATIONS OF THE COUNCIL TO THE
- 20 DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE STATE DEPARTMENT OF
- 21 EDUCATION, AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT
- 22 ARTICLE, THE GENERAL ASSEMBLY ON IMPROVING THE HEALTH AND
- 23 EDUCATIONAL OUTCOMES OF STUDENTS WHO RECEIVE SERVICES FROM
- 24 SCHOOL-BASED HEALTH CENTERS.
- SECTION 2. AND BE IT FURTHER ENACTED, That, the Maryland Council on Advancement of School–Based Health Centers shall include in its annual report that is due
- 27 on or before December 31, 2016, as required under Section 1 of this Act, recommendations
- 28 on:
- 29 (a) The establishment of a process for the review and approval of new 30 school-based health centers and the expansion of the scope of existing school-based health
- 31 centers by the State Department of Education and the Department of Health and Mental
- 32 Hygiene;

- 1 (b) The identification and elimination of barriers for managed care organizations 2 to reimburse for services provided by school-based health centers by managed care 3 organizations; and
- 4 (c) Health reform initiatives under the Maryland Medicare Waiver and 5 patient—centered medical home initiatives.
- 6 SECTION 3. AND BE IT FURTHER ENACTED, That the terms of the initial voting 7 members of the Maryland Council on Advancement of School–Based Health Centers shall 8 expire as follows:
- 9 (1) four members in 2016;
- 10 (2) five members in 2017; and
- 11 (3) four members in 2018.
- SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2015.