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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in Support of HB 1148
Secretary of Health – School–Based Health Centers –
Guidelines and Administration of Grants

Good afternoon, Chairman Pendergrass, Vice Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present HB 1148, **Secretary of Health – School–Based Health Centers – Guidelines and Administration of Grants**. This bills seeks to transition the primary operation of the School-based Health Center program out of the Department of Education and into the Bureau of Maternal and Child Health, in the Department of Health.

The concept of equity is always in the context of our work as policy makers. The general public was surprised, if not horrified, to learn about the learning gaps between white students and students of color in the late 1980's and 90's. In 2000, school systems across the nation were required to "leave no child behind." Unfortunately, that mandate just came with a set of tests, which were themselves culturally biased. We as a nation have only recently begun to consider the myriad of factors that contribute to student learning. It does not take a rocket scientist to understand that good health is foundational to learning and in the last 20 years or so, School Based Health Centers have been created to address that factor—in some of our states most disenfranchised and impoverished communities.

There are currently 86 SBHCs, located in 13 jurisdictions. They serve students who do not have ready access to primary health care. In Montgomery County, at Jody Leleck at Broad Acres Elementary School, 94% of the students qualify for free-or reduced cost meals (FARMs). In my own district, just a little over a mile away from my home there is a SBHC at Weller Road, where 80% of the students qualify for FARMs. There are students throughout this state affected by poverty. On the eastern shore, at Wicomico Middle School and in western Maryland, at Western Heights Middle School 80% and 62% respectively qualify for FARMs. To be eligible for the reduced-price school meal program, a family of four must have an income less than \$48,470 and less than \$34,060 for free school meals. At these income levels, hard choices have to be made and primary, preventative health care is not always the first choice. SBHC serve to help those families stay healthy and reduce the need for more urgent care. In that way, these services remove the health need barriers to learning. That is a perfect example of how we can address not only health equity and disparities in our public health safety net, but also in our public education system.

The Bureau of Maternal and Child Health is the best home for SBHCs if we want to align the SBHC program with public health initiatives. This alignment will support SBHCs in their work to address health disparities, including:

- Aligning data collection and analysis with the Office of Minority Health and Health Disparities
- Connecting families in the Women, Infants, and Children's Program with SBHCs;
- Creating opportunities for SBHCs to grow programming under the Maternal and Child Health Block grant
- Ensuring SBHCs are integrated into programs to reach children with vaccines;
- Treating conditions that disproportionately affect Black and brown children such as asthma, diabetes, and hypertension
- Promoting prevention of tooth decay through fluoride varnish programs
- Increasing behavioral health screenings and services, particularly for children in communities hardest hit by poverty and COVID-19.

HB 1148 seeks to facilitate the close alignment of the services provided to our school-aged children by SBHCs and our state health department by transferring the governance of SBHCs to the agency with the infrastructure, including staff with a focus on child health—the Bureau of Maternal and Child Health. There would continue to be a role for MSDE; SBHCs are located in school facilities, but the actual operation, including setting up guidelines, monitoring services, improving practices, managing the grants and working to increase the numbers would become the responsibility of the Bureau. The legislation requires that the two agencies work together to create the transition plan that will recognize their distinct roles and how the collaboration can be the most effective in the oversight of existing SBHCs and the expansion of the number of SBHCs. This is how we can best serve some of our most vulnerable students and achieve greater equity in health care and education.

Thank you very much for your consideration of this legislation and I respectfully request a favorable report for HB 1148.