



Bill: HB 1317 – Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools

Position: FAVORABLE

Dear Chair, Vice Chair, and Committee Members:

The Maryland Speech-Language-Hearing Association (MSHA) has represented nearly 4,000 licensed professionals with advanced degrees in speech language and audiology since 1964. We write in support of HB 1317, which would require school systems to use Medicaid reimbursement funds for additional provider positions, paid internships, and stipends to assist with recruitment and retention of providers. This bill is needed to address the significant and ongoing staff shortages in Maryland schools. The Maryland State Department of Education (MSDE) reports that speech language pathology is the third largest staff shortage category in Maryland¹ with only special educators and general elementary educators in greater demand.

In Maryland, all speech language pathologists and audiologists are required to hold a Maryland Department of Health license, which allows school districts to bill Maryland Medicaid for our services to children who qualify. Approximately 75% of all Medicaid-school based services are provided by speech-language pathologists and audiologists;² 29.3% of Maryland families are Medicaid-eligible,³ with a range of 14.7% (Calvert) to 57.2% (Dorchester). Reimbursement rates for speech language pathology are from \$25.68 to \$153.96 per encounter.⁴ Audiology services reimbursement rates vary from \$5.50 to \$118.62 per encounter.⁴ The average speech language pathologist with a caseload of Medicaid eligible students bills over \$6,500 per month.

Medicaid reimbursement is lucrative for Maryland's school systems. A sampling of FY2024 Approved Annual Operating Budgets from local school systems show millions of dollars flowing in for speech and audiology services.

Anne Arundel County Public Schools - \$9,969,600
Baltimore City Public Schools - \$7,915,000
Carroll County Public Schools - \$1,480,948
Dorchester County Public Schools - \$330,000
Garrett County Public Schools- \$295,088

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Harford County Public Schools - \$1,834,000
Montgomery County Public Schools - \$4,717,501
Prince George's County Public Schools - \$12,423,373
St. Mary's County Public Schools - \$2,296,646

For Maryland school districts to receive reimbursement for speech and audiology services, each clinician must provide medical-style fully charted documentation for every student encounter, complete monthly service coordination, and associated paperwork. It is a tedious and laborious process where Maryland speech language pathologists and audiologists in public schools must take on the full role of a school-based provider while operating within the requirements of a clinical setting. This is not asked of any teacher or clinician in a non-school setting. HB 1317 would ensure a portion of the funding returns to providers for this extra work. It is a key tool that school districts can use to help recruit and retain skilled clinical staff – a desperate need in Maryland.

Today, it is unclear what happens to the millions of Medicaid dollars that come to our school districts each year for our services. MCPS provides vague descriptions that it “supplements existing special education services” while other districts make no mention at all. In Baltimore City Public Schools, the Comprehensive Annual Financial Reports state that there was an excess of revenue over expenditures and other financing sources attributable to Third Party Billing (Medicaid) in 2019 (3.2 million), 2020 (3.1 million), 2021 (39 thousand), and 2022 (666 thousand). These funds should be tied to addressing the needs of the eligible students who require the services – by increasing the number of available clinicians and improving the quality and consistency of those services. In Maryland, providers rarely, if ever, see any direct benefit from the hours and hours of additional work for Medicaid billing. In my 15 years as a school-based speech language pathologist, I have received approximately \$200 to order speech materials twice. I hear the same story from SLPs and audiologists across the state.

HB 1317 is a strong bill because it allows flexible spending of Medicaid funds to directly support the provision of Medicaid-eligible services in public schools – including targeted stipends. This is a solution districts across the United States have turned to when faced with their own struggles recruiting and retaining clinical staff. It is the third most common reason that speech language pathologists receive a salary supplement in public schools.⁵ HB1317 would allow Maryland school districts to provide the same kind of innovative local solutions described below:

- District of Oconee County (SC) provides clinicians a stipend of \$4 per session for each Medicaid-eligible student.
- Minnesota Public Schools matched the bonus paid to teachers with National Board for Professional Teaching Standards certification for speech language pathologists and audiologists with an American Speech Language Hearing Association Certificate of Clinical Competence because it was required to bill Medicaid in Minnesota.

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- New York City Department of Education provides an annual stipend of \$5000 for clinicians eligible to bill Medicaid, reimburse their license fee, and allow those staff to submit up to 20 hours per year of extra hours at the hourly rate (~60) to complete Medicaid-related paperwork.
- Pittsburgh Public Schools established a centralized fund that is overseen by a committee of school-based SLPs. Clinicians can use the monies to buy materials, laptops, attend conferences, receive license and certification reimbursement, etc.
- Districts in Washington state allow clinicians to submit up to 13 extra hours per month at their hourly rate (~60) to complete Medicaid billing paperwork.
- Small districts in Georgia provide an annual stipend of \$1500 for Medicaid billing.

MSHA is in support of HB 1317 and urges committee members to vote favorably.

Sincerely,



Megan Miskowski
Director of Advocacy and Public Policy
Maryland Speech Language Hearing Association

- (1) MSDE [Maryland's Teacher Workforce: Supply, Demand, and Diversity, 2022](#)
- (2) https://www.asha.org/practice/reimbursement/medicaid/medicaid_intro/
- (3) [Georgetown University McCourt School of Public Policy Center for Children and Families Share of Children with Medicaid/CHIP Coverage in Maryland Unified School Districts, 2017-2021](#)
- (4) [Audiology, Physical Therapy, and Early Periodic, Screening, Diagnosis and Treatment \(EPSDT\) Provider Manual Effective January 1, 2023](#)
- (5) [2022 Schools Survey: SLP Annual Salaries and Hourly Wages](#)

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