

SB 830 - School Based Health Centers Guidelines Gr

Uploaded by: Dove, Tina

Position: FAV

Testimony in Support of Senate Bill 830

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

Senate Finance Committee

March 11, 2021

1:00 pm

Tina N. Dove, M.Ed.

Government Relations

The Maryland State Education Association supports Senate Bill 830, legislation requiring the Secretary of Health, in consultation with the State Department of Education (MSDE) and other, to develop guidelines to support the expansion of school-based health centers. Further, it would require the Governor to transfer the administration of school-based health center grants from MSDE to the Bureau of Maternal and Child Health within the Maryland Department of Health (MDH).

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 believes that every Maryland child is a whole child—one that needs to feel healthy, safe, engaged, supported, and challenged in order to eventually see success in college, career and life. In advocating for the needs of the whole child, MSEA members advocate to ensure that every public school in our state is a great public school—one that has updated technology; small, manageable classes; safe and modern school buildings; proper healthcare and nutrition; and highly qualified and highly effective educators. Given access to these resources, we know all of Maryland's students can achieve their full potential.

We have been tenacious advocates for the policies and programs that will give our students access to the resources they need to achieve their full potential. We understand clearly that the health and wellness of our students has a direct impact on their academic and nonacademic outcomes. Children



who are unwell or in pain are more likely to not be in class learning. As such, we do our best to work in conjunction with parents and guardians as well as state and local officials to ensure that our students are healthy and ready to learn. Given the current and future impacts we expect will result from the COVID-19 global pandemic, we believe very strongly that every step must be taken to prepare our schools, our communities, and our state for what lies ahead; and that these efforts must commence with an appropriate sense of urgency.

With the enactment of the Blueprint for Maryland's Future (and thus the implementation of dedicated annual funding for the establishment or maintenance of school-based health centers), our state is about to embark upon an historic, multifaceted implementation process—one that will involve educators across the state; various local and state elected officials and agencies; and a significant amount of state and federal tax dollars. This is a consequential endeavor. As such, MSEA believes it should involve the crafting of guidelines and best practices followed by effective implementation via the agencies best suited to the task. We strongly believe that the objectives advanced by this legislation would be a critical factor in establishing and supporting the school-based physical, mental, and behavioral health resources our children desperately need.

We urge a favorable report on SB 830.

2021 MASBHC SB 830 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



PO Box 716
Baltimore, MD 21233
202.669.0031 phone

Support

Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants

Senate Finance Committee

March 11, 2021

The Maryland Assembly on School-Based Health Care (MASBHC) strongly supports *Senate Bill 830 - Secretary of Health – School-Based Health Centers -Guidelines and Administration of Grants*. The bill will transfer the responsibility of administering the school-based health center (SBHC) program from the Maryland State Department of Education to the Bureau of Maternal and Child Health under the Maryland State Department of Health.

Why is this legislation critical?

SBHCs provide basic health services in public schools with high concentrations of poverty. All SBHCs provide basic primary care, and now many SBHCs also provide behavioral health services in response to the number of children facing behavioral health crisis. Some SBHCs also provide dental services, particular in rural regions where there is a shortage of pediatric dental providers.

SBHCs should be a part of the public health infrastructure, as they can reach children in communities that are disenfranchised from the health care system. However, there is limited integration of SBHCs in larger public health efforts. This problem has become evident in the State's COVID-19 response. Most SBHCs were shuttered because of MSDE's outdated restrictions on the use of telehealth. This means that children have been denied health care services during the most serious health crisis of our lifetime.

There are pockets of poverty in every jurisdiction in Maryland, and yet only 13 jurisdictions have SBHCs. We need to increase the reach of SBHCs to ensure every child has access to basic health care services. State funding for school-based health centers has been flat at \$2.5 million for almost two decades. This limited funding only provides support for a small number of Maryland's 86 SBHCs.



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SBHCs are currently located in the following jurisdictions: Baltimore City, Baltimore County, Caroline, Dorchester, Frederick, Harford, Howard, Montgomery, Prince George's, Somerset, Talbot, Washington, and Wicomico Counties.

To support the expansion of SBHCs, the Blueprint for Maryland's Future contains an additional \$6.5 million for SBHCs. We need public health leadership to ensure this funding is implemented effectively and reaches the communities with the greatest needs. The Maryland Department of Health is the State agency in the best position to lead SBHCs into the future.

Why should SBHCs be under the Bureau of Maternal and Child Health

SBHCs serve children, and therefore, SBHC policy should be aligned with the State's broader public health initiatives for children. The Bureau of Maternal and Child Health is under the Prevention and Health Promotion Administration of MDH.

The proposed transfer will allow the State to better align SBHC policy with public health initiatives including:

- vaccination outreach strategies;
- preventive and primary care services for children;
- services for children with special health care needs that are family-centered and community-based;
- chronic disease prevention and management, including diabetes, asthma, and hypertension;
- tobacco prevention initiatives; and
- oral health initiatives for children, including sealant programs

Conclusion

Thank you for your consideration of our testimony. We ask for a favorable report. In this critical health moment for our state, we need to ensure Maryland's public health strategies fully utilize school-based health centers. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MCHS SB 830 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill Number: Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants

Hearing Date: March 11, 2021

Position: Support

Maryland Community Health System (MCHS) strongly supports *Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants*. The bill transfers the State’s school-based health center (SBHC) program from the Maryland State Department of Education to the Bureau of Maternal and Child Health under the Maryland Department of Health.

SBHCs are community health centers for students who live in areas with a high concentration of poverty. They are located within a school in order to be accessible to students, so that parents do not have to navigate transportation and work schedules to ensure their children can obtain basic primary care and behavioral health care services. Some SBHCs also offer dental services.

SBHCs must be part of a larger health care organization, such as federally qualified health systems including Choptank Community Health System and Baltimore Medical System. However, the State’s policies for SBHCs are often not aligned with the State’s broader public health policies. This is because SBHCs are governed by the Maryland State Department of Education, while other health care providers fall under the oversight of the Maryland Department of Health. This legislation seeks to correct that misalignment by placing the administration of the SBHC program under the Maryland Department of Health. This transfer will allow the State to integrate SBHCs into broader public health initiatives to improve health outcomes for children.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

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410-761-8100

2021 MDAC SB 830 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Finance Committee

Bill Number: Senate Bill 830 – Secretary of Health – School-Based Health Centers –
Guidelines and Administration of Grants

Hearing Date: March 11, 2021

Position: Support

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants*. The bill transfers the State’s school-based health center (SBHC) program from the Maryland State Department of Education to the Bureau of Maternal and Child Health under the Maryland Department of Health.

MDAC believes that SBHCs can play an important role in expanding access to dental care for children. Located in schools with a high concentration of students in poverty, SBHCs are uniquely positioned to reach children who may not have regular access to a medical or dental home. The State will be better positioned to realize this public health potential if SBHC policy is set by the Maryland Department of Health. MDH has more expertise in oral health programming than the Maryland State Department of Education.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

Optimal Oral Health for All Marylanders

2021 MNA SB 830 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants

Hearing Date: March 11, 2021

Position: Support

The Maryland Nurses Association strongly supports *Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants*. The bill transfers the State’s school-based health center (SBHC) program from the Maryland State Department of Education to the Bureau of Maternal and Child Health under the Maryland Department of Health.

The Bureau of Maternal and Child Health is responsible for leading the State’s public health initiatives in improving health outcomes for children. Therefore, the Bureau is in the best position to integrate SBHCs into the State’s broader public health initiatives regarding children including:

- Improving vaccination rates. Even before the pandemic, there were gaps in vaccination rates leading to outbreaks of diseases such as measles;
- Prevention of chronic diseases such as diabetes and hypertension; and
- Improving management of chronic diseases such as asthma.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

MAREE_FAV_SBHC_Senate Bill 830.pdf

Uploaded by: Gardiner, Shamoyia

Position: FAV



Maryland Alliance for
Racial Equity in Education

Testimony in SUPPORT of Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants

Health and Government Operations Committee
March 11, 2021

Chair Kelley and Members of the Senate Finance Committee:

The Maryland Alliance for Racial Equity in Education (MAREE) is pleased to provide favorable testimony for Senate Bill 830, Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants. MAREE is a coalition of education advocacy, civil rights, and community-based organizations committed to eliminating racial disparities in Maryland's education system.

MAREE agrees with transferring the responsibility of administering the school-based health center program from the Maryland State Department of Education to the Bureau of Maternal and Child Health under the Maryland State Department of Health (MDH).

The American Academy of Pediatrics recommends School Based Health Centers (SBHCs) as a safety-net health care delivery model for populations that are uninsured, underinsured, or represent populations who do not have access to health care. SBHCs are an essential, research-based strategy for increasing access to services which reduce health outcome disparities. They provide primary medical, mental/behavioral, dental, and vision care in public schools with high concentrations of poverty. Provision of these services at school, where young people spend most of their waking time, increases their access to care and enables them to better engage with learning opportunities.

Disparities in access to health care insurance and services have long been documented. Maryland's Health Care Disparities Policy Report Card 2010 cited ratios of lack of insurance coverage by race with Black Marylanders being twice as likely than White Marylanders to lack coverage and Hispanic and Latino Marylanders being five times as likely as White Marylanders to lack insurance coverage.

In Maryland, Black, Latino, Indigenous, and low-income children are more likely to experience lower rates of insurance and health care disparities related to policies and practices. MAREE supports aligning SBHCs with the State's broader public health initiatives for children by moving them to the Bureau of Maternal and Child Health under the Prevention and Health Promotion Administration of MDH. Expansion of access to services is an essential strategy for creating equitable educational outcomes for Maryland's Black, Latino, and Indigenous students, and their families, particularly those experiencing poverty. However, it is a first and not a final step. Our expectation is that the Bureau of Maternal and Child Health will engage in deliberative processes to advance racial equity in delivery of services, inclusion of the community voice in the planning process, and staffing diversity and cultural competencies.

An example of the limited integration of SBHCs in larger public health efforts became evident in the State's COVID-19 response. Most SBHCs were shuttered because of MSDE's outdated restrictions on

the use of telehealth, despite MSDE's reference to utilizing tele-health services through SBHCs in its Maryland Together, [Maryland's Recovery Plan for Education](#). This means that children, disproportionately Black have been denied health care services during the most deadly global public health crisis of our lifetime.

Alternatively, the Maryland Council on Advancement of School-Based Health Centers located at MDH [issued comprehensive recommendations](#) Regarding School-Based Health Centers and Public Health Emergencies and/or Long-Term School Closures on the essential role of SBHCs in providing services and coordinated care during this significant health crisis.

The evidence is clear, management and governance of school-based health centers has been misplaced at MSDE. The Maryland Department of Health is the State agency in the best position to lead SBHCs into the future.

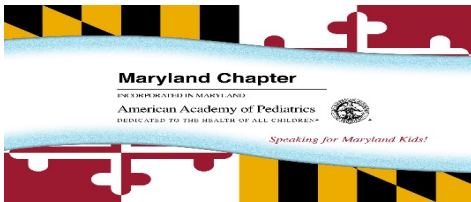
To improve and expand coordinated and comprehensive care for our state's most vulnerable populations MAREE strongly urges a favorable report on Senate Bill 830.

For more information contact: Shamoyia Gardiner at Shamoyia@strongschoolsmaryland.org

SB0830_FAV_MDAAP, MACHC_SBHCs - Guidelines & Admin

Uploaded by: Kasemeyer, Pam

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 11, 2021

RE: **SUPPORT** – Senate Bill 830 – *Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants*

On behalf of the Maryland Chapter of the American Academy of Pediatrics and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 830.

House Bill 1124 transfers the responsibility of administering the school-based health center (SBHC) program from the Maryland State Department of Education (MSDE) to the Bureau of Maternal and Child Health under the Maryland State Department of Health (MDH). Maryland has made a significant investment in supporting and expanding SBHCs, especially in communities with a high concentration of poverty or where there are significant challenges to accessing basic health care services through the normal health care delivery system. All SBHCs provide basic primary care, and now many SBHCs also provide behavioral health services in response to the number of children facing behavioral health crises. Dental services, particularly in rural regions where there is a shortage of pediatric dental providers, have also been incorporated into the services offered by some SBHCs.

SBHCs serve children, and therefore, SBHC policy should be aligned with the State's broader public health initiatives for children. While SBHCs are often the primary provider of health care services for children and adolescents in medically underserved areas, there is limited integration of SBHCs in larger public health efforts. For example, during this public health emergency most SBHCs were closed and because of MSDE's outdated restrictions on the use of telehealth many of Maryland's most vulnerable children have not had access to needed health care services.

The Bureau of Maternal and Child Health, within MDH, is the State agency in the best position to ensure that SBHCs are incorporated into and aligned with broader public health initiatives that directly impact children and youth such as vaccination outreach strategies; preventive and primary care services; chronic disease prevention and management, including diabetes, asthma, and hypertension; tobacco prevention initiatives; and oral health initiatives.

Passage of Senate Bill 830 will help ensure SBHCs are an integral component of Maryland's public health framework for meeting the needs of children and youth. A favorable report is requested.

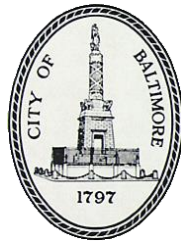
For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

SB830-FIN-FAV.pdf

Uploaded by: Mehu, Natasha

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 830

March 11, 2021

TO: Members of the Senate Finance Committee
FROM: Natasha Mehu, Director of Government Relations
RE: Senate Bill 830 – Secretary of Health – School-Based Health Centers – Guidelines And Administration of Grants

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (HB) 830.

SB 830 will transfer the administration of the school-based health center (SBHC) program from the Maryland State Department of Education to the Bureau of Maternal and Child Health under the Maryland State Department of Health.

Baltimore City is one of just 13 jurisdictions with SBHCs, and there are just eight SBHCs throughout the City. Yet, Baltimore City provides health services to more than 84,000 students in more than 200 schools. School-Based Health Centers are the more comprehensive alternative to traditional health suites. These entities are primary care health centers offering preventive, primary, chronic, and mental health care services to students who have a broad range of medical needs.

SBHCs are designed to assure that all students who are enrolled in the school have access to convenient, comprehensive health services in a caring, non-judgmental environment at a health center located in their school building. SBHCs are designed to overcome barriers to health care such as concerns over confidentiality, lack of transportation, inconvenient appointment times, cost, parental loss of time from work, lack of insurance coverage, and general apprehension about discussing health issues.

Given the considerable focus on primary care services within SBHCs, these facilities should be overseen by an entity with a focus on healthcare delivery. Therefore, the Bureau of Maternal and Child Health, housed within the Maryland Department of Health, is most logical overseer of the SBHC program. This will also ensure that said program's mission is aligned with the State's broader public health initiatives for children.

For the above reasons, we respectfully request a **favorable** report on Senate Bill 830.

SB0830_School-Based_HC_MLC_FAV.pdf

Uploaded by: Plante, Cecilia

Position: FAV



**TESTIMONY FOR SB0830
SECRETARY OF HEALTH - SCHOOL-BASED HEALTH CENTERS - GUIDELINES AND
ADMINISTRATION OF GRANTS**

Bill Sponsor: Senator Lam

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: FAVORABLE

I am submitting this testimony in favor of SB0830 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of activists - individuals and grassroots groups in every district in the state. We are unpaid citizen lobbyists, and our Coalition supports well over 30,000 members.

Our members support the expansion of school-based health centers. In Maryland, schools currently have a nurse available to support the health of the children in the school and treat their non-emergency illnesses. Expanding these non-emergency health services to the rest of the families of those children would help communities all over the state to have access to locally-available, non-urgent care that we already have the infrastructure for. It is a forward-thinking use of existing assets and our members would like to see these guidelines written as soon as possible, so that school-based health care centers can expand their services to local communities.

The Maryland Legislative Coalition supports this bill and we recommend a **FAVORABLE** report in Committee.

SB0830 - MCPS-FAV.pdf

Uploaded by: Suskind, Danielle

Position: FAV



MONTGOMERY COUNTY BOARD OF EDUCATION

Expanding Opportunity and Unleashing Potential

850 Hungerford Drive ♦ Room 123 ♦ Rockville, Maryland 20850

BILL: SB0830 (Cross filed with HB1148)
TITLE: Secretary of Health – School–Based Health Centers – Guidelines and Administration of Grants
DATE: March 11, 2021
POSITION: Support
COMMITTEE: Finance
CONTACT: Danielle M. Susskind, Coordinator, Legislative Affairs
Danielle_M_Susskind@mcpsmd.org

The Montgomery County Board of Education (Board) **supports** SB0830.

Senate Bill 0830 would require that the Maryland Secretary of Health consult with the Maryland State Department of Education (MSDE) and other stakeholders to develop guidelines to support the expansion of school-based health centers (SBHC). In addition, SB0830 would require the Maryland Department of Health (MDH) and MSDE to develop a plan to transfer the administration of SBHC grants from MSDE to MDH and the Bureau of Maternal and Child Health. Finally, SB0830 would require that the Governor enact the transfer of administration of SBHC grants from MSDE to MDH.

SB0830 does not appear to affect the function of SBHCs as they stand. SB0830 defines “supporting the expansion of SBHCs” as the Maryland Council on Advancement of School-based Health Centers as engaging in the following activities:

- Supporting local efforts to establish or expand SBHC capacity,
- Integrating SBHCs into existing or emerging patient-centered models of care,
- Promoting the inclusion of SBHCs in networks of managed care organizations and health insurance carriers,
- Advancing state and local public health goals,
- Promoting inclusion of SBHCs in networks of school health services to provide a range of services in school settings,
- Supporting state and local initiatives to promote student success,
- Reviewing and revising best practices, and
- Supporting the long-term sustainability of SBHCs.

SBHCs provide a valuable service to students and their families and, in some communities, serve as the primary healthcare provider for students. Student health and wellness is important for school success. SB0830 would have an impact on Montgomery County Public Schools (MCPS) in that expanded SBHC services would allow for more MCPS students to access basic and preventative medicine and healthcare.

For these reasons, the Board **supports** this legislation and urges a favorable report.

SB830.UNFAVORABLE.MDRTL.L.Bogley.pdf

Uploaded by: Bogley, Laura

Position: UNF



Opposition Statement SB830/HB1148

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

By Laura Bogley, JD

Director of Legislation, Maryland Right to Life

We Strongly Oppose SB830/HB1148

On behalf of our 200,000 followers, we respectfully oppose SB830. This bill as written would expand public funding for abortion and abortion providers in Maryland schools. We object to any state funding mandate that requires taxpayers, employers or insurance carriers to provide coverage for abortion. Such government mandates are a violation of our Constitutional and natural rights, including the right to life, freedom of speech and religion.

This bill is part of ongoing legislation to remove authority and funding for School-Based Health Centers (SBHCs), from the Maryland State Department of Education (MSDE) and transfer it to the Maryland State Department of Health. MSDE is both legally authorized and regulated under federal (CFR) and state (COMAR) law. MSDE is the more independent and publicly accountable department as the Maryland State Board of Education members are appointed by the governor with consent of the Senate and with the Maryland State Superintendent of Schools appointed by the Board. By transferring authority to MDH, this bill circumvents existing oversight and regulatory requirements for SBHCs and reassigns these functions, along with grant making authority, to the highly bureaucratic MDH.

The Maryland Department of Health has demonstrated a strong bias toward abortion policy and providers. MDH routinely includes Planned Parenthood and other abortion-invested parties, in departmental policy and program development and training. MDH is the primary pass-through entity for public funds to Planned Parenthood, both through program funding, abortion provider subsidies and reimbursements, and contract and grant awards. In 2020 Planned Parenthood was awarded thousands of taxpayer dollars in Covid-19 relief funds through MDH, despite the fact that Planned Parenthood had been exempted from closure orders.

Current SBHC Framework

The Maryland State Department of Education (MSDE) currently works cooperatively with the Maryland Department of Health (MDH) and various stakeholders to establish the *Maryland Comprehensive Health Education Framework* and the *Maryland Standards for School-Based Health Centers*.

There are 84 SBHCs in Maryland. The Maryland General Assembly in enacting the *Blueprint for Maryland's Future*, set aside \$50 million over the next two years for SBHCs but that amount is expected to increase exponentially. Additional funds for SBHCs are received from Medicaid reimbursement, county government, federal grants, private, commercial plan reimbursement, and in-kind donations.

Under the strong influence of NARAL, Planned Parenthood and their abortion coalition members, MSDE and MDH have expanded the role of school clinics to include “reproductive health” services, including filling prescriptions for birth control, implanting long-acting reproductive control devices (LARCs), providing “comprehensive reproductive health” education and pregnancy options counseling,

and providing referrals to additional off-site “reproductive health care” services, including to Planned Parenthood.

Through various bills the Maryland General Assembly has progressively transferred the control and funding of School-Based Health Centers (SBHCs) from the more independent Maryland Department of Education, to the heavily bureaucratic Maryland Department of Health.

- In 2015 (HB375-**Cullison**) the Maryland General Assembly established *the Maryland Council on the Advancement of School Based Health Centers* (Council) under the Maryland State Department of Education (MSDE) to provide oversight of School-Based Health Centers (SBHCs).

The Council is made up of 15 appointed members, with four members being positioned by the *Maryland Assembly on School Based Health Care* that formulated the *Maryland Standards for SBHCs* and shares a lobbyist with **Planned Parenthood**.

- In 2017 (HB221 – **Cullison**) the Assembly transferred staffing for the Council from MSDE to the *Community Health Resource Commission* under MDH.
- In 2020 (HB409 **Cullison**) the Maryland General Assembly broadly expanded the types of providers who could sponsor, or operate school-based health centers. **Planned Parenthood** has been successful in establishing on-site clinics in California public schools. A similar measure was attempted in Pennsylvania.
- In 2020, the *Community Health Resource Commission* awarded two Covid relief grants to **Planned Parenthood** in the amount of \$76,895. Planned Parenthood clinics were exempted from Governor Hogan’s closure orders as “essential services”. Delegate **Cullison** serves as an ex officio member of the Council.

In 2021 state lawmakers have proposed the following bills that will expand abortion education, promotion and services in Maryland schools.

- HB401/SB438 – Public Schools – Pregnant and Parenting Students – Policies and Reports

NARAL PRIORITY BILL

This bill is part of ongoing incremental legislation to codify policies related to pregnant students already established by Federal Title IX amendments. Title IX applies to both pregnancy and the *termination of pregnancy*, frustrating the stated purpose of this bill. This bill would authorize MSDE and local school systems to develop and implement policies related to pregnant students and would undoubtedly enable abortion advocates to expand their curriculum, professional development training, school-based health clinic operations, remote prescription of chemical abortion pills, and transportation to offsite reproductive healthcare providers including abortion providers.

- HB34/SB278 – State Department of Education and Maryland Department of Health – Maryland School-Based Health Center Standards – Telehealth

NARAL SUPPORTED

This bill would remove MSDE oversight and application requirements for School-Based Health Centers to use telehealth. Once MSDE oversight is removed, the remote sale and distribution of chemical abortion pills through school-based health centers, will pose a serious risk to the health and safety of school children. Maryland has not required abortion providers to adhere to current FDA restrictions against the remote prescription of abortion pills. (See TELEABORTION for additional risks of abortion pills.)

○ HB1056/SB827 – Nonpublic Schools – Adequate Health Services – Eligibility for Reimbursement

This bill is a financial inducement to private schools to implement Maryland standards for school-based health centers, which will include comprehensive reproductive health education and services.

○ HB1148/SB830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants (Cullison)

This bill will allow NARAL, Planned Parenthood and other “third party stakeholders” to formulate a plan to expand School-Based Health Centers and require MSDE to transfer the administration of grants \$\$ for SBHCs to MDH *Bureau of Maternal and Child Health*.

○ HB439/SB470 - Institute for Innovation and Implementation - Pregnant, Expecting, and Parenting Students - Data Collection and Report AND

NARAL SUPPORTED

○ HB359/SB437 - Maryland Longitudinal Data System - Student Data - Pregnant and Parenting Students

NARAL SUPPORTED

NARAL initiated a new project for 2020 to collect data about “reproductive health” education and services being offered in public schools. The goal of this legislation is to use tax payer funds to conduct market analysis for the abortion industry that will be used to report select data to the state to justify the need for their expanded services.

Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women’s healthcare. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions performed in Maryland. State funding for abortion on demand with taxpayer funds is in

direct conflict with the will of the people. A 2020 Marist poll showed that 58% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion.

Love them both

This bill stands in conflict with the fact that 83% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding restrictions are constitutional

The Supreme Court has held that the alleged constitutional “right” to an abortion “*implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

For these reasons, we respectfully oppose this bill and ask that you work to restore the integrity of School-Based Health Centers under the authority and regulatory structure of the Maryland State Department of Education, by issuing an unfavorable report. Thank you for your consideration.

NFINK-SB830OpposeSchoolBasedHealthCenters.pdf

Uploaded by: Fink, Nelda

Position: UNF

Written Testimony OPPOSING SB 830– Funding of School Based Health Centers
Nelda Fink, 8372 Norwood Dr, Millersville
MD District 32

SB 830 is part of eliminating the health decisions from the family and placing them into the schools where those decisions can be made contrary to the parents or guardians of the student. It is the continued destruction of the family as a unit. This is totally unconstitutional and should not be passed. This bill needs to be opposed.

Please do not pass this bill!

I oppose it completely!

Sincerely,

Nelda Fink

OPPOSING SB 830– Funding of School Based Health Centers

NFINK-SB830OpposeSchoolBasedHealthCenters.pdf

Uploaded by: Fink, Nelda

Position: UNF

Written Testimony OPPOSING SB 830– Funding of School Based Health Centers
Nelda Fink, 8372 Norwood Dr, Millersville
MD District 32

SB 830 is part of eliminating the health decisions from the family and placing them into the schools where those decisions can be made contrary to the parents or guardians of the student. It is the continued destruction of the family as a unit. This is totally unconstitutional and should not be passed. This bill needs to be opposed.

Please do not pass this bill!

I oppose it completely!

Sincerely,

Nelda Fink

OPPOSING SB 830– Funding of School Based Health Centers

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Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

March 11, 2021

The Honorable Delores G. Kelley
Chair, Finance Committee
3 East Miller Office Building
Annapolis, MD 21401-1991

RE: SB0830 – Secretary of Health - School-Based Health Centers - Guidelines and Administration of Grants – Letter of information with Amendments

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information with amendments for Senate Bill (HB) 830 – Secretary of Health – School–Based Health Centers – Guidelines and Administration of Grants.

SB 830, if enacted, will require the Secretary of Health, in consultation with the Maryland State Department of Education (MSDE) and other stakeholders, to develop guidelines to support the expansion of school-based health centers (SBHCs). This bill further states in Section 2 that MDH, in conjunction with MSDE, shall report to the General Assembly on a plan to transfer the administration of SBHC grants from the MSDE to the Maternal and Child Health Bureau (MCHB) within MDH.

Education Article §7-401 mandates local school boards to provide adequate school health services (SHS). This mandated program is the program under which school nurses operate. SBHCs are an optional program expansion of the mandated SHS program to allow provision of urgent primary care, care management, and other services in the school setting. Education Article §7-401 also mandates MSDE and MDH “develop public standards and guidelines for school health programs; and offer assistance to the county boards and county health departments in their implementation.” Within Health General, Health Occupations, and COMAR there are over 60 laws and regulations that impact school health services programs; compliance with many of these requirements necessitate both clinical and public health expertise.

The mandated and regulated activities for MDH, and other required collaborations with MSDE, regarding the implementation of school health programs include, but are not limited to:

1. Developing public standards and guidelines for school health programs;
2. Assisting local school boards and health departments to implement school health programs;
3. Receiving reports on physical examinations and vision and hearing screening;
4. Providing technical assistance to school systems where greater than 50% of students fail a vision screening;

5. Monitoring and evaluation of school health programs which may include on-site reviews;
6. Performing site reviews for SBHCs applying to provide telehealth services;
7. Convening administrative meetings with the school health services coordinators;
8. Participating in the Maryland State School Health Council;
9. Liaising with Medicaid regarding school and SBHC billing processes; and
10. Providing expert clinical consultation for SHS programs.

The non-codified Section 2 of the bill requires the SBHC program be transferred from MSDE to the MDH, MCHB. Currently, the Office of Population Health Improvement (OPHI) serves as the primary MDH unit SHS and SBHC programs and conducts the duties delineated above. The OPHI Director and the Director of School Health are both highly skilled pediatricians and recognized for their work. SBHCs play a vital role in the health care delivery system for children. The OPHI health care systems infrastructure programs allow alignment of several OPHI programs (e.g., Office of Primary Care, State Office of Rural Health, Local Health Department Core Funding) with SBHCs and SHS programs. Because the SHS program is rooted in the Association for Supervision and Curriculum Development (ASCD) Whole School, Whole Community, Whole Child model, a comprehensive approach to school health and child health is built into the current SHS program.

The transfer of the SBHC program to MDH, MCHB will result in fragmentation of school health program activities within MDH. This will result in increased work to coordinate SHS and SBHC programs across different units. OPHI will need to provide consultation to MCHB for the overall purpose of transitioning the current program. OPHI will also need to participate in coordination and collaboration activities with the MCHB, adding burden to the understaffed OPHI unit.

For these reasons, MDH proposes the following amendments to Section 2 to allow MDH to determine the most appropriate unit and operations to receive the SBHC program from MSDE:

AMENDMENT NO. 1:

On page 6, line 23: OMIT "Bureau of Maternal and Child Health within the"

AMENDMENT NO. 2:

On page 6, line 27: OMIT "Bureau of Maternal and Child Health within the"

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact me at webster.ye@maryland.gov / (410) 260-3190 or Heather Shek, Director of Governmental Affairs at heather.shek@maryland.gov or at the same phone number.

Sincerely,



Webster Ye
Assistant Secretary, Health Policy