

Department of Legislative Services
 Maryland General Assembly
 2021 Session

FISCAL AND POLICY NOTE
 Third Reader - Revised

House Bill 1148

(Delegate Cullison)

Health and Government Operations and
 Ways and Means

Finance

Secretary of Health – School–Based Health Centers – Guidelines and
 Administration of Grants

This bill requires the Maryland Department of Health (MDH), in conjunction with the Maryland State Department of Education (MSDE), to report to the General Assembly on a plan to transfer administration of school-based health center (SBHC) grants and any related functions from MDSE to the Bureau of Maternal and Child Health (BMCH) in MDH by October 1, 2021. By July 1, 2022, the Governor must transfer administration of SBHC grants and any related functions from MSDE to BMCH. The Secretary of Health, in consultation with MSDE and other stakeholders, must develop guidelines to support the expansion of SBHCs. **The bill takes effect July 1, 2021.**

Fiscal Summary

State Effect: No effect in FY 2022 as MSDE and MDH can report on a plan to transfer administration of SBHC grants and related functions using existing budgeted resources; any additional funding needs can be identified in that plan and funded accordingly for FY 2023. Otherwise, MDSE general fund expenditures decline by \$9.0 million annually beginning in FY 2023 from the transfer of SBHC grants administration to MDH; MDH general fund expenditures increase accordingly. State revenues are not affected.

Local Effect: Generally, transfer of administration of SBHCs is not anticipated to materially affect local board of education or local health department (LHD) finances. However, to the extent specified guidelines required under the bill support the expansion of SBHCs, LHD sponsors of SBHCs may benefit.

Small Business Effect: Potential meaningful.

Analysis

Current Law: SBHCs are health centers located in a school or on a school campus that provide on-site comprehensive preventive and primary health services. Services may also include behavioral health, oral health, ancillary, and supportive services. Currently, MSDE is responsible for SBHC guidelines and administers SBHC State grant funds. MDH assists MSDE through the Office of Population Health Improvement (OPHI).

According to MSDE, in fiscal 2020, there were 84 SBHCs in 12 of Maryland's 24 jurisdictions. Most SBHCs are sponsored by LHDs or federally qualified health centers, though there are two Maryland SBHCs with hospitals as their sponsoring agency.

Maryland Council on Advancement of School-Based Health Centers

Established by Chapter 417 of 2015, the purpose of the council is to improve the health and educational outcomes of students who receive services from SBHCs by advancing their integration into (1) the health care system at the State and local levels and (2) the educational system at the State and local levels. The council must develop specified policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs. Until 2017, MSDE provided staff support for the council. Chapter 199 of 2017 transferred the council from MSDE to MDH and required the Maryland Community Health Resources Commission to provide staff for the council.

The Blueprint for Maryland's Future

Under Chapter 36 of 2021 (Blueprint for Maryland's Future), MSDE and MDH must each designate a liaison for SBHCs to provide technical assistance and support to the centers. State funding for SBHCs increased to \$9.0 million annually beginning in fiscal 2021 (mandated beginning in fiscal 2022). Additional State funding for local school systems to train school staff to recognize student behavioral health issues is provided annually to assist local school systems with their training programs. Also, local boards of education must enhance and expand the availability of behavioral health services to students. By November 1, 2021, each school system must report their plan to expand school behavioral health service availability and to connect schools without an SBHC to community-based behavioral health services to the Accountability and Implementation Board, Governor, and the General Assembly.

State Expenditures: The bill requires the Governor to transfer administration of SBHC grants (totaling \$9.0 million annually) from MSDE to MDH on July 1, 2022 (fiscal 2023). Thus, MSDE general fund expenditures decrease by \$9.0 million annually beginning in fiscal 2023. MDH general fund expenditures increase accordingly.

Both MDH and MSDE advise that the agencies can work together to develop a plan for the transfer of the SBHC program from MSDE to MDH with existing budgeted resources. Additionally, MDH advises it can develop guidelines to support the expansion of SBHCs, and MSDE advises it can consult to develop the guidelines, using existing budgeted resources.

MDH does not currently have any staff exclusively dedicated to SBHCs within OPHI and, therefore, cannot transfer any staff to BMCH to administer the program without disrupting OPHI activities. However, MDH advises that the agency can provide consultation to both subdivisions to transition program operations from one to the other. MSDE advises that, as there is no dedicated SBHC staff position and no MSDE position funded with SBHC funds, no positions transfer from MSDE to MDH under the bill. Therefore, MDH indicates that additional staff will be necessary to administer grants and oversee the process of developing appropriate clinical guidelines for SBHCs as required by the transfer. MDH can identify any additional staffing needs as part of the development of a plan to transfer administration of SBHCs and include any such expenses in the budget request for fiscal 2023, when the transfer actually takes place.

Small Business Effect: To the extent guidelines developed by the Secretary of Health as required under the bill lead to the expansion of SBHCs, small business health care providers may benefit.

Additional Information

Prior Introductions: None.

Designated Cross File: SB 830 (Senator Lam) - Finance.

Information Source(s): Maryland State Department of Education; Maryland Department of Health; Department of Legislative Services

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