



Committee: House Ways and Means Committee

Bill Number: House Bill 689 – Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools

Hearing Date: February 25, 2025

Position: Support w/Amendments

The Maryland School Counselor Association (MSCA) supports *House Bill 689 – Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools*, which would direct Medicaid reimbursement opportunities to strengthen school health services and help to address the shortage of school health providers. We would ask for some clarifying amendments.

The Commission on Innovation and Excellence in Education’s 2019 report adopted the nationally recommended ratio by the American School Counselor Association of 250 students per school counselor. However, the 2023-2024 MSDE baseline data indicated that the student-counselor ratio in schools was on average 307 students per school counselor. Yet, 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. 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.ⁱ Even before this new guidance, some states had developed innovative pathways for reimbursement for school nursing services.ⁱⁱ

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

On page 1 in lines 21-23:

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

~~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 school health professionals are paid through salaries rather than stipend arrangements as well as that educational opportunities are not typically labeled as internships:

On page 2 in lines 8-15

(1) ADDITIONAL POSITIONS FOR PROVIDERS;

(2) ~~PAID INTERNSHIPS FOR STUDENTS SEEKING TO BECOME~~

*~~PROVIDERS; EDUCATION OPPORTUNITIES FOR STUDENTS IN ACCREDITED HEALTH
PROFESSIONAL EDUCATIONAL PROGRAMS TO WORK UNDER A PROVIDER AS PERMITTED
UNDER THE HEALTH OCCUPATIONS ARTICLE OR THE EDUCATION ARTICLE;~~*

*(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 these clarifying amendments. If we can provide any additional information, please contact Jocelyn I. Collins at jcollins@policypartners.net.

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

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