

Department of Legislative Services
Maryland General Assembly
2014 Session

FISCAL AND POLICY NOTE

Senate Bill 717 (Senator Ferguson, *et al.*)
Education, Health, and Environmental Affairs

Task Force to Study School-Based Health Centers

This bill establishes the Task Force to Study School-Based Health Centers (SBHC). By December 1, 2014, the task force must report its findings and recommendations to the General Assembly. The Department of Health and Mental Hygiene (DHMH) must provide staff for the task force.

The bill takes effect July 1, 2014, and terminates June 30, 2015.

Fiscal Summary

State Effect: Staffing of the task force and reimbursement can likely be handled with existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The 12-member task force includes 1 member of the Senate and 1 member of the House of Delegates. The Governor must designate the chair of the task force. A member of the task force may not receive compensation but is entitled to reimbursement for expenses.

The task force must study (1) how to fully integrate SBHCs into State and local plans to ensure long-term sustainability of SBHCs; (2) how to ensure the coordinated interagency and intra-agency effort reflective of the interdisciplinary nature of SBHCs to provide the

policy, technical assistance, and program support necessary to sustain quality SBHC efforts across State agencies; (3) the resources needed by State agencies to implement the task force's plan; and (4) if and how the mission and structure of the Maryland SBHC Policy Advisory Committee can be modified to assist the State in implementing the task force's plan.

Current Law/Background: An SBHC is a health center located in a school or on a school campus that provides on-site comprehensive preventative and primary health services. An SBHC may be staffed by a number of health care professionals including a primary care provider, a mental health provider, a dentist, and/or a nutritionist or registered dietician. According to the Maryland State Department of Education (MSDE), there are SBHCs in 12 of Maryland's 24 jurisdictions.

According to the MSDE website, the Maryland SBHC Initiative began in 1994 and started as Maryland Making the Grade within the Office for Children, Youth, and Families. It was renamed the Maryland SBHC Initiative in January 1998 and has been supported by a grant from the Robert Wood Johnson Foundation since 1996. In accordance with Chapter 585 of 2005, the initiative transferred from the Office for Children, Youth, and Families to MSDE as the Maryland SBHC Policy Office in July 2005.

A 25-member SBHC Policy Advisory Council has as its purpose coordinating the interagency effort to develop, sustain, and promote quality SBHCs in Maryland as well as to set standards for SBHCs, monitor their progress, recommend policy and legislation to promote the centers, and seek out funding for their support. The council was established by Chapter 282 of 2002 and was also transferred to MSDE in 2005.

The University of Maryland, Baltimore County's Center for Health Program Development and Management, submitted a report, *Strengthening School-Based Health Centers in Maryland A Study of Funding and Access Issues* to the Maryland Community Health Resources Commission in November 2007. The report made a series of findings about SBHCs and included broad policy recommendations that could expand access to SBHCs, further develop the infrastructure and stabilize the financing of SBHCs, and promote increased reimbursements from Medicaid and other insurers.

The report, which studied largely similar topics to those required in the bill, concluded that SBHCs are an important safety net for Maryland's children and continue to be an integral part of Maryland health care. In terms of financing, the report concluded that, "It is unlikely that SBHCs can ever be fully self-supporting through patient care revenue. Steps to improve billing and reimbursement will have a positive effect on revenue, but these efforts must be coupled with a broader consideration of policies that affect the

financing and delivery of SBHC services.” The report then goes on to provide several specific examples.

State Expenditures: DHMH indicates that one full-time contractual health policy specialist is needed to staff the task force (at a cost of \$75,000 in fiscal 2015) within the Health Systems and Infrastructure Administration (HSIA) and that other HSIA staff cannot absorb the additional work due to federal grant obligations. The Department of Legislative Services disagrees and notes that the staffing for the task force does not have to be done within HSIA and can likely be handled within existing budgeted resources by redirecting staff from other priorities. General fund expenditures for DHMH increase by a minimal amount for administrative expenses associated with the task force, including any reimbursement for task force members. Such costs can also be absorbed, however, within existing resources.

Additional Information

Prior Introductions: None.

Cross File: HB 783 (Delegate Cullison, *et al.*) - Health and Government Operations.

Information Source(s): Maryland State Department of Education; Department of Health and Mental Hygiene; University of Maryland, Baltimore County (report available online at DHMH’s website); Department of Legislative Services

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