

**Informational Testimony regarding Senate Bill 243
Public High Schools—Health Education—Gambling Dangers and Addiction**

**Senate Education, Health, and Environmental Affairs Committee
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3:00 pm**

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The Maryland State Education Association offers this informational testimony on Senate Bill 243, legislation that would require the Maryland State Department of Education (MSDE) to develop a program of education on the dangers of gambling and gambling addiction and requiring local boards of education to include this instruction into curriculum taught in grades 9-12.

MSEA represents 75,000 educators and school employees who work in Maryland's public schools, teaching and preparing our 896,837 students for careers and jobs of the future. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3 million-member National Education Association (NEA).

MSEA tenaciously advocates for the policies and programs that will give our students access to the resources they need in order to achieve their full potential. We understand clearly that the health and wellness of our students—both physical and behavioral—has a direct impact on their academic and nonacademic outcomes.

However, MSEA has a longstanding position in opposition to legislatively mandating curriculum. We believe that it is the purview of the MSDE and the State Board of Education to develop and implement curriculum standards in order to meet the academic needs of the students served in Maryland's public schools. It is then the responsibility of local districts to determine how best to implement a program of study that best serves the needs of their students. We strongly believe that mandating state-wide curriculum is bad public policy.

We acknowledge that the sponsor incorporated amendments to the previous version of this legislation that removed the legislative curricular mandate and have instead made it permissible

for local boards of education to require public high schools in their respective county to include this topic of instruction. This was a good step toward improving this legislation. However, we remain concerned about the amount of content already required to be covered in the health curriculum—particularly given that the course is only a ½ credit course—and how this new item could best be incorporated. We believe that local boards and educators—particularly those who are health educators, mental and behavioral health educators, and health practitioners embedded within our schools—are best suited to address this issue and to determine how best to include it into their current required course content.