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**Committee:** House Ways and Means Committee  
**Bill Number:** House Bill 1372  
**Title:** Blueprint for Maryland's Future – Revisions  
**Hearing Date:** March 15, 2021  
**Position:** Support with Amendment

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The Maryland Assembly on School-Based Health Care (MASBHC) strongly supports *House Bill 1372 – Blueprint for Maryland's Future – Revisions*. This bill revises implementation dates required in HB 1300 (2020) and alters certain policy provisions in response to the COVID public health pandemic. MASBHC appreciates the legislative intent language under Section 5 to support the use of school-based health centers in providing behavioral health services to students in fiscal years 2021 and 2022.

#### **School-Based Health Centers**

MASBHC has had the opportunity to work with members of the Legislature and the Commission on Innovation and Excellence in Education over the past several years in increasing support for school-based health centers (SBHCs). 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 SBHCs. We were very pleased with the inclusion in last year's Blueprint legislation of an additional \$6.5 million in annual funding to provide grants to school-based health centers throughout the state. This funding fully implements a recommendation from the Commission's January 2019 Interim Report and 2020 Final Report to restore, with an inflationary increase, an original promise made by the State for school-based health centers over 20 years ago. Prior to the Governor's veto last year, this funding was originally scheduled to start July 1, 2020.

There are currently 86 school-based health centers in Maryland, operating in 12 local school systems, with another jurisdiction scheduled to open 2 new school-based health centers this spring. SBHCs are staffed and supported by community health providers, primarily local health departments, and provide primary care, behavioral health, and dental health services. By design, they are located in schools with high concentrations of poverty and act as a safety net provider, particularly for students who experience barriers to accessing health care services in the community. Unfortunately, even though school-based health centers are located in communities most significantly impacted by COVID, most SBHCs were shuttered due to outdated restrictions from the Maryland State Department of Education on the use of telehealth. This means that students have been denied health care services during the most serious health crisis of our lifetime. We anticipate that once the majority of students return to school buildings in the coming months, that there will be a great need to address existing health concerns of students, including behavioral health needs. Therefore, there is no greater time to invest in school-based health centers than now.



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### **School Health Services (School Nurse)**

By design, school-based health centers work closely with the on-site “school nurse” to coordinate referrals and care. While some jurisdictions are fortunate enough to have a full-time nurse in each school building, we know that many are still utilizing a cluster-model where a school nurse may be assigned to two or three schools at any given time. There are provisions in the Blueprint statute designed to ensure that schools with high concentrations of poverty have a full-time nurse. Unfortunately, we have not seen this implemented as intended and would **respectfully request an amendment to repeal §5-223C(4) of the Education Article, removing the flexibility in redirecting funds from school health.**

This change would ensure that funding designated for the provision of health care services is spent on this purpose. SB 1030/HB 1413 (2019) allocated \$248,833 in FY 2020 and 2021 for schools with a concentration of poverty of at least 80%. Of this, \$126,170 was earmarked for a Director of Community Schools position, leaving \$122,633 to ensure full-time health services coverage. This is approximately what the Commission determined would be needed to hire one full-time health care practitioner (school nurse). We believe the provision to allow any unspent dollars to be used for wraparound services was important at the time, as the 2019 legislation did not implement per pupil funding to support wraparound services when it was passed. With the inclusion of funds in HB 1372 to begin allocating per pupil funding in the upcoming fiscal year for wraparound services, we believe it is no longer necessary for local school systems to redirect health coverage funds as both health services and wraparound services will have their own dedicated funding streams. With the requested amendment, any unspent funds could then be used to offset underfunded items such as additional staffing (nursing aides), health care supplies, and equipment.

Thank you for your consideration of our testimony, and we urge a favorable vote with amendment. If we can provide any further information, please contact Rachael Faulkner, our public policy and governmental affairs consultant. She can be reached at [rfaulkner@policypartners.net](mailto:rfaulkner@policypartners.net) or (410) 693-4000.