



**TESTIMONY BEFORE THE HOUSE WAYS & MEANS COMMITTEE
HOUSE BILL 1557**

Public Schools – Health Services – County Boards of Education and Health Departments

***Karen Siska Creel, Director, Division of School Health Services, Anne Arundel County Department of Health
For the Maryland Association of County Health Officers (MACHO)***

Position: Oppose – March 4, 2020

The Maryland Association of County Health Officers (MACHO) **opposes HB 1557:**

- The bill has logical inconsistencies that make it impossible to determine what County agency is ultimately responsible for delivery of school health services and its administrative oversight. This ambiguity is exacerbated by the independently elected status of county Boards of Education (BOEs) and their legally established autonomy.
- Federal law requires any educational agency that receives Federal financial assistance to provide free, appropriate public education to all students, regardless if they have a disability. The laws that outline these requirements are ‘**Section 504 of the Rehabilitation Act of 1973**’ and the ‘**Individuals with Disabilities Education Act (IDEA)**’. County Boards receive Federal funds from the State to assist in providing special education services, supplemental aides, and **related services** to students with qualifying disabilities. *The provision for the delivery of school health services is defined as a related service in both Section 501 and IDEA.*
- *HB 1557 shifts jurisdiction for provision of adequate school health services from the County BOEs to the County Local Health Departments (LHDs) without providing LHDs with sufficient funding to provide services.* Although the bill directs school health-related state funding to be transferred from BOEs to LHDs, only a portion of health-related funding comes directly from the state. Federal pass-through and local funding dollars will not transfer to the LHDs. State allocations often co-mingle funding for health and non-health programs due to overlap in administrative and programmatic functions. *As a result, there will be significant gap between what the school boards receive from the state and what LHDs will need to launch and sustain health services.*
- Requires that LHDs “shall keep and maintain the health data of students in public schools”. *This is a violation of the United States Code Section 1232g, otherwise known as the Family Education and Privacy Rights Act (FERPA), which considers student health records a part of the student’s educational record and prohibits any educational agency that receives federal funds from releasing student education records to any individual agency or organization without written consent of the parent.*
- Due to legal liability issues, BOEs are now responsible for development of policies and procedures for students with chronic health conditions during the school day which are already addressed in other state laws. This bill would transfer authority for approval of these policies and procedures to the LHDs and presume that LHDs can compel an independently elected school board to comply with LHD decisions.
- The 12 LHDs that are not currently involved in the delivery of school health services would face an overwhelming administrative and financial burden which may have the unintended consequence of poor decision-making leading to worse student health care.

Before taking authority away from the school staff who best know their students and the federal and state regulations that govern care within the school walls, a compelling reason should be given to justify the wholesale changes called for in HB 1557. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-614-6891. This communication reflects the position of MACHO.