

Department of Legislative Services
 Maryland General Assembly
 2015 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 403 (Senators Madaleno and Ferguson)
 Education, Health, and Environmental Affairs Health and Government Operations

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

This bill replaces the Maryland School-Based Health Center Policy Advisory Council at the Maryland State Department of Education (MSDE) with the Maryland Council on Advancement of School-Based Health Centers. MSDE may seek the assistance of organizations with expertise in school-based health care or other matters within the duties of the council to provide additional staffing resources to MSDE and the council. By December 31 of each year, the council must report findings and recommendations to the Department of Health and Mental Hygiene (DHMH), MSDE, and the General Assembly on improving the health and educational outcomes of students who receive services from SBHC. In the report due by December 31, 2016, the council must include specific information and recommendations on specified issues.

Fiscal Summary

State Effect: General fund expenditures increase by \$37,900 in FY 2016 to fund a half-time position to staff the council and produce required reports. Future-year estimates reflect annualization and inflation. Depending on the amount of additional resources MSDE receives from organizations, this amount may be higher or lower in any year, but the amount cannot be determined. Revenues are not affected.

(in dollars)	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	37,900	45,700	47,800	50,100	52,400
Net Effect	(\$37,900)	(\$45,700)	(\$47,800)	(\$50,100)	(\$52,400)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The purpose of the council is to improve the health and educational outcomes of students who receive services from school-based health centers (SBHC) by advancing their integration into (1) the health care system at the State and local levels and (2) the educational system at the State and local levels. The council consists of 15 voting members and 6 *ex officio* members as specified in the bill. From among the members of the council, the voting members of the council must elect a chair for a two-year term. Members serve for staggered three-year terms. A member of the council may not receive compensation, but is entitled reimbursement for travel, as provided in the State budget.

The council must determine the times and places of its meetings and any other necessary operating procedures in accordance with the Open Meeting Act. As with the current Maryland School-based Health Policy Advisory Council, MSDE must provide staff support for the council. MSDE may seek the assistance of organizations with relevant expertise to provide additional staffing to MSDE and the council. If MSDE uses the staffing resources of other organizations, MSDE must formalize the duties to be performed by the organization in writing.

The council may establish workgroups to advise the council on specific issues, including behavioral health, oral health, and primary care. The chair of the council must appoint the members of a workgroup. The chair may appoint the following individuals to a workgroup: (1) members of the council with expertise in the issue to be studied; and (2) members of the public, including consumers and stakeholder group representatives, with expertise in the area to be studied.

The council must develop policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs as specified in the bill.

The council must include in its report due by December 31, 2016, recommendations on (1) streamlining of the existing process for the review and approval of new SBHCs, including the Maryland Medical Assistance Program enrollment process for SBHCs and the expansion of the scope of existing SBHCs by MSDE and DHMH; (2) the identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs; and (3) health reform initiatives under the Maryland Medicare Waiver and patient-centered medical home initiatives. The report must also include information on the number and location of school-based health centers that are co-located with behavioral health services.

Current Law/Background: The Maryland School-Based Health Center Policy Advisory Council was codified by Chapter 282 of 2002. The purpose of the 25-member council is

to coordinate the interagency effort to develop, sustain, and promote quality SBHCs in Maryland.

SBHCs are health centers located in a school or on a school campus that provide onsite comprehensive preventive and primary health services. Services may also include mental health, oral health, ancillary, and supportive services. SBHCs are staffed by one or more of the following health professionals:

- a primary care provider, such as a pediatrician, nurse practitioner, or physician assistant;
- a registered nurse and/or a licensed practical nurse;
- a medical office assistant or medical assistant;
- a billing or clerical staff member;
- a mental health provider, such as a psychiatrist, psychologist, social worker, or other therapist;
- a substance abuse counselor;
- a dentist and/or dental hygienist;
- a health educator; or
- a nutritionist or registered dietitian.

SBHCs were started in Maryland in 1985 to increase children's access to health care. They have proven effective in diagnosing and treating illness, managing chronic health conditions, and increasing school attendance for children at risk of missing school due to health issues. In some parts of the United States where SBHCs have been studied, an increase in student achievement has been noted in schools with SBHCs.

As of the 2014-2015 school year there are 80 SBHCs in 12 school systems, including Baltimore City, in Maryland. Some SBHCs serve more than one school, sharing staff between neighboring schools. Maryland's SBHCs are located in elementary, middle, high, and special schools.

MSDE's Student Service Branch is responsible for the primary oversight of all existing SBHC programs, including the application approval process for all requests to operate a new SBHC program.

Currently, the Office of School Health within DHMH provides MSDE with technical assistance in the approval of SBHCs on an as needed case-by-case basis.

State Expenditures: MSDE reports that the staff that support the current council is drawn from various staff who have full-time responsibilities separate from SBHCs and that a full-time position is required. However, since the bill authorizes MSDE to seek the

assistance of other organizations to provide staffing resources to MSDE and the council, the Department of Legislative Services (DLS) assumes that to meet the SBHC demands of the bill, a half-time dedicated education program specialist or licensed health care provider is required. Depending on the assistance from outside organizations that is available, more or less MSDE staff time may be needed since no specific outside organizations were identified in the bill to provide assistance.

Therefore, general fund expenditures for MSDE increase by \$37,893 in fiscal 2016, which accounts for the bill's October 1, 2015 effective date. This estimate reflects the cost of hiring one half-time education program specialist experienced in public health or a licensed health care provider with school health experience to staff the council, produce the required reports, review the collection and analysis of SBHC data, review and approve new SBHCs, provide technical assistance, and review existing SBHCs. The estimate includes one half-time salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	0.5
Salaries and Fringe Benefits	\$33,388
Operating Expenses	<u>4,505</u>
Total FY 2016 State Expenditures	\$37,893

Future year expenditures reflect a half-time salary with annual increases and employee turnover, the elimination of one-time costs, and annual increases in ongoing operating expenses.

DHMH can review and approve new SBHCs using existing resources.

Additional Information

Prior Introductions: None.

Cross File: HB 375 (Delegate Cullison, *et al.*) - Health and Government Operations.

Information Source(s): Governor's Office for Children, Department of Budget and Management, Department of Human Resources, Maryland State Department of Education, Department of Health and Mental Hygiene, Maryland Insurance Administration, Department of Juvenile Services, Department of Legislative Services

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