

**HB0878 - Senate\_FAV\_MedChi, MDAAP, MACHC\_PH - Publ**

Uploaded by: Christine Krone

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS

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TO: The Honorable Brian J. Feldman, Chair  
Members, Senate Education, Energy, and the Environment Committee  
The Honorable Dana Jones

FROM: Christine K. Krone  
Pamela Metz Kasemeyer  
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Danna L. Kauffman  
Andrew G. Vetter  
410-244-7000

DATE: March 29, 2023

RE: **SUPPORT** – House Bill 878 – *Public Schools – Student Telehealth Appointments – Policy and Access*

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On behalf of the Maryland State Medical Society (MedChi), the Maryland Chapter of the American Academy of Pediatrics (MDAAP), and the Mid-Atlantic Association of Community Health Centers (MACHC), we submit this letter of **support** for House Bill 878.

House Bill 878 would require each county board of education to establish a policy to accommodate student telehealth appointments during the school day by requiring each public middle and high school to designate a space for student telehealth appointments.

The above-mentioned organizations support student access to telehealth appointments, while in the school setting, as it improves and expands a student’s ability to access health care providers. The availability of school-based telehealth appointments removes transportation barriers associated with parent/guardians taking time off work to take the student to an in-person appointment. Out of convenience, some parents pull their child out of school for an entire day just to attend one in-person appointment. Providing the ability for a student to take a telehealth appointment at school improves attendance and minimizes missed classwork. For these reasons, we urge a favorable report.

# **DJ HB878 - Public Schools - Student Telehealth App**

Uploaded by: Dana Jones

Position: FAV

**DANA JONES**  
*Legislative District 30A*  
Anne Arundel County

Ways and Means Committee

Secretary, Women's Caucus

Vice Chair, Anne Arundel  
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**THE MARYLAND HOUSE OF DELEGATES**  
ANNAPOLIS, MARYLAND 21401

**Testimony of Delegate Dana Jones**  
**Before the Environment, Energy, and the Education Committee**

**In Support of HB 878**  
**Public Schools - Student Telehealth Appointments - Policy and Access**  
**March 29th, 2023, 1pm**

Chair Feldman, Vice-Chair Kagan, and fellow members of the Education, Energy, and the Environment Committee,

For the record - I am Delegate Dana Jones.

I come before you today to introduce a bill that would simply require county boards of education to establish a policy to accommodate public middle and high school students who need to access telehealth services during the school day, and require a space be provided inside the schools for these appointments.

Nationwide we have been experiencing an increase in mental health issues. Although this has been felt population wide, our youth have been particularly hard hit. According to the Center for Disease Control, in the 10 years leading up to the pandemic, feelings of persistent sadness and hopelessness—as well as suicidal thoughts and behaviors—increased by about 40% among young people. And as emphasized by the American Psychological Association, the pandemic has exacerbated these issues for many children.

These impacts are particularly devastating to our LGBTQ+ youth. A 2021 national survey on LGBTQ+ youth by the Trevor Project revealed 42% of respondents seriously considered attempting suicide in the prior year.

Telehealth services play an important role in expanding care to address the increasing need, and for many middle and high school students it is the most efficient and effective way to receive care. Access to mental health services can help increase school attendance and learning

outcomes. However, students seeking telehealth appointments often need to take those appointments during the school day, and at present, some school districts are preventing this from taking place.

Currently, if a student needs to take a telehealth appointment during school, they must have a parent drive to school and sign them out. This dynamic presents a multitude of issues, but most importantly, equity. A significant portion of students do not have parents who can afford to take off work to sign them out of school. This creates a barrier for students, and ultimately prevents children from accessing care completely. Especially our marginalized population.

Additionally, when a child is signed out of school for mental health care, it is often advised that the appointments take place in the car with their parents. This creates a privacy issue for all students. Without equitable access to mental health services, our youth are disproportionately negatively impacted.

The Blueprint made clear that mental health, and access to care, would be a cornerstone of its implementation. Mental Health services support our children emotionally, educationally, and socially. We must remove as many barriers as possible to students who are attempting to receive care, and HB 878 works to remove those barriers.

This bill includes three small changes that were made by the Ways and Means Committee:

- 1: Technical
- 2: Requires each middle and high school to implement measures to ensure the safety and privacy of a student participating in a telehealth appointment.
- 3: Strikes the training provision, in favor of a requirement for the schools to simply make personnel aware of the policy objectives and requirements.

I respectfully urge a favorable report on HB 878.



Delegate Dana Jones

# **Public Schools - Student Telehealth Appointments -**

Uploaded by: Laura Stewart

Position: FAV

**Written Testimony Submitted for the Record to the Maryland Senate  
Public Schools - Student Telehealth Appointments - Policy and Access (HB 878)  
Education, Energy, and the Environment Committee- For the Hearing on  
March 28, 2023  
SUPPORT**

Free State PTA represents over 50,000 volunteer members and families in over 500 public schools. Free State PTA is composed of families, students, teachers, administrators, and business as well as community leaders devoted to the educational success of children and family engagement in Maryland. As the state's premier and largest child advocacy organization, Free State PTA is a powerful voice for all children, a relevant resource for families, schools and communities and a strong advocate for public education. ***House Bill 878 aligns with the Free State PTA's principle for legislative action that schools must provide a safe environment where all students, teachers and staff can thrive. Our legislative agenda also states that school systems should employ mental health support for school communities.***

House Bill 878 requires each county board of education to establish a policy to accommodate students who need to participate in telehealth appointments during the school day and requires that each public middle and high school designate an appropriate space to conduct those appointments. The Free State PTA supports this bill in order to expand student access to health professionals. Working families find it difficult to get children to regular health appointments, especially weekly therapy appointments. Even if they are offered telehealth appointments, parents need to take off work, retrieve their child from inside the school, and then sometimes attend a session in their car or another available space if there is no car or remote technology available. This creates a hardship on families or missed appointments for children. These supports are part of an equitable education, because those with less resources are disproportionately affected. Adding this option will also mean less time missed from the classroom if we can eliminate the sign in and sign out process for health related appointments.

Also, Free State supports any effort to expand access to mental health services, and telehealth is one tool to achieve this. We prioritized mental health support in our legislative agenda because we are in a youth mental health crisis. The Covid-19 closures<sup>1</sup> and the readjustment to in person schools added to student and family stress. Social media has added to the stress our children face every day also. We have seen increased drug overdosing<sup>2</sup> and suicide<sup>3</sup>, especially in marginalized groups and girls. We need to increase access to health services for Maryland students in an equitable way, and telehealth appointments in schools will help us achieve this goal.

**Therefore, Free State PTA urges a favorable vote in support of House Bill 878.**

***Marla Posey-Moss***

Marla Posey-Moss, President  
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<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8657359/>

<sup>2</sup> <https://www.uclahealth.org/news/adolescent-drug-overdose-deaths-rose-exponentially-first>

<sup>3</sup> <https://jedfoundation.org/mental-health-and-suicide-statistics/>

# **X HB 878 Support.pdf**

Uploaded by: Maddie Long

Position: FAV





**Testimony in support of  
House Bill 878: Public Schools – Student Telehealth Appointments – Policy  
and Access**

**Senate Education, Energy, and the Environment Committee  
Position: Favorable**

March 29, 2023

Strong Schools Maryland is a network of education advocates dedicated to ensuring the full funding and faithful implementation of the Blueprint for Maryland’s Future. **Strong Schools Maryland urges a favorable vote on House Bill 878: Public Schools – Student Telehealth Appointments – Policy and Access.**

The Blueprint for Maryland’s Future envisions a World-Class system of public schools for our state’s students. This involves a significant investment in behavioral and mental health services and supports, including the expansion of community schools in the State, the creation of the Consortium on Coordinated Community-Based Supports, and increased school based health center funding. This bill supports the work of the Blueprint by addressing student health needs during school hours.

House Bill 878:

- Requires local school boards to establish a policy to accommodate students if they have a telehealth appointment during the school day;
- Requires each middle and high school to designate a safe, private space for a student to attend a telehealth appointment, but *does not* require any new construction;

- Promotes equitable access to care by helping families that do not have the time or capacity to take off from work to ensure their child attends a telehealth appointment; and
- Ensures privacy and protection for LGBTQ+ students who wish to get help, but may not feel comfortable or safe with a parent listening to their telehealth appointment.

Our country is in the midst of a national youth mental health crisis. The U.S. Department of Health and Human Services reports that while there have been considerable measures taken to address adult mental health issues post-pandemic, there are often considerable gaps in capacity to serve youth and families.<sup>1</sup> In Maryland specifically, the Anne E. Casey Foundation's Kids Count data shows that in 2020, 12.8% of children and teens experienced anxiety or depression.<sup>2</sup> Further, LGBTQ+ students are more likely to experience mental health challenges, but less likely to receive help. One survey found that 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.<sup>3</sup>

Left unaddressed, students with mental health challenges can experience multiple negative outcomes, including trouble making friends, learning, concentrating, and completing work, as well as poor grades, absences, suspension, expulsion, and suicide.<sup>4</sup> This bill expands opportunities for students to get help, without requiring parents to take off from work to take their children to appointments.

The Blueprint speaks to an investment in preemptively and responsively addressing school community behavioral and mental health needs. Thus the crucial need to provide students with the space to do so.

**For these reasons, we urge a favorable report on House Bill 878.**

*For more information, contact Maddie Long:  
maddie@strongschoolsmaryland.org*

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<sup>1</sup> [U.S. HHS](#)

<sup>2</sup> [Anne E. Casey Foundation](#)

<sup>3</sup> [The Trevor Project](#)

<sup>4</sup> [Groves Learning Institute](#)

# **HB 878 Crossover\_ Public Schools - Student Telehea**

Uploaded by: Alexa Thomas

Position: UNF



**PSSAM**  
Public School Superintendents' Association  
OF MARYLAND

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**BILL:** HB 878  
**TITLE:** Public Schools - Student Telehealth Appointments - Policy and Access  
**DATE:** March 29, 2023  
**POSITION:** Letter of Concern  
**COMMITTEE:** Education, Energy, and the Environment  
**CONTACT:** Mary Pat Fannon, Executive Director, PSSAM

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The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four public school superintendents, **provides this letter of concern** regarding House Bill 878.

House Bill 878 requires each local board of education to establish a policy to accommodate students who need to participate in telehealth appointments scheduled during the school day. Each local board must ensure that the local school system publishes the student telehealth policy in the student handbook and makes school personnel aware of student telehealth policy objectives and requirements. On request, the Maryland State Department of Education (MSDE) must provide technical assistance to local boards to establish telehealth policies. The bill takes effect July 1, 2023.

During the pandemic, many people found that telehealth was a lifeline to speak with their doctors during a very traumatic and fragile time. Just as the COVID-19 pandemic created many challenges in the delivery of public education, it highlighted the value and potential of virtual health services, as well as virtual learning. There is no doubt that both of these technologies will continue in public schools and for the general public, well past the end of this pandemic. As the state's top educators, superintendents are very interested in this new model of health care for our students, but we have many operational concerns with this legislation.

In order to ensure the highest quality public education in Maryland, we need to approach telehealth in schools with a deliberate, methodical, and research-based approach. We need to create opportunities for students to safely speak to medical professionals, but also have support

systems in place at each school if telehealth appointments create a challenge for students in returning to the classroom. Some of our operational concerns include finding an appropriate and private space, the coordination of use of the room, and appointment-making. Privacy concerns are very real, as well concerns over whether or not parental consent is needed and ensuring the communication with the parents. The need for behavioral health services have skyrocketed during and following the pandemic. In the realm of mental health services, consistent appointments are a best practice; however, if these appointments are by telehealth during the school day, the student's academic success could be challenged if they are consistently missing instruction. On the flip side, we see the equitable benefit of telehealth in helping families who are challenged in getting to appointments due to transportation or work commitments.

So while PSSAM sees positive aspects of this legislation, we highly recommend that the committee consider creating a workgroup with all of the affected stakeholders, including MDH, MSDE, school nurses, other health or support providers in the schools, and families and parents.

For these reasons, PSSAM provides this **letter of concern with regard to** House Bill 878 and requests either an unfavorable report or amendments to provide for a workgroup to study these very important issues.

# 2023 HB878 Written Testimony (1).pdf

Uploaded by: Deborah Brocato

Position: UNF



### **Opposition Statement HB878**

Public Schools - Student Telehealth Appointments - Policy and Access  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We oppose HB878**

On behalf of over 200,000 followers across the state, we object to **HB878**. As written, the bill would allow entities that promote and provide abortions access to minor students. We oppose the abortion industry using the public school system to bypass parental rights to gain access to minor children and the use of public money for this purpose. Maryland Right to Life requests an amendment to exclude abortion purposes from the application of this bill.

**Maryland is a state sponsor of abortion.** This bill would allow the public school system to be used as a conduit into the abortion industry and use taxpayer money to do so. (See the Washington Examiner article)

**Abortion is not healthcare.** It is violence against the woman or girl and her unborn child. The baby is killed and the woman or girl suffers physically, emotionally and psychologically (see [www.silentnomoreawareness.org](http://www.silentnomoreawareness.org)). 85% of OB/Gyns do not perform abortions on their patients indicating abortion is not an essential part of women's healthcare. The Abortion Care Access Act of 2022, sponsored by former NARAL employee Delegate Ariana Kelly, removed abortion from the spectrum of healthcare by removing the physician requirement for abortion and allowing any "certified provider of abortion care" to perform or provide both chemical and surgical abortion through birth.

**Maryland fails to protect minor girls.** The Assembly reduced the age of medical consent for behavioral health services to 12 years of age. The Department of Health lists mental health as a reason for public funding of abortion, including for minor girls. Many of the businesses that commit abortions are now dispensing puberty blockers and cross-hormones. Again, gender dysphoria is a mental health condition. Minor girls could seek abortion, the lethal chemical abortion drugs and gender identity drugs without parental consent or knowledge. Telehealth appointments provided by the public schools would make it easier for the abortion industry and businesses that dispense these dangerous drugs to prey on minor girls.

**D-I-Y Abortions Endanger Women:** Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion pills. "D-I-Y" abortion is normalizing "back alley abortion" where women self administer and hemorrhage without medical supervision or assistance.

Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.



### **Opposition Statement HB878**

Public Schools - Student Telehealth Appointments - Policy and Access  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

**Adopt Reasonable Health and Safety Standards:** The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

**Patients before Profits:** Maryland policy makers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016 by allowing Planned Parenthood to practice tele-abortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

**Abuse of Abortion Drugs:** The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

This bill allows an easy pathway for the abortion industry to prey on minor girls. The state of Maryland must do better to protect women and girls.

**The abortion industry is only concerned with abortion remaining legal. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting protocols and standards to protect the health and wellbeing of women and girls.**

Maryland Right to Life opposes the promotion of the abortion industry via the public school system. For these reasons, without an amendment excluding abortion funding and telehealth access to abortion promoters and providers, we respectfully ask you to oppose **HB878**.



# Washington Examiner, PP and High Schools (3).pdf

Uploaded by: Deborah Brocato

Position: UNF

Washington Examiner

## **Planned Parenthood plans to infiltrate high schools**

by Kate Hardiman, Contributor

December 16, 2019 02:07 PM

Planned Parenthood announced it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon the controversial sex education framework California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

Kate Hardiman is a contributor to the Washington Examiner's Beltway Confidential blog. She taught high school in Chicago for two years while earning her M.Ed. and is now a J.D. candidate at Georgetown University Law Center.

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# **HB 878.Telehealth Services In School Setting SENAT**

Uploaded by: John Woolums

Position: UNF

**BILL:** House Bill 878  
**TITLE:** Public Schools - Student Telehealth Appointments - Policy and Access  
**DATE:** March 29, 2023  
**POSITION:** OPPOSE  
**COMMITTEE:** Education, Energy, and the Environment  
**CONTACT:** John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) opposes House Bill 878 because it would set new legal standards and requirements for the provision of telehealth services in the school setting, by outside providers, during the school day, without the essential foundation of adopted school health services guidelines.

Local boards of education and school system employees recognize the importance of adopting and implementing policies and procedures to facilitate student access to health services. School health policy matters are inherently complex, involving the medical expertise of school health and other medical professionals, and the input of school administrators responsible for school operations. Therefore, MABE consistently advocates that school health policy matters are most appropriately reflected in state and local policies based on the school health guidelines issued by the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH), rather than through legislation. MABE has a long track record of supporting legislation which directs MSDE and MDH to develop school health guidelines which must be developed through a stakeholder process and adopted by the State Board of Education prior to any expectation or requirement that local school systems adopt new policies and procedures.

Unfortunately, House Bill 878 would mandate school system staff involvement, the provision of space, and scheduling of time, for telehealth services provided to public school students on school premises during the school day without any of the benefits of input from health care providers, school nurses, parents, and other stakeholders in the development and adoption of state guidelines. For these reasons, MABE strongly opposes House Bill 878.

By contrast to House Bill 878, MABE has supported legislation in recent years to ensure that school health guidelines are updated and strengthened, including bills to ensure that school health plans adequately address students with diabetes, sickle cell disease, and asthma, anaphylactic allergies, and seizure disorders. These bills were crafted to ensure a high degree of care and heightened awareness among school personnel regarding the health needs of students. A key facet of student health services is the role of the student health plan. These plans ensure the involvement of parents, health care providers, and school health staff, in developing and clearly understanding the student's health condition, any prescribed medications, and other contents of the individual student's health plan. House Bill 878 would mandate that schools accommodate student access to receiving telehealth services without the assurances provided by student health plans. Similarly, when outside health providers are providing services in the school setting, legal and liability issues are addressed in memoranda of understanding. House Bill 8778 would not tether the mandate to provide space for students to access telehealth services to standards regarding the identification, qualifications, or legal responsibilities of the telehealth provider. School system staff are extremely concerned about these issues and the unintended negative consequences of providing student access to telehealth services during the school day.

Local boards of education place a very high priority on student health by ensuring that schools are operating in accordance with adopted state school health guidelines and local policies and procedures intended to provide a health and safe school environment conducive to student learning. MABE firmly believes that the well-intended desire to expand student access to telehealth services during the school day, which is an extraordinarily complex issue, should be reflected in school health guidelines. For these reasons, MABE urges an unfavorable report on House Bill 878.

# **HB 849 Crossover\_ School Bus Stops - Violations -**

Uploaded by: Mary Pat Fannon

Position: UNF



**PSSAM**  
Public School Superintendents' Association  
OF MARYLAND

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**BILL:** HB 849  
**TITLE:** School Bus Stops - Violations - Enforcement and Safety Measures  
**DATE:** March 29, 2023  
**POSITION:** Oppose  
**COMMITTEE:** Judicial Proceedings  
**CONTACT:** Mary Pat Fannon, Executive Director, PSSAM

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The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four public school superintendents, **opposes** House Bill 849.

House Bill 849 would require a law enforcement agency to issue a warning for certain traffic violations caught through school bus monitoring cameras. Additionally, this bill requires the State Highway Administration to develop a certain plan for improved safety measures at certain school bus stops in Montgomery County and to report its findings to certain persons on or before December 31, 2023.

Maryland's superintendents champion student safety when students are under the care of school personnel, including during their transport to and from school. Maryland's Code makes it very clear that in the absence of a physical median, motorists are required to stop when approaching a stopped school bus, regardless of the number of lanes separating the vehicles.

PSSAM is very concerned that allowing motor vehicle operators a first time warning when violating school bus traffic laws negates the severity of the potential danger they are posing to students. Motorists must be aware of their surroundings and anticipate that school children may be crossing the street in any direction when getting on and off a school bus to avoid causing students serious injury and death. Stop arm cameras on school buses are intended to further reinforce for drivers the importance of protecting our children by providing consistent penalties intended and proven to increase driver compliance. It is proven that associating a steep fine with such a dangerous traffic violation significantly decreases the chance that the driver will commit that violation again, which ultimately makes our roads safer.

Additionally, many vendors who provide these school bus stop arm cameras contract with school systems to provide other services, such as cameras inside school buses, GPS equipment, and other technology with little to no upfront costs. This bill jeopardizes many systems' relationship with their vendors, potentially disallowing access to these valuable tools that ensure student safety on and off the bus.

Giving a warning to a school bus stop arm violator before instating penalties goes against all identified school bus safety best practices, including the National Highway Traffic Safety Administration (NHTSA) recommendations that promote increasing education and enforcement. In order to best ensure the safety of all students on their way to and from schools, we must reinforce the severity of the potential consequences of not stopping for a school bus, which include serious injury and even death.

For these reasons, PSSAM **opposes** House Bill 849 and requests an unfavorable report.

**HB0878 Howard Co BOE Testimony 032923 for EEE - Te**

Uploaded by: Staff Howard County

Position: UNF





**Board of Education of Howard County  
Testimony Submitted to the Maryland Senate,  
Education, Energy, and the Environment Committee  
March 29, 2023**

**Board of Education  
of Howard County**

Antonia Watts, *Chair*

Yun Lu, Ph.D., *Vice Chair*

Linfeng Chen, Ph.D.

Jennifer Swickard Mallo

Jacky McCoy

Jolene Mosley

Abisola Ayoola  
*Student Member*

Michael J. Martirano, Ed.D.  
*Superintendent  
Secretary/Treasurer*

**HB0878: UNFAVORABLE  
Public Schools - Student Telehealth Appointments - Policy and Access**

The Board of Education of Howard County (the Board) opposes **HB0878 Public Schools - Student Telehealth Appointments - Policy and Access** due to logistical concerns for its implementation.

HB0878 requires local school systems to develop a policy and accommodate telehealth appointments for students at the middle and high school level. "Telehealth" is defined under the bill as a mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. In order to accommodate these appointments, schools must designate a space that is private, has internet access, includes at least one seating option with a flat surface and electrical outlet nearby to accommodate placement of a laptop, and is not a bathroom or closet. School systems must publish the student telehealth policy in the student handbook and provide training to school personnel on student telehealth policy objectives and requirements.

Currently in Howard County, to assist vulnerable student populations with access to important health services, the Howard County Public School System (HCPSS) operates 11 school-based wellness centers in conjunction with the Howard County Health Department, which can include telehealth appointments in the health room with the school nurse facilitating the visit. HB0878 sets up scenarios, however, where appointments made by parents for any number of somatic or mental health concerns with personal providers would happen during the school day. Parents are currently asked to sign students out of school when taking such appointments similar to visiting providers in person.

Should HB0878 pass, operational and administrative burdens on local schools, as well as unintended consequences, may include:

- Although the bill indicates nothing requires a school to construct an addition or new space to comply with the policy, schools would still need to make a specific room that meets the parameters of the required policy available at all times. With limited physical space currently available, this will take a room in each middle and high school away from other school priorities.

- Although the bill only calls for a policy to be developed, school personnel would ultimately be responsible for coordinating student appointment times and use of the designated space. This would be further complicated given parents are responsible for making appointments with private providers, which may overlap with appointments made by other parents.
- Similarly, although the bill only calls for a policy to be developed, school personnel will be responsible for supervising use and safety of the designated space. While staff would not be directly involved in the appointment itself due to privacy concerns when the student is interacting with a private/non-school health provider, in order to ensure safety and proper use of the designated space a responsible staff member would need to be attentive during use. In a worst case scenario, a student who has an appointment may become overwhelmed, confused, or otherwise need parent or guardian support when no one is in the room with them at the time.
- Although the bill only indicates the designated space must have access to internet, electric, and a flat surface to accommodate placement of a laptop – with no requirement for schools to provide a device – how would schools accommodate appointments for a student who did not have their own device outside of a school-issued Chromebook? Would the school be required to allow a student to install non-approved technology and platforms that connect to their specific doctor/provider in order to accommodate the visit? Would staff be required to provide technical assistance to a student having trouble connecting even when on a personal device?

While well intentioned, staff indicates logistics for this topic need further consideration before legislating a policy mandate as called for under HB0878.

For these reasons, we urge an UNFAVORABLE report of HB0878 from this Committee.