



**Committee:** House Ways and Means Committee

**Bill Number:** House Bill 1317 Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools

**Hearing Date:** February 28, 2024

**Position:** Support w/Amendments

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The Maryland School Counselor Association (MSCA) supports *House Bill 1317 – Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools*, which would direct new Medicaid reimbursement opportunities to strengthen school health services and help to address the shortage of school health providers.

Right now, staffing levels for school counselors in Maryland’s schools are poor. The American School Counselor Association recommends a student-per-counselor ratio of 250:1. However, per MSDE data, many of our counties are significantly above this recommended ratio, with several counties having over 1,000 students per counselor. This disturbing shortage leaves many students underserved and staff overwhelmed. States have been struggling to identify additional resources to bolster their school health workforce and to end their disturbing shortages. In 2023, the Center for Medicare and Medicaid Services opened the door to a potentially game changing opportunity. Under new federal guidance, schools can draw down more federal matching funds for school health services.<sup>i</sup> Even before this new guidance, some states had developed innovative pathways for reimbursement for school nursing services.<sup>ii</sup>

We would request two amendments which we believe align with the intent of the bill:

**Amendment 1:** Clarifying which practitioners may be reimbursed. Federal law and regulations already delineate who may bill for school health services. The practitioner must be authorized to practice either by a health occupation board or education agency. We recommend aligning the bill’s language to reflect federal guidance:

On page 1 in lines 21-23:

(2) “PROVIDER” MEANS A SCHOOL AUDIOLOGIST, SCHOOL21

~~PSYCHOLOGIST, SCHOOL SPEECH PATHOLOGIST, AND ANY OTHER HEALTH CARE PRACTITIONER WHO PROVIDES SERVICES TO A STUDENT IN A SCHOOL SETTING.~~

PRACTITIONER WHO IS AUTHORIZED TO PRACTICE IN A SCHOOL SETTING UNDER THE HEALTH OCCUPATIONS ARTICLE OR EDUCATION ARTICLE INCLUDING

- \_\_\_\_\_ (i) nurses;
- \_\_\_\_\_ (ii) licensed clinical social workers;
- \_\_\_\_\_ (iii) professional counselors;
- \_\_\_\_\_ (iv) marriage and family therapists;
- \_\_\_\_\_ (v) occupational therapists and occupational therapy assistants;
- \_\_\_\_\_ (vi) speech language pathologists;
- \_\_\_\_\_ (vii) physical therapists;
- \_\_\_\_\_ (viii) school counselors; and
- \_\_\_\_\_ (ix) school psychologists.

**Amendment 2:** Clarifying how funding may be spent. As we understand the bill’s intention, new resources from Medicaid billing for school health must be directed towards the school health workforce. We would recommend a change in language to recognize that providers are paid through salaries rather than stipend arrangements:

*On page 2 in lines 8-15*

- (1) ADDITIONAL POSITIONS FOR PROVIDERS;*
- (2) PAID INTERNSHIPS FOR STUDENTS SEEKING TO BECOME PROVIDERS;*
- (3) ~~STIPENDS~~ SALARY INITIATIVES FOR PROVIDERS THAT ARE DESIGNED TO ADDRESS PROBLEMS IN PROVIDER RECRUITMENT AND RETENTION; AND*
- (4) ~~STIPENDS~~ SALARY INITIATIVES FOR PROVIDERS WORKING IN LOW-PERFORMING SCHOOLS THAT ARE DESIGNED TO ADDRESS PROBLEMS IN PROVIDER RECRUITMENT AND RETENTION.*

We ask for a favorable report with the clarifying amendments. If we can provide any additional information, please contact Jocelyn I. Collins at [jcollins@policypartners.net](mailto:jcollins@policypartners.net).

<sup>i</sup> <https://www.cms.gov/newsroom/fact-sheets/delivering-service-school-based-settings-comprehensive-guide-medicare-services-and-administrative>

<sup>ii</sup> <https://www.networkforphl.org/resources/medicaid-reimbursement-for-school-nursing-services-2/>