

SB419 - Nonpublic Schools - School Health Services

Uploaded by: Abigail Snyder

Position: FAV

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 Temple Isaiah
 Zion Organization of America
 Baltimore District

Written Testimony
Senate Bill 419 - Nonpublic Schools - School Health Services Program -
Eligibility for Participation
Education, Energy, and the Environment Committee – February 24, 2023

Support

Background: SB419 would alter the requirements of the school health services program to allow participation by certain nonpublic schools; prohibit a county board of education from expending more than \$40 per student, adjusted for inflation, to provide school health services to students in certain nonpublic schools; prohibit a county board from providing adequate school health services in nonpublic schools that discriminate in certain ways; and require the Governor to provide \$4,000,000 in the annual budget bill starting in fiscal year 2025 for the program.

Written Comments: The Baltimore Jewish Council represents The Associated: Jewish Federation of Baltimore and all of its agencies, and it supports excellence in education. Area Jewish Day schools educate more than 8,000 students a year. For much of the Jewish community, a Jewish Day School education is not a choice, it is a necessity.

Our schools strive to keep tuition as low as possible, but still must charge enough to cover their operating costs. Most of these Jewish Day Schools serve a student population that is 20-40% FARMS eligible. Adequate school health services are important for the safety and well-being of students, however, the high costs for school nurses and other medical professionals are often a barrier. SB419 would help many low-tuition nonpublic schools and their students by allowing the State to cover a portion of the cost of health services in the schools. This will in turn help keep our students safer and healthier.

For these reasons, the Baltimore Jewish Councils asks for a favorable report on SB419.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

SB0419-653922-01.pdf

Uploaded by: Shelly Hettleman

Position: FAV



SB0419/653922/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

22 FEB 23
09:58:48

BY: Senator Hettleman
(To be offered in the Education, Energy, and the Environment
Committee and the Budget and Taxation Committee)

AMENDMENTS TO SENATE BILL 419
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in lines 2 and 3, strike “**Health Services Program – Eligibility for Participation**” and substitute “**Nurse Services – Reimbursement**”; strike beginning with “altering” in line 4 down through “ways;” in line 10 and substitute “authorizing certain nonpublic schools to request reimbursement from the State Department of Education for certain school nurse services;”; in line 10, after “to” insert “school nurse services in”; strike beginning with the second “and” in line 10 down through “programs” in line 11; in line 12, strike “with” and substitute “without”; and after line 16, insert:

“BY adding to
Article - Education
Section 7-401.1
Annotated Code of Maryland
(2022 Replacement Volume)”.

AMENDMENT NO. 2

On page 2, strike beginning with “**THAT**” in line 7 down through “**STUDENTS**” in line 8; in line 8, strike the brackets; in line 10, strike “; **AND**”; strike beginning with “**(3)**” in line 11 down through “**LOCATED**” in line 13; strike in their entirety lines 14 through 16, inclusive; in line 17, strike the brackets; in the same line, strike “**(D)**”; in lines 22 and 23, strike “**AND PARTICIPATING NONPUBLIC**”; in line 24, strike “**AND PARTICIPATING NONPUBLIC**”; in line 27, strike the brackets; and strike beginning with “**ATTENDING**” in line 27 down through “**PROGRAM**” in line 28.

On page 3, strike in their entirety lines 6 through 26, inclusive; in line 27, strike the brackets; in the same line, strike “(H)”; and after line 30, insert:

“7-401.1.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “NONPUBLIC SCHOOL” MEANS A NONPUBLIC SCHOOL THAT IS ELIGIBLE FOR THE NONPUBLIC SCHOOLS TEXTBOOK AND TECHNOLOGY GRANTS PROGRAM.

(3) “NURSE” MEANS A CERTIFIED NURSE PRACTITIONER OR REGISTERED NURSE WITH EXPERIENCE OR TRAINING WORKING WITH STUDENTS OR SCHOOL HEALTH PROGRAMS.

(4) “SCHOOL NURSE SERVICES” MEANS THOSE HEALTH SERVICES PROVIDED BY A NURSE TO PROMOTE HEALTH AND WELLNESS.

(B) (1) A NONPUBLIC SCHOOL THAT EMPLOYS A NURSE MAY REQUEST REIMBURSEMENT FROM THE DEPARTMENT FOR SCHOOL NURSE SERVICES.

(2) THE REIMBURSEMENT SHALL BE \$40 PER STUDENT, ADJUSTED FOR INFLATION IN ACCORDANCE WITH THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS FOR THE WASHINGTON METROPOLITAN AREA.

(C) A NONPUBLIC SCHOOL THAT RECEIVES REIMBURSEMENT FOR SCHOOL NURSE SERVICES MAY NOT DISCRIMINATE IN STUDENT ADMISSIONS, RETENTION, OR EXPULSION, OR AGAINST ANY STUDENT ON THE BASIS OF RACE,

COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, OR GENDER IDENTITY OR EXPRESSION.

(D) FOR FISCAL YEAR 2025 AND EACH FISCAL YEAR THEREAFTER, THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION OF \$4,000,000, ADJUSTED FOR INFLATION IN ACCORDANCE WITH THE CONSUMER PRICE INDEX FOR ALL URBAN CONSUMERS FOR THE WASHINGTON METROPOLITAN AREA, TO THE DEPARTMENT FOR DISBURSEMENT TO NONPUBLIC SCHOOLS FOR PURPOSES OF FUNDING SCHOOL NURSE SERVICES IN A NONPUBLIC SCHOOL UNDER THIS SECTION.”.

SB419_FAV_HETTLEMAN.pdf

Uploaded by: Shelly Hettleman

Position: FAV

SHELLY HETTLEMAN
Legislative District 11
Baltimore County

Budget and Taxation Committee

Health and Human Services Subcommittee

Pensions Subcommittee

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The Senate of Maryland
ANNAPOLIS, MARYLAND 21401

TESTIMONY OF SENATOR SHELLY HETTLEMAN
SB419 Nonpublic Schools - School Health Services Program - Eligibility for Participation

SB419 provides much needed funds to eligible nonpublic schools in Maryland so that every child has access to health services during their school day. According to the Maryland State Department of Education (MSDE) at least [128,498](#) children in Maryland were enrolled in nonpublic schools in the state. These children, like all children, have health needs that should be able to be addressed during the school day.

One of many things we learned during the three years of the COVID pandemic is the importance of healthcare professionals in our schools. Nurses and other healthcare professionals worked overtime determining whether students had the first signs of the virus or some other illness. Many of our small, nonpublic schools that provide education to low-income students are unable to afford a professional healthcare worker, such as a registered nurse, or may only have a part-time professional a day or two a week. Many schools rely on nonprofessionals who can only provide minimal care—such as determining a child’s temperature—or making calls to family when a child appears sick. They are not qualified to diagnose a student’s health problem.

This bill, as amended, would allow eligible, nonpublic schools to apply for up to \$40 per student reimbursement from the Maryland State Department of Education (MSDE) for the services of a certified nurse practitioner or a registered nurse—similar to services provided in public schools. This reimbursement would enable some nonpublic schools to at least afford a part-time professional to protect the health of their students. The bill would require an annual appropriation in the Governor’s budget of \$4 million, adjusted for inflation, to MSDE’s budget for allocation to counties for these reimbursements.

A nonpublic school would be eligible if it participates in the nonpublic schools “Textbook and Technology” grant program currently run by MSDE. Eligibility is based on the number of students in a school receiving free and reduced cost meals and the funding allocation per school is determined using a formula based on the percentage of student enrollment qualifying for free and reduced meals.

As of January 31, 2023, 414 childcare centers, elementary, middle, and high schools with 128,000 students were eligible for the textbook program. The bill as amended also requires that nonpublic schools receiving this reimbursement “not discriminate in student admissions, retention, or expulsion or against any student on the basis of race, color, national origin, sexual orientation, or gender identity or expression.”

I want to emphasize that these are schools that primarily serve low-income students with low tuition costs. We may be over the worst of the COVID pandemic, but we know it will not be the last major health crisis we face as a state or nation.

All children deserve access to school-based health care services, regardless of where they are educated. Having an environment conducive to their health, safety, and well-being must be prioritized in our state budget for all Maryland children. For this reason, I urge a favorable report on SB419. Thank you.

MD Catholic Conference_SB 419_FWA.pdf

Uploaded by: Garrett O'Day

Position: FWA



MARYLAND
CATHOLIC
CONFERENCE

February 24, 2023

SB 419

Nonpublic Schools - School Health Services Program - Eligibility for Participation

**Senate Budget & Taxation Committee
Senate Education, Energy & the Environment Committee**

Position: FAVORABLE w/Amendment

The Maryland Catholic Conference offers this supporting testimony, with amendments, for Senate Bill 419. The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

We offer this testimony on behalf of the families of approximately 50,000 students served by over 150 PreK-12 Catholic schools in Maryland, as well as the one in every eight Maryland students educated in a nonpublic school, particularly in the nearly 400 schools that participate in the Aid to Nonpublic Schools Program. We offer this supporting testimony for the *sponsor-amended* version of the bill.

Senate Bill 419, as amended, would provide low-tuition nonpublic schools with a \$40 per pupil reimbursement for health services costs for their students. Reimbursement eligibility would be limited to schools that participate in the Aid to Nonpublic Schools Program, which ensures tuition below the state public school per pupil average and compliance with state nondiscrimination laws. Participation would be optional for nonpublic schools. Reimbursements may only be used toward the cost of employment of a registered nurse.

The existing need for school nursing services in our nonpublic schools has been increasingly clear in the last couple of years. There were already a significant number of lower-income Catholic schools throughout the state that could not afford to have full-time nurses on staff. Lower and middle-income nonpublic schools often charge one-half, or even one-third, of the tuition equivalent of the state per pupil average cost for public schools. Thus, their operating income often leaves them on small budgets. The ability to seek reimbursement for student health services would provide a much-needed benefit to students, particularly those who are low-income and minority. Schools are often forced to share part-time nurses with other schools. Last year, the legislature directed the use of federal funds for a nonpublic school nursing program, but it was not an allowable use of those expenditures under federal law. Thus, this program is still very much needed.

Statewide, there are hundreds of Catholic and other nonpublic schools, educating nearly 120,000-plus students. Maryland's Catholic schools educate tens of thousands of lower and middle-income families every year, and we respectfully request your support for the amended version of Senate Bill 419 as a means of supporting those students.

AIMD Testimony - SB 419 - Nursing 2023.pdf

Uploaded by: Rabbi Ariel Sadwin

Position: FWA



SENATE EDUCATION, ENERGY, AND THE ENVIRONMENT COMMITTEE
SENATE BILL 419
NONPUBLIC SCHOOLS - SCHOOL HEALTH SERVICES PROGRAM –
ELIGIBILITY FOR PARTICIPATION

FEBRUARY 24, 2023

FAVORABLE WITH AMENDMENTS

Agudath Israel of Maryland speaks on behalf of the Orthodox Jewish communities across Maryland, providing support and representation for the 30 Jewish day schools that operate in our great state and educate 10,000 students.

A facility or institution that bears responsibility for children on its property day-in and day-out, is compelled to have a medical presence ready and able to respond when a student experiences any type of ailment or injury. Nonpublic schools who sustain themselves via tuition and fund-raising struggle mightily to cover their education budgets, let alone their medical budget. Assisting a nonpublic school in covering their nursing costs is indeed a worthy investment for the State of Maryland, as all children are worthy of access to medical attention while in school regardless of where they are educated.

Senate Bill 419, as amended, will provide eligible nonpublic schools with a \$40 per pupil reimbursement for the health services costs it incurs. Eligibility for this program will follow the guidelines of the Aid to Nonpublic School Program (i.e. the nonpublic school textbook program) which ensures that it is only going to those schools who cater to a low-income population.

Currently there is a great need for school nurses across the Jewish day school community. Out of all the Jewish day schools, only eight currently employ a nurse, two of which are part-time only. The other schools have each individually expressed the need for a nurse and their desire to hire one as soon as they are financially able to do so. Efforts to pass a bill similar to this have been pursued in recent legislative session, yet they have not yet passed to come law in Maryland.

Although we have thankfully emerged to the largest extent from the COVID-era, there is still great and justified need for an adequate medical service program to allow for all schools to have an active nurse present during the school day. This reimbursement model provides the opportunity for all schools to help maintain the health and safety of our children.

Thank you for your support of SB 419 and we urge a favorable report.

MDCAPE Testimony - SB419 - Nursing 2023.pdf

Uploaded by: Rabbi Ariel Sadwin

Position: FWA



*Maryland's Voice for
Nonpublic Education*

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**SENATE EDUCATION, ENERGY, AND
ENVIRONMENT COMMITTEE**

FEBRUARY 24, 2023

**SENATE BILL 419
NONPUBLIC SCHOOLS - SCHOOL HEALTH SERVICES
PROGRAM – ELIGIBILITY FOR PARTICIPATION**

SUPPORT WITH AMENDMENTS

Maryland CAPE is our state's chapter and one of 40 state chapters of the Council for American Private Education. Our network includes the Catholic, Christian, Evangelical Lutheran, Friends, Independent, Jewish, Lutheran, Montessori, Muslim, and Seventh Day Adventist school communities. We speak on behalf of roughly 120,000 nonpublic school students attending over one thousand nonpublic schools across our great state of Maryland.

A facility or institution that bears responsibility for children on its property day-in and day-out, is compelled to have a medical presence ready and able to respond when a student experiences any type of ailment or injury. Nonpublic schools who sustain themselves via tuition and fund-raising struggle mightily to cover their education budgets, let alone their medical budget. Assisting a nonpublic school in covering their nursing costs is indeed a worthy investment for the State of Maryland, as all children are worthy of access to medical attention while in school regardless of where they are educated.

Senate Bill 419, as amended, will provide eligible nonpublic schools with a \$40 per pupil reimbursement for the health services costs it incurs. Eligibility for this program will follow the guidelines of the Aid to Nonpublic School Program (i.e. the nonpublic school textbook program) which ensures that it is only going to those schools who cater to a low-income population.

Currently there is a great need for school nurses across nonpublic schools in Maryland. Only a fraction of Maryland's nonpublic schools are able afford a part-time nurse, let alone one who is on premises for the full school day.

Efforts to pass a bill similar to this have been pursued in recent legislative sessions, and funding has been pursued in the state budget, yet this critical need has yet to have been met.

Although we have thankfully emerged to the largest extent from the COVID-era, there is still great and justified need for an adequate medical service program to allow for all schools to have an active nurse present during the school day. This reimbursement model provides the opportunity for all schools to help maintain the health and safety of our children.

Thank you for your support of SB 419 and we urge a favorable report.

SB 419. Health Services Funding for Nonpublic Scho

Uploaded by: John Woolums

Position: UNF



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BILL: Senate Bill 419
TITLE: Nonpublic Schools - School Health Services Program - Eligibility for Participation
DATE: February 24, 2023
POSITION: OPPOSE
COMMITTEE: Education, Energy, and the Environment
Budget and Taxation
CONTACT: John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) opposes Senate Bill 419 which would create a new, costly taxpayer funded system to enable private school students to access student health services in public schools.

MABE opposes Senate Bill 419 because it would inappropriately divert \$4 million in public revenues to support a program in which public schools and staff would be engaged in providing basic school health services to private schools and their students. Maryland's public schools are already experiencing critical shortages of school health staff and therefore oppose creating a new program to extend those services to private schools and students.

MABE, on behalf of all local boards of education, has for many years opposed the establishment and continued funding of the Broadening Options and Opportunities for Students Today (BOOST) private school voucher program. Since 2016, the State Budget has provided millions of dollars in special funds from the Cigarette Restitution Fund to fund the BOOST private school voucher program established each year in the Budget Bill. MABE has consistently opposed legislation to further codify the establishment of the BOOST program, and based on the performance of this program and the competing priority of meaningful increases in State aid for public education, requests each year that the program should be removed from the State Budget. In 2016, the State Budget Bill was amended in conference committee to establish the \$5 million BOOST Program to provide vouchers for students who are eligible for the free or reduced-price lunch program to attend eligible nonpublic schools. To be eligible to participate in the BOOST program, a nonpublic school must participate in the Aid to Non-Public Schools Program for textbooks and computers administered by MSDE; and comply with Title VI of the Civil Rights Act of 1964; the State Government Article; and not discriminate in student admissions on the basis of race, color, national origin, or sexual orientation. Senate Bill 419 establishes similar parameters for a private school's participation in a public school student health services program.

MABE supports parental choice among the many public and non-public schools in the State. Maryland enjoys a wide array of educational opportunities for all of its students, including an outstanding public education system. Within the public school system, charter schools opportunities continue to grow. Outside the public schools, opportunities include parochial and non-sectarian private schools as well as home instruction. Local boards of education appreciate the important role that this mix of public and non-public schools plays throughout the state and in local communities. However, MABE believes that legislation goes too far when it proposes to create a state funded program to allow private and parochial schools to utilize public school student health services.

For these reasons, MABE requests an unfavorable report on Senate Bill 419.

UNFAVORABLE.SB419.MDRTL.L.Bogley.pdf

Uploaded by: Laura Bogley

Position: UNF



Opposition Statement SB419

Nonpublic Schools – Adequate Health Services – Eligibility for Reimbursement

Laura Bogley, JD

Executive Director, Maryland Right to Life

On behalf of our Board of Directors and members across the state we oppose this bill and ask for your unfavorable report. This bill authorizes the Maryland Department of Health to commit taxpayer dollars to implement radical health and sexuality programs within private schools. The bill would further undermine parental rights to make medical decisions for their children and subject minor school children to sexuality indoctrination and abortion coercion at the hands of those who stand to gain financially from unplanned pregnancies.

In its current form, the bill offers an inducement to private schools to allow the state to impose school health standards defined by the Maryland Department of Health and the Maryland Department of Education. This would necessarily include reproductive health standards that are strongly biased by the influence of the National Abortion Rights Action League (NARAL), Planned Parenthood and abortion advocates who seek to expand abortion access among youth.

No Religious Exemption - By accepting this inducement, private schools will become subject to state and federal anti-discrimination laws from which they otherwise may be exempted as religious organizations.

The bill removes the religious exemption and conscience clause protections contained in the original bill text. Instead, the current text has an “all or nothing” approach, once a private school enrolls in the program, the school may not use religious exemptions to decline participation in any portion of the state programming, including coordination of abortion and gender reassignment services.

Sexuality Education - MSDE allows third party providers like Planned Parenthood to create and implement “Reproductive Health” curriculum, policies and services in public schools. The state contracts with questionable third party providers including Planned Parenthood, Advocates for Youth and Healthy Teen Network, who stand to profit from unplanned pregnancy and other procedures. These providers are paid to train teachers and coaches to promote sexuality and evade parental notice and consent. Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning in kindergarten that includes morally bankrupt and medically inaccurate curriculum that is not healthful or appropriate at any age.

Reproductive Health Services - Through the *Maryland Standards for School-Based Health Centers*, MSDE has authorized school clinics to perform “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, without parental knowledge or consent. The state is attempting to reduce standards to implement telehealth in school-based health centers, which would expose school children to great risk through the potential distribution of chemical abortion pills, which are 4 times more dangerous than surgical abortion. Pregnancy is not a disease and abortion is not health care. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women’s healthcare.

Parental Notice and Consent Provides Better Outcomes for Minor Children – State and Federal law recognize the natural and legal right of parents to provide consent to their minor child’s medical care. The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. The influence of the abortion industry in developing school policy and curriculum has degraded the role of parents in their children’s healthcare decisions. Parents no longer have the opportunity to “opt in” to sex education for our children, but may only “opt out” if we are made aware at all. Minor girls can give consent to abortion at the age of 16. Children may consent to behavioral health services, which may include referral to abortion providers or puberty blocking drugs and counseling, as young as 12. The lack of parental notification puts children at greater risk of undiagnosed and untreated medical complications and enables predatory providers to evade liability for failure to report child abuse, sexual assault and sex trafficking.

No Taxpayer Funding to Abortion Network - As a result of the state authorizing and subsidizing the abortion industry to have direct access to our school children, the number of abortions has INCREASED not decreased. In their 2020 annual report Planned Parenthood reports committing an all-time high number of abortions, while their family planning and prenatal services have dramatically declined. Taxpayers should not be forced to expand the access of the abortion industry to private school students.

For these reasons, we respectfully urge your unfavorable report on this bill and we recommend that the State of Maryland revise the standards for School-Based Health Centers to eliminate abortion activism in our schools and to prioritize funding for programs that support the health and lives of both mothers and children.

MARYLAND SCHOOL-BASED HEALTH CENTER STANDARDS

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

Reproductive Health Services	Level I Core	Level II Expanded	Level III Comprehensive
d. General Reproductive Health Services			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
e. Family Planning Services			
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
f. STD/STI Services			
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

Mental Health Services must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

g. Mental Health Services	Level I Core	Level II Expanded	Level III Comprehensive
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

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Standard 1c: Family Life and Human Sexuality (E1)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Healthy relationships and consent	Identify what is special about your family. 1c.P.1	Identify that family is a group of people that support each other. 1c.K.1	Describe differences in families. (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.1.1	Explain why it is important to respect different kinds of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster). 1c.2.1
	Recognize that family is a group of people that support each other. 1c.P.2	Identify different types of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.K.2	Identify healthy family and peer relationships. 1c.1.2	Describe healthy family and peer relationships. 1c.2.2
	Recognize that there are different types of families (e.g., single-parent, same-gender, intergenerational, blended, interracial, adoptive, foster, etc.). 1c.P.3	Recognize pro-social behaviors (e.g., helping others, being respectful of others, cooperation, and consideration). 1c.K.3	Demonstrate how to communicate respect for someone's personal boundaries. 1c.1.3	Demonstrate appropriate actions when someone says or does something that does not respect your personal boundaries. 1c.2.3
	Describe the characteristics of a friend. 1c.P.4	Recognize that individuals have personal boundaries and bodily autonomy. 1c.K.4		Practice communicating personal boundaries. 1c.2.4

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Healthy relationships and consent	Recognize that individuals have personal boundaries and bodily autonomy. 1c.P.5			
Gender identity and expression	Recognize and respect that people express themselves in many different ways. 1c.P.6	Recognize a range of ways people identify and express their gender. 1c.K.5	Identify a range of ways people identify and express gender. 1c.1.4	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.2.5
		Recognize it is important to treat people of all gender identities and expressions with dignity and respect. 1c.K.6	Identify ways to treat people of all gender identities and expressions with dignity and respect. 1c.1.5	

Standard 1c: Family Life and Human Sexuality (E2)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

All grade 4 and 5 content must be taught by the end of grade 5.

TOPIC	GRADE 3	GRADE 4	GRADE 5
Healthy relationships and consent	Define consent as people of all ages and abilities having the right to tell others not to touch their body when they do not want to be touched. 1c.3.1	Identify parents, caregivers, or other trusted adults (e.g., counselors and other health care professionals) that students can talk with about relationships, puberty, and health. 1c.4.1	Explain the importance of talking with parents and other trusted adults about issues related to relationships, growth and development, and sexual health. 1c.5.1
		Explain the relationship between consent, personal boundaries, and bodily autonomy. 1c.4.2	Analyze the relationship between consent and personal boundaries. 1c.5.2
Gender identity and expression	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.3.2		
Sexual orientation and identity		Identify sexual orientation as a person's physical and/or romantic attraction to an individual of the same	
Puberty and adolescent sexual development		Identify the physical, social, and emotional changes that occur during puberty. 1c.4.4	Describe the physical, social, and emotional changes that occur during puberty. 1c.5.3
		Explain how the onset and progression of puberty varies considerably. 1c.4.5	Summarize that the onset and progression of puberty varies considerably. 1c.5.4

TOPIC	GRADE 3	GRADE 4	GRADE 5
Puberty and adolescent sexual development		Identify human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.4.6	Describe human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.5.5
			Describe how puberty prepares human bodies for the potential to reproduce. 1c.5.6
			Identify that reproduction requires that a sperm and egg join and implant. 1c.5.7



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Framework includes medically inaccurate instruction that reproduction requires implantation, allows them to miseducate children that abortifacients like IUD's prevent conception. 95% of biologists agree that reproduction occurs at fertilization, when sperm and egg join. Abortifacients create a hostile environment in the uterus either preventing implantation or killing a growing human being who already has implanted.

Standard 1c: Family Life and Human Sexuality (MS)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	GRADE 6	GRADE 7	GRADE 8
Healthy relationships and consent	Describe characteristics of healthy relationships. 1c.6.1	Explain the characteristics of a healthy dating relationship. 1c.7.1	Distinguish healthy relationships from unhealthy ones. 1c.8.1
	Describe healthy ways to express affection, love, and friendship. 1c.6.2	Evaluate the impact of technology (e.g., use of smart phones and digital monitoring) and social media on communication and consent in relationships. 1c.7.2	Analyze how peers, family, media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about relationships. 1c.8.2
	Identify why individuals have the right to refuse sexual contact. 1c.6.3	Explain why individuals have the right to refuse sexual contact. 1c.7.3	Describe strategies a student might use to end an unhealthy relationship, including involving a trusted adult who can help. 1c.8.3
		Discuss what does and does not constitute sexual consent. 1c.7.4	Summarize why individuals have the right to refuse sexual contact. 1c.8.4
			Analyze factors, including alcohol and other substances that can affect the ability to give or perceive consent to sexual activity. 1c.8.5
			Explain the importance of setting personal limits to avoid sexual risk behaviors. 1c.8.6

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Advocates for Youth fact sheets reject sexual risk avoidance programs stating these programs "continue to educate young people only about abstinence, use fear and shame to control young people's behavior, often include medically inaccurate information, perpetuate harmful gender stereotypes, and stigmatize LGBQ+ youth."



TOPIC	GRADE 6	GRADE 7	GRADE 8
Gender identity and expression	Define sex assigned at birth, gender identity, and gender expression. 1c.6.4	Compare sex assigned at birth and gender identity and explain how they may or may not differ. 1c.7.5	Explain sex assigned at birth and gender identity and explain how they may or may not differ. 1c.8.7
Sexual orientation and identity	Explain sexual orientation. 1c.6.5	Define sexual identity and explain a range of identities related to sexual orientation. 1c.7.6	Describe sexual identity and explain a range of identities related to sexual orientation. 1c.8.8
Harassment, teasing, and bullying	Describe ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, and gender identity) are different from one's own. 1c.6.6	Explain why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, and gender identity). 1c.7.7	Describe how intolerance can affect others when aspects of their sexuality are different from one's own. 1c.8.9
		Identify strategies for respecting individual differences in sexual growth and development, or physical appearance. 1c.7.8	
Anatomy and physiology	Identify human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.6.7	Describe human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.7.9	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.8.10
	Describe conception and its relationship to the menstrual cycle and vaginal sex. 1c.6.8	Describe menstruation, fertilization, and implantation. 1c.7.10	Explain menstruation, fertilization, and implantation. 1c.8.11

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sexual health		Identify ways to prevent pregnancy, including not having sex and effective use of contraceptives, including condoms. 1c.7.11	Describe ways sexually active people can reduce the risk of pregnancy. 1c.8.12
		Describe ways sexually active people can reduce the risk of HIV, and other STIs. 1c.7.12	Explain ways sexually active people can reduce the risk of HIV, and other STIs including condoms and preventative medications. 1c.8.13
		Identify solo, vaginal, anal, and oral sex along with possible outcomes of each. 1c.7.13	Identify proper steps to using barrier methods correctly. 1c.8.14
		Describe how the effectiveness of condoms can reduce the risk of HIV, and other STIs. 1c.7.14	Describe the state and federal laws related to minors' access to sexual healthcare services, including pregnancy and STI/HIV prevention, testing, care, and treatment. 1c.8.15
		Describe the relationship between substance use and sexual risk behaviors. 1c.7.15	Describe the factors that contribute to engaging in sexual risk behaviors including substance use. 1c.8.16
		Recognize racism and intersectionality and describe their impacts on sexual health 1c.7.16	Identify racism and intersectionality and describe their impacts on sexual health 1c.8.17

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sexually explicit media	Identify the impact sexually explicit media can have on one's body image, expectations about sex, relationships, and self-esteem. 1c.6.9	Explain the impact sexually explicit media can have on one's body image, expectations about sex, relationships, and self-esteem. 1c.7.17	Describe the state and federal laws that impact young people's sexual health and rights, ability to give and receive sexual consent, and engagement with sexually explicit media. 1c.8.18
	Explain the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.6.10	Summarize the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.7.18	Analyze the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.8.19

Standard 1c: Family Life and Human Sexuality (HS)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Healthy relationships and consent	Compare and contrast characteristics of healthy and unhealthy relationships. 1c.HS1.1	Analyze how peers, media, family, society, culture, and a person’s intersecting identities can influence self-concept, body image, and self-esteem. 1c.HS2.1
	Summarize the importance of talking with parents and other trusted adults about issues related to relationships, growth and development, sexual decision-making, and sexual health. 1c.HS1.2	Describe effective ways to communicate consent, personal boundaries, and preferences as they relate to sexual behavior. 1c.HS2.2
	Justify the benefits of respecting individual differences in aspects of sexuality, growth and development, and physical appearance. 1c.HS1.3	Evaluate the potentially positive and negative roles of technology and social media in relationships. 1c.HS2.3
	Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent. 1c.HS1.4	Analyze factors that can influence the ability to give and receive sexual consent. 1c.HS2.4
	Identify factors that can influence the ability to give and receive sexual consent. 1c.HS1.5	
Gender identity and expression	Differentiate between sex assigned at birth, gender identity, and gender expression. 1c.HS1.6	Examine the impact of gender expression and gender identity on members of marginalized communities and analyze the intersectionality of race, culture, and gender for members of those communities. 1c.HS2.5
Sexual orientation and identity	Define sexual identity and explain a range of identities related to sexual orientation. 1c.HS1.7	Differentiate between sexual orientation, sexual behavior, and sexual identity. 1c.HS2.6

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Sexual orientation and identity	Identify how school and community programs and policies can promote dignity and respect for people of all sexual orientations and gender identities and expressions. 1c.HS1.8	Analyze how school and community programs and policies can promote dignity and respect for people of all sexual orientations and gender identities and expressions. 1c.HS2.7
Anatomy and physiology	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.HS1.9	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.HS2.8
	Summarize the relationship between the menstrual cycle and conception. 1c.HS1.10	
Sexual health	Identify sexual behaviors, including solo, vaginal, oral, and anal sex, that impact the risk of unintended pregnancy and potential transmission of STIs, including HIV. 1c.HS1.11	Analyze ways systemic oppression and intersectionality impact the sexual agency of communities of color and other marginalized groups. 1c.HS2.9
	Identify how systemic oppression and intersectionality impact the sexual health of communities of color and other marginalized groups. 1c.HS1.12	Summarize common symptoms, or lack thereof, of and treatments for STIs, including HIV. 1c.HS2.10
	Describe common symptoms, or lack thereof, of and treatments for STIs, including HIV. 1c.HS1.13	Demonstrate the steps to using barrier methods correctly (e.g. external and internal condoms and dental dams). 1c.HS2.11
	Explain the steps to using barrier methods correctly (e.g. external and internal condoms and dental dams). 1c.HS1.14	Identify the efficacy of biomedical approaches to prevent STIs, including HIV (e.g., hepatitis B vaccine, HPV vaccine, and PrEP, PEP). 1c.HS2.12
	Compare and contrast types of contraceptive and disease-prevention methods. 1c.HS1.15	Summarize community services and resources related to sexual and reproductive health. 1c.HS2.13

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Schools hand out flyers with Planned Parenthood contact information and Advocates for Youth provides direct links to Planned Parenthood clinic locator tool.



TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Sexual health	Evaluate community services and resources related to sexual and reproductive health. 1c.HS1.16 Identify the laws related to reproductive and sexual health care services (e.g. contraception, pregnancy options, safe surrender policies, prenatal care). 1c.HS1.17	Explain the laws related to reproductive and sexual health care services (e.g. contraception, pregnancy options, safe surrender policies, prenatal care). 1c.HS2.14
Sexually explicit media	Explain the impact sexually explicit media can have on one's perceptions of, and expectations for, a healthy relationship. 1c.HS1.18 Explain federal and state laws that prohibit the creation, sharing, and viewing of sexually explicit media that includes minors. 1c.HS1.19	Evaluate the impact sexually explicit media can have on one's perceptions of, and expectations for, a healthy relationship. 1c.HS2.15 Analyze the federal and state laws that impact young people's sexual health rights, ability to give and receive sexual consent, and engagement with sexually explicit media. 1c.HS2.16

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**2023 SESSION
POSITION PAPER**

- BILL:** SB 419 – Nonpublic Schools – School Health Services Program – Eligibility for Participation
- COMMITTEE:** Senate Education, Energy and the Environment Committee
- POSITION:** Letter of Concern
- BILL ANALYSIS:** SB 419 would alter the requirements of the school health services program to allow participation by certain nonpublic schools; prohibit a county board of education from expending more than \$40 per student, adjusted for inflation, to provide school health services to students in certain nonpublic schools; prohibit a county board from providing adequate school health services in nonpublic schools that discriminate in certain ways; and require the Governor to provide \$4,000,000 in the annual budget bill starting in fiscal year 2025 for the program

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports the intent of SB 419 to expand school health services to more students by authorizing certain non-public schools to participate. However, MACHO is concerned about the insufficient funding resources proposed for this legislation and the impact it will have on the capacity of the local health departments and the local school systems who provide school health services, including the overtaxed and understaffed school nurse workforce.

While SB 419 requires providing \$4,000,000 in the annual budget, this funding is inadequate to implement school health services in non-public schools. In 2023, there are approximately 800 private schools in the State of Maryland, serving 141,000 students, which is 14% of Maryland’s K-12 students. At a cap of \$40 per student, this legislation would require 41% more funding or \$5,640,000 if each private school student was supported. Furthermore, a cap of \$40 per student does not support the real costs at a school. For instance, a non-public school with 400 students, receiving \$40 per student, would only receive \$16,000 which is woefully insufficient to cover staffing or operational costs. Additional funding would also be needed to expand staffing at the Maryland Department of Health and the Maryland State Department of Education who would be needed to provide technical assistance and coordination to non-public schools.

In addition to funding concerns, there is a well-documented national and statewide nursing workforce crisis that will affect this legislation. In Maryland, a [2022 report](#) shows the current nursing shortage is worsening, with an estimated shortage of 5000 RNs and 4000 LPNs. School health services are delivered through a mix of health assistants and nurses (RN and LPNs) who cover one or multiple schools, plus supervisory staff who provide administrative, clinical coordination and oversight. Many local health departments have difficulty hiring and retaining these staff. The addition of certain non-public schools will significantly add to the number of students and school sites that school health personnel and administrative staff would need to cover with such an expansion.

For these reasons, the Maryland Association of County Health Officers urges the committee to consider these concerns for SB 419. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433.

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I adamantly oppose this bill. My children go to private school to keep big government out of our lives. Education and medical/health should never be in the same sentence. These are two very different topics and their paths should never cross. Senator Hettleman and whomever else proposing this horrific bill have crossed the line. Say NO to this very bad bill and all of the terrible economic implications it will propose.