



DEPARTMENT OF HEALTH

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

March 2, 2021

The Honorable Shane E. Pendergrass
Chair, Health and Government Operations Committee
Room 241 House Office Building
Annapolis, MD 21401-1991

RE: HB 1148 – Secretary of Health – School–Based Health Centers – Guidelines and Administration of Grants – Letter of Information with Amendments

Dear Chair Pendergrass and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information with amendments for House Bill (HB) 1148 – Secretary of Health – School–Based Health Centers – Guidelines and Administration of Grants.

HB 1148, 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 for Health Policy