SB0628-FIN_MACo_SUP.pdf
Uploaded by: Brianna January
Position: FAV

MARYLAND Association of COUNTIES

Senate Bill 628

School-Based Health Centers – Services, Infrastructure, and Funding

MACo Position: **SUPPORT**

To: Finance and Education, Energy, and the Environment Committees

Date: February 28, 2023

From: Brianna January

The Maryland Association of Counties (MACo) **SUPPORTS** SB 628. This bill would support counties in their endeavors to establish and expand school-based health centers by tasking the Maryland Department of Health with establishing a funding formula for cost-sharing capital expenses related to the establishment and expansion of these important facilities.

Currently, counties are largely on their own if they wish to create school-based health centers, receiving little technical assistance or financial support from the State. In the meantime, counties have found creative ways to provide students and families with critical health services, partnering with community nonprofits and private industry. For example, Queen Anne's County recently entered into a contract with the local board of education and a private health care provider to build a first-of-its-kind public health care center to comprehensively serve needs of nearby schools, county and school staff, and the greater community – and several other counties are interested in adopting a similar approach.

The priority and aspiration to provide health services for students and their families – whether via school-based health centers or other means – is universal for all counties and counties welcome the opportunity presented in SB 628 to partner with the State to do so. SB 628 can be a strong first step in what counties desire to be a strong, important partnership to improve the lives and educational experience of Maryland students. The science is clear: when children are healthy − physically and mentally − they are better equipped to succeed in school.

Counties see SB 628 as an important investment in Maryland's students and in public health infrastructure. It is smart public policy that nicely complements the progress counties have independently made to establish and expand school-based health centers. Counties stand ready to work with the State to advance these mutual goals via this initiative and others. For these reasons, MACo **SUPPORTS** SB 628 and urges a **FAVORABLE** report.

2023 MASBHC SB 628 Senate Side FWA RE.pdf
Uploaded by: Robyn Elliott
Position: FAV

masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE
education+health=success

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 628 – School-Based Health Centers - Services, Infrastructure, and Funding**
Hearing Date:	**February 28, 2023**
Position:	**Favorable with Amendment**

The Maryland Assembly on School-Based Health Care (MASBHC) supports *Senate Bill 628 – School-Based Health Center – Services, Infrastructure, and Funding* with amendments. The bill furthers the integration of school-based health centers into the health care system.

School-based health centers are community health centers within the four walls of school. Services may include primary, behavioral, and oral health care services. There are almost 90 school-based health centers across Maryland. Located in areas of high concentration of poverty, school-based health centers primarily serve children who are uninsured or participate in the Maryland Medical Assistance Program.

MASBHC strongly supports three of the featured provisions in the bill:

- **Support for participation in the federal Vaccines for Children Program.** School-based health centers face barriers in entering into the Vaccines for Children Program, including not having the refrigeration units necessary for storage of COVID 19 vaccine. If these barriers were addressed, the Maryland Department of Health and school-based health centers could partner in increasing outreach about vaccinations to families with children enrolled in school-based health centers. This issue was addressed in the 2022 Annual Report of the Council for the Advancement of School-Based Health Centers[i]. MASBHC supports increasing the support and coordination for school-based health centers to participate in the Vaccines for Children Program;

- **Sufficient funds to support school-based health centers in every county.** Out of the 24 jurisdictions in Maryland, 14 have school-based health centers.[ii] MASBHC supports ensuring there is sufficient funding to support every jurisdiction that requests support and meets the criteria of the Department for funding; and

- **Reimbursement for sports physicals.** School-based health centers provide examinations needed for students to participate in school sports. This service helps ensure all students, regardless of family income level or insurance status, can participate in sports. If federal rules allow this service to be reimbursable, then MASBHC supports broadening Medicaid coverage to include this service.

Amendment Requests

MASBHC would like to request the following amendments to address implementation issues:

- **Remove Required Formula for school-based health center grants.** MASBHC agrees that there should be a consistent methodology in determining funding for school-based health centers. However, we would like the Department of Health to be able to retain some discretion in awarding funding. This will allow the Department to allocate funding according to the emerging needs and requests of the school-based health center community. Therefore, MASBHC would request that the bill's provision requiring funding to be distributed according to a formula be removed:

  On page 3, strike lines 8 down through page 4, line 1 in its entirety.

- **Clarify that MDH should prepare an assessment of the resources needed to add at least one school-based health center in each jurisdiction:**

  On page 4 strike lines 2 though 5 and replace with:

  "SECTION 2. AND BE IT FURTHER ENACTED THAT the Maryland Department of Health shall assess the additional resources needed to support the establishment of at least one school-based health center in every jurisdiction."

Thank you for the opportunity to submit testimony. We ask for a favorable report with the amendments we have highlighted. If you need any further information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://health.maryland.gov/mchrc/Documents/CASBHC%20Annual%20Report%202021%201.13.21%20to%20print.pdf

[ii] Ibid

SB0628 Howard Co BOE Testimony 022823 for FIN - Sc

Uploaded by: Staff Howard County

Position: FAV

Board of Education of Howard County
Testimony Submitted to the Maryland Senate,
Finance Committee
February 28, 2023

SB0628: FAVORABLE
School-Based Health Centers - Services, Infrastructure, and Funding

The Board of Education of Howard County (the Board) supports **SB0628 School - Based Health Centers - Services, Infrastructure, and Funding** for its elevation of funding and infrastructure needs of school-based health centers.

Beginning January 1, 2024, a new provision of the Health - General Article would require the Maryland Medical Assistance Program to provide financial coverage for sports physicals performed by school-based health centers, subject to limitations of the State budget. Additionally, SB0628 sets out requirements for the Maryland Department of Health and the Maryland State Department of Education to add information, including estimated costs, regarding the infrastructure needed for school–based health centers to join the federal vaccines for children program to existing guidelines to support the expansion of school-based health centers. Lastly, the bill calls for the development of a funding allocation formula that addresses needs of existing centers and expansion, and by January 1, 2024, the development of a budget proposal to provide sufficient funding to establish at least one school-based health center in each Maryland county.

As a legislative platform, the Board is unequivocally committed to nurturing the physical, social, and emotional needs of students, however, this expanded role of the public school system needs to be met with sufficient funds as well as collaborative partnerships where health department or other expertise can inform school practices. The Board and the Howard County Public School System's (HCPSS) Health Services staff supports SB0628 for the potential additional financial coverage the bill sets up to supplement local funds for school-based health centers.

In Howard County, HCPSS currently operates 11 school-based wellness centers in conjunction with the Howard County Health Department. Health centers provide both sports and full physicals for students with medical assistance. Guidelines and assistance regarding infrastructure to allow these centers to become official sites for children vaccine programs as outlined in the bill would be welcome as the County struggles to gain approval, which currently makes transporting vaccines difficult. While no direct funding is required under the bill, the anticipation of a funding allocation proposal would move the needle forward in realizing the impact school-based health centers have on students and the surrounding local community.

For these reasons, we urge a FAVORABLE report of SB0628 from this Committee.

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

10910 Clarksville Pike • Ellicott City, Maryland 21042 • 410-313-7194 • FAX Number 410-313-6833 • boe@hcpss.org

Death among children and adolescents_ MedlinePlus
Uploaded by: Jo Saint-George, Esq.
Position: FWA

National Institutes of Health / National Library of Medicine

MedlinePlus
Trusted Health Information for You

URL of this page: //medlineplus.gov/ency/article/001915.htm

Death among children and adolescents

The information below is from the US Centers for Disease Control and Prevention (CDC).

Accidents (unintentional injuries) are, by far, the leading cause of death among children and teens.

THE TOP THREE CAUSES OF DEATH BY AGE GROUP

0 to 1 year:

- Developmental and genetic conditions that were present at birth
- Conditions due to premature birth (short gestation)
- Health problems of the mother during pregnancy

1 to 4 years:

- Accidents (unintentional injuries)
- Developmental and genetic conditions that were present at birth
- Homicide

5 to 14 years:

- Accidents (unintentional injuries)
- Cancer
- Suicide

CONDITIONS PRESENT AT BIRTH

Some birth defects cannot be prevented. Other problems may be diagnosed during pregnancy. These conditions, when recognized, may be prevented or treated while the baby is still in the womb or right after birth.

Tests that may be done before or during pregnancy include:

- Amniocentesis
- Chorionic villus sampling
- Fetal ultrasound
- Genetic screening of the parents
- Medical histories and childbirth history of the parents

PREMATURITY AND LOW BIRTH WEIGHT

Death due to prematurity often results from a lack of prenatal care. If you are pregnant and are not receiving prenatal care, call your health care provider or local department of health. Most state health departments have programs that provide prenatal care to mothers, even if they DO NOT have insurance and are not able to pay.

All sexually active and pregnant teens should be educated about the importance of prenatal care.

SUICIDE

It is important to watch teens for signs of stress, depression, and suicidal behavior. Open communication between the teen and parents or other people of trust is very important for preventing teen suicide.

HOMICIDE

Homicide is a complex issue that does not have a simple answer. Prevention requires an understanding of the root causes and a willingness of the public to change those causes.

AUTO ACCIDENTS

The automobile accounts for the largest number of accidental deaths. All infants and children should use the proper child car seats, booster seats, and seat belts.

Other top causes of accidental death are drowning, fire, falls, and poisoning.

Alternative Names

Childhood and adolescent causes of death

References

Centers for Disease Control and Prevention website. Child health. www.cdc.gov/nchs/fastats/child-health.htm [https://www.cdc.gov/nchs/fastats/child-health.htm]. Updated January 12, 2021. Accessed February 9, 2021.

Centers for Disease Control and Prevention. Deaths: final data for 2016. National vital statistics reports. Vol. 67, Number 5. www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf]
. Updated July 26, 2018. Accessed August 27, 2020.

Review Date 8/29/2020

Updated by: Neil K. Kaneshiro, MD, MHA, Clinical Professor of Pediatrics, University of Washington School of Medicine, Seattle, WA. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team. Editorial update 02/09/2021.

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ADAM

National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services
National Institutes of Health

SB628 - Favorable with Amendments Testimony.pdf
Uploaded by: Jo Saint-George, Esq.
Position: FWA

SENATE BILL 628
School Based Health Centers

FAVORABLE WITH AMENDMENTS

Dear Chair, Vice Chair and Committee:

I am founder of the Women of Color For Equal Justice a non-profit advocacy and policy group of women lawyers who litigate and develop legislation to seek equity and equality for communities of color and women of color.

Thank you for allowing me to testify in support of SB628 but with Amendments. While it is important that School Based Health Centers are properly funded and provided with new infrastructure to address new and emerging health issues amongst K-12 children, we have made an amendment to the bill to include infrastructure for the inclusion of "Teaching Kitchens" wherein children can be taught and shown how to cook whole minimally processed plant foods and take plant-based nutrition courses to also address childhood disease.

It is no secrete that children in communities of color in Maryland suffer from chronic respiratory diseases caused by diet related factors and are more likely to live in food deserts where fresh whole plant foods are not always available, contributing to malnutrition and poorer health outcomes.

According to the CDC, the top causes of death of youth and infants is not the lack of vaccines or more drugs, but rather the top killers of children are listed below:

THE TOP THREE CAUSES OF DEATH BY AGE GROUP

0 to 1 year:

- Developmental and genetic conditions that were present at birth
- Conditions due to premature birth (short gestation)
- Health problems of the mother during pregnancy

1 to 4 years:

- Accidents (unintentional injuries)
- Developmental and genetic conditions that were present at birth
- Homicide

14216 Dunwood Valley Dr - Bowie MD 20721-1246
Phone: 301-447-3600 – www.WOC4EqualJustice.org

5 to 14 years:

- Accidents (unintentional injuries)
- Cancer
- Suicide (See report attached)

Finally, in 2022 homicide was declared the top killer of youth, in particular African-American youth between 14-18.

The data above, however, demonstrates efforts focused on reducing childhood genetic diseases, cancer, and health problems of the mother should be the primary focus of Health Centers on school campuses and in particular early education and demonstration of whole plant food nutrition. The evidenced based practice of Plant-Based Lifestyle Medicine should be taught to health care practitioners in Maryland schools so that "Plant Food As Medicine" can be prescribed for children to address the immediate health concerns that the CDC has reported are the causes of premature death in children. See THE TEN LAWS of Plant-Based Lifestyle Medicine - https://hbcuplantbasedlifestyle.com/THE-TEN-LAWS-of-Lifestyle-Medicine-Scientific-Evidence.pdf

Also, for the children whose parents for religious reasons choose not to vaccinate them or who may follow a "plant-based" lifestyle – Muslims, vegan Seventh-Day Adventist, Jewish Vegans, Scientologist etc., those parents will still receive federally funded information about how they can improve their child's immune system naturally through plant nutrition. Parents who do not want to vaccinate their children must be given "alternative options" for treating their children. Failure to provide alternative medical interventions that can reduce risks of communicable diseases – which studies have shows – plant-based lifestyle Medicine can do, may also be a violation of federal law because those parents with religious practices will be left out of receiving "free health care" because of their faith. Our Amendment addresses that issue without marginalizing families who have different religious medical practices for managing their family's healthcare needs.

Consequently, the Women of Color for Equal Justice hereby requests that the bill be amended to include infrastructure for a teaching kitchen for plant nutrition education and demonstration can be provided to children. Disease is not "caused" by the lack of medications and vaccines, disease is caused by poor and inadequate living plant food in the diet along with lifestyle interventions that when taught collectively can prevent most chronic disease in children and adults. See the studies below.

Thank you to the members of the committee for allowing me to testify in support of our friendly amendment.

Sincerely,

Jo Saint-George

Jo Saint-George, Esq.
Chief Legal Officer
jo@woc4equaljustice.org

See The History of Pandemics by Dr. Michael Greger, MD FACLM former Public Health Director at the HSUS in Washington DC - https://www.youtube.com/watch?v=7_ppXSABYLY&t=1705s

See Nutrition Facts - https://nutritionfacts.org/subscribe/

See Studies re: Plant-Based Diets reduction of Covid-19

See Plant-based Research Database - https://plantbasedresearch.org/

See CDC Report - Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Providers, Updated Oct. 14, 2021 - https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinicalcare/underlyingconditions.html

See Nutritional status of micronutrients as a possible and modifiable risk factor for COVID-19: a UK perspective - British Journal of Nutrition (2021), 125, 678–684 - https://www.cambridge.org/core/services/aop-cambridgecore/content/view/35B4C4BC5B0FBD132370128EC03FE309/S000711452000330Xa.pdf/div-class-title-nutritionalstatus-of-micronutrients-as-a-possible-and-modifiable-risk-factor-for-covid-19-a-uk-perspective-div.pdf

See Plant-based diets, pescatarian diets and COVID-19 severity: a population-based case–control study in six countries – BMJ Journal Jun 2021 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8219480/
See Diet may affect risk and severity of COVID-19 - September 8, 2021, https://www.sciencedaily.com/releases/2021/09/210908180530.htm

SB 628.School Based Health Center Funding.pdf
Uploaded by: John Woolums
Position: FWA

MABE
MARYLAND ASSOCIATION OF BOARDS OF EDUCATION

621 Ridgely Avenue, Suite 300, Annapolis, Maryland 21401
410-841-5414 · 800-841-8197 · Fax: 410-841-6580 · MABE.org

BILL: **Senate Bill 628**
TITLE: **School-Based Health Centers – Services, Infrastructure, and Funding**
DATE: **February 28, 2023**
POSITION: **SUPPORT WITH AMENDMENTS**
COMMITTEE: **Finance**
CONTACT: **John R. Woolums, Esq.**

The Maryland Association of Boards of Education (MABE), representing all of the state's local boards of education, supports Senate Bill 628 which would require the development of a funding formula to support school-based health centers, increase the number of centers, and ensure that the scope of health services provided includes sports physicals.

MABE supports this legislation in facilitate a more robust and intentional approach to needs assessments, predictable funding, and alignment between school facilities and school-based health center design and construction. There are approximately 95 school-based health centers located in 17 Maryland jurisdictions, and these numbers have increased significantly in recent years. These centers offer comprehensive preventive and primary health services which may include behavioral health, oral health, and other health support services.

The statewide needs assessment completed under contract for the Maryland Department of Health (MDH) in December, 2022 makes several funding and policy recommendations which are reflected, in part, in Senate Bill 628. Again, MABE supports the passage of Senate Bill 628 to facilitate the operation of school-based health centers to meet the needs of students and families throughout the State. However, the bill specifically mandates that MDH develop a budget proposal to establish at least one school-based health center in each county. Therefore, MABE requests an amendment to clarify that local school boards retain full governance authority regarding whether and where to locate a school-based health center within their school system.

For these reasons, MABE requests a favorable report on Senate Bill 628 with the amendment described above.

SB0628_FWA_MedChi, MDAAP, MACHC_SBHC - Services, I

Uploaded by: Pam Kasemeyer

Position: FWA

The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Clarence K. Lam

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

DATE: February 28, 2023

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 628 – *School-Based Health Centers – Services, Infrastructure, and Funding*

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 **support with amendment** Senate Bill 628.

Senate Bill 628 provides a number of enhancements to the advancement of school-based health centers including: requiring Medicaid to provide coverage for sports physicals performed at school-based health centers; requiring the Department of Health (MDH) to include infrastructure needs in the guidelines for the expansion of school-based health centers, including needs associated with school-based health centers becoming Vaccine for Children (VFC) providers; and requires MDH to develop a funding allocation formula and associated budget proposals.

School-based health centers are community health centers within the four walls of school. Services may include primary, behavioral, and oral health care services. There are almost 90 school-based health centers across Maryland. Located in areas of high concentration of poverty, school-based health centers primarily serve children who are uninsured or participate in the Maryland Medical Assistance Program.

MedChi, MDAAP, and MACHC support the provisions of this bill that address infrastructure needs for school-based health centers to become VFC providers and provide sufficient funding to support school-based health centers in every County. It also supports the provisions that will enable school-based health centers to receive reimbursement for sports physicals, which will help ensure that all students, regardless of family income or insurance status can participate in sports.

The above-named organizations are concerned about the provisions that would require the development of a funding methodology. While this objective is well-intended, the bill would remove the discretion of MDH to allocate funding according to the emerging needs and requests of the school-based health center community and is not a formula that has been the subject of deliberation by the relevant agencies or stakeholders. For those reasons, MedChi, MDAAP, and MACHC would request the provisions related to developing a funding formula be deleted from the legislation.

With this noted amendment, we urge a favorable report.

2023 SB0628- Kijesky-OPPOSED.pdf
Uploaded by: Crystal Kijesky
Position: UNF

Crystal Kijesky
11980 Provident Drive
LaPlata, MD 20646

SB0628– OPPOSED

I am against proposed bill SB0628 and ask that you give it an unfavorable report.

SB0628 proposes to institute health centers within public and private schools within the entire state of Maryland. This removes parental involvement within schools making medical decisions and knowledge, which parents have to right to participate in. In Charles county, there is already a disservice done to parental involvement. Individual principals have authority to say who can and cannot come into the buildings. Will this then apply to parents seeking to participate in their child's health care at these "health-centers"?

Making an in-school health center will not be able to take the place of a pediatrician, trained in the health of growing children.

There is a reason that pediatricians focus on children and their developmental growth. A nurse, in-school, cannot give the care that a family should be involved with.

Charles county already has nurses for emergency purposes. Having a dedicated health center means that the overall care would be separated from their pediatrician, fracturing children's overall healthcare.

I urge you to please issue an unfavorable report on SB0628.

Sincerely,
Crystal Kijesky
LaPlata, MD

Unfavorable SB 628.pdf
Uploaded by: Daniela D'Orazio
Position: UNF

Hello Finance Committee,

As a Maryland Constituent, I am asking you to Oppose SB 628!

We need to take health care out of our schools and focus our limited resources in repairing falling roofs as is raining in some classrooms, broken doors and windows to block criminals from entering schools and providing good air filtration, so we don't have so many viruses and bacteria flying around in classrooms. We also need to invest in our current schools whose improvements have been delayed, like our son's school has (Thomas Wootton HS in Rockville, MD)

Children accompanied by parents or legal guardians need to go to their pediatrician's for professional treatment in a doctor's office were there is advance technology and where medical information is confidential.

Please oppose SB 628

Thank you,

Daniela DOrazio

2023 SB628 Written Testimony (short).pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB628
School-Based Health Centers - Services, Infrastructure, and Funding
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB628 On behalf of over 200,000 followers across the state, we object to **SB628**. As written, the bill would allow entities that promote and provide abortions to manage and or provide employees for school health centers. This is already happening in California (https://www.washingtonexaminer.com/opinion/planned-parenthood-plans-to-infiltrate-high-schools). 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. The state of Maryland including the Department of Education and the Department of ehealth have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development programs, training and school health services to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth.

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 medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to "prevent pregnancy". This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization.

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School-Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see Washington Examiner article).

Parental notice and consent provide better outcomes for youth. State law must recognize the natural and legal right of parents to provide consent for their children's medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to "opt in". Parents now have the obligation to "opt out" if they are provided notice at all.

Opposition Statement SB628, page 2 of 2
School-Based Health Centers - Services, Infrastructure, and Funding
Deborah Brocato, Legislative Consultant
Maryland Right to Life

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 list 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.

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, we respectfully ask you to oppose **SB628.**

MD SBHC Reproductive Health Standards (1).pdf
Uploaded by: Deborah Brocato
Position: UNF

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	**Level I Core**	**Level II Expanded**	**Level III Comprehensive**
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	**Level I Core**	**Level II Expanded**	**Level III Comprehensive**
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

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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UNFAV_SB628.pdf
Uploaded by: Denee Daly
Position: UNF

UNFAV SB628

Denee Daly
Street, MD

SB628: In School Health Centers

I am writing to express my opposition to SB628: In School Health Centers in schools.

Children already need to be vaccinated to attend school. In general, a school health center for sports physicals and vaccine administration cannot replace a routine, thorough well visit with the child's physician with their parent or legal guardian present. A child's best health outcomes happen when the parent and pediatrician work as a team, taking into consideration the health history, precautions, and any contraindications before making any medical decisions.
Schools are clearly already overburdened and struggling to provide the basics of education. They cannot take on additional tasks. Our public schools require the funding and every available resource to fix basic infrastructure, like remediating asbestos, mold and lead that are a threat to children's health. Our children also deserve clean drinking water and air conditioning, as does anyone spending time in school buildings.

Any current or future resources allocated for school health centers need to instead be put toward the actual purposes of providing a high quality education and ensuring school buildings have updated infrastructure.

Please do not allow this bill to move forward.

Thank you,
Denee Daly
Street, MD

Oppose SB628.pdf
Uploaded by: Ekaterina Smirnova
Position: UNF

SB628: School-Based Health Centers - Services, Infrastructure, and Funding

Dear Sir,

Please consider my opinion on the SB628: School-Based Health Centers - Services, Infrastructure, and Funding: **why I oppose SB628**

It is unsafe and inappropriate to require school healthcare centers to build infrastructure to implement the CDC Vaccines for Children program. Children must receive vaccines in a setting where each child's primary care provider or other qualified healthcare provider can assess their medical history accompanied by and in cooperation with the child's parent or guardian. Administering vaccines, like any healthcare intervention which is invasive, irreversible, and known to cause adverse reactions in some patients, is not an appropriate healthcare service to administer en masse in school settings without parents or guardians present. Children can receive free healthcare services, including free vaccines, through existing healthcare infrastructure where parents and guardians are present. The CDC ACIP Committee has recommended adding Covid-19 vaccines to the routine immunization schedule for children 18 and under despite overwhelming evidence to the contrary. CDC federal programs promoting mass administration of vaccines to children without sufficient evidence of safety and efficacy must not be linked with or required by public schools funded by state tax dollars.

Thank you

Ekaterina Smirnova

Oppose SB 628.pdf
Uploaded by: Gala Meyerovich
Position: UNF

From: **Gala Meyerovich** gala_meyerovich@hotmail.com
Subject: Oppose SB 628
Date: February 27, 2023 at 2:30 PM
To: clarence.lam@senate.state.md.us

GM

Dear Senator Lam,

I strongly Oppose SB 628

It is inappropriate to require school healthcare centers to build infrastructure to implement the CDC Vaccines for Children program. Children must be vaccinated by pediatricians.

School health providers may not be aware of underlying conditions and cannot accurately calculate all the risks associated with vaccination.

Vaccination in school healthcare settings without parents or legal guardians is not acceptable.

Sincerely,
Gala Meyerovich
Gaithersburg, MD
240-672-3274

628INFO-Annual survey finds no major deficiencies

Uploaded by: Jenna Butler

Position: UNF

Annual survey finds no major deficiencies in Maryland school buildings, but some work still needed for improvement

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Although the majority of Maryland's public school buildings are adequate for educational use, some still have problems with deteriorated roads and walkways, fire and safety systems and interior lighting.

That's the finding of The Interagency Commission on School Construction, which approved the final draft of a fiscal year 2022 maintenance report this month.

The report assessed 265 schools that were chosen based on their being unevaluated for the last six fiscal years, being at least three years old or, or never being reviewed. There are more than 1,360 active public schools statewide.

About 189 schools were rated as adequate which is defined

as “maintenance is sufficient to achieve the life of each system within the facility and, with appropriate capital spending and renewal, the total expected lifespan.”

Twenty-two schools received a “good” rating for buildings that will likely extend beyond the life of expectancy. A “superior” rating was elusive in 2022.

Approximately 52 schools from the report were classified as “not adequate.” Two schools — one each in Allegany and Prince George’s counties — were classified as poor, which means those buildings show evidence of significant or extensive corrosion or leaks, inconsistent custodial or maintenance practices, or extensive repairs or replacement needed.

“If the level of maintenance is not improved, [it] would likely lead to increased maintenance costs as the conditions of the building systems decline prematurely,” said Brooke Finneran, administrative officer with the commission’s assessment and maintenance group.

In terms of school systems overall, only five ranked “not adequate.” Those are in Allegany, Kent, Prince George’s, Queen Anne’s and Somerset counties.

Kent County public school buildings rank as the oldest in Maryland with an average age of 44 years. Three of the five

school facilities in Kent, which don't include the headquarters or maintenance buildings, were assessed in the report.

Scott Snyder, manager of the commission's assessment and maintenance group, said one way for school maintenance officials to improve minor or major work is to use portions of the state's computerized maintenance management system. Known as a CMMS, it was implemented last year for public schools in the 23 counties and Baltimore City to help keep track of maintenance work, labor costs and other data.

"If used well, it will track the work order history of each asset including all associated parts and labor costs," Snyder said. "This data can be used to hold all staff and contractors accountable for their work..."

Local school officials have up to 45 days to respond to a notice from the commission on how they will rectify problems within a school building.

Edward Kasemeyer, a former state senator and chair of the nine-member commission, asked how minor deficiencies are corrected, especially if a school representative doesn't respond.

"We send final results out to their superintendents and we inform them of the situations," Snyder said. "We allow them

to engage in conversation on how we can remediate."

In comparison, the fiscal year 2021 maintenance report analyzed 268 schools. It rated 131 schools as adequate, 63 good, 72 not adequate and two poor. That year also began some changes in how schools are assessed such as summarizing any maintenance flaws more clearly and making the scoring system and other criteria easier to access on the commission's website.

The commission's 2022 report must be submitted to the governor and General Assembly by Oct. 1.

Healthy schools

The commission last week also approved $45 million to improve 25 schools with needs in three categories: roofs; unreliable or insufficient air-conditioning; and immediate life, safety, or health environmental risks.

Those projects, awarded to schools in 11 school systems, will be paid for through part of a $90 million fiscal year 2023 Healthy School Facility Fund, a competitive grant program for schools to apply for various construction and other building projects.

By state law, half of the $90 million must go to improve schools in the city of Baltimore. Baltimore schools have a separate application process that closes Nov. 30.

The city, which has 141 school facilities, is home to the third-oldest school buildings in the state that average 37 years old.

628INFO-Brunswick residents call for new high scho

Uploaded by: Jenna Butler

Position: UNF

Brunswick residents call for new high school and senior center buildings

January 9, 2023

Jan. 9—Several Brunswick residents and public schools officials on Monday called on Frederick County Executive Jessica Fitzwater to accelerate the construction of a new Brunswick High School to replace a building they said is posing safety hazards to students, teachers and staff members.

A town hall meeting about the county's budget on Monday was the first of five that County Executive Jessica Fitzwater plans to host in the coming weeks. There will be one meeting in each County Council district.

Monday's meeting was in council District 1, which covers the southwestern part of the county, including Middletown, Burkittsville, Rosemont, Brunswick and land west of Md. 355, including parts of Urbana and the Sugarloaf Mountain area.

Residents who called for funding for a new Brunswick High School during the town hall meeting — many of whom said they have children who attend or who will attend the high school — said the building has undrinkable water and has

doors and bathroom stalls that won't lock.

It's also "riddled" with asbestos, said Ellen Fowler, who is a local parent-teacher organization member and was part of a group tasked with studying asbestos in the building.

"We need to find the money to repair this," Fowler said during the town hall meeting at Brunswick City Hall.

Principal Christopher Berry, who is in his first year at Brunswick High School after leaving his role as principal at Tuscarora High School over the summer, said that most of the classrooms in the building — built around the time of the Vietnam War — are 200 square feet too small.

"Buildings should inspire students. The Brunswick High School that currently exists does not, in the least, inspire students," Berry said during the meeting. "In fact, it has the opposite effect. You're talking about a building where most of the classrooms have a single window."

Board of Education President Sue Johnson said that voters have elected the right people to county offices to ensure progress will be made on pressing matters like the high school.

Johnson, like Fitzwater, District 1 County Councilman Jerry Donald and County Council President Brad Young, are lifelong educators who plan to put the county's students

first, she said.

It's personal for Johnson, too. Her son attends Valley Elementary School in nearby Jefferson.

"I'm right there with them as a parent of a child in this community," Johnson said during the meeting.

Fitzwater has two children. One is in Frederick County Public Schools and the other will be soon.

Residents, including Brunswick Mayor Nathan Brown, also advocated for budget money to pay for a new senior center in the city, which is in a century-old, single-level house.

Not only do senior centers provide older people with a place to get information about the resources available to them or to socialize, but they can be a reason for older people to get out of the house, said Debra Horton, a member of the board of directors for Advocates for the Aging of Frederick County.

"As advocates, we cannot support any new senior center expansion or development until the Brunswick center is addressed and replaced with a building that addresses the needs of our seniors — one that this area's seniors can be proud of and will want to attend," Horton said during the meeting.

Fitzwater is expected to present her proposed budget to the

County Council in April.

The council is scheduled to vote whether to adopt her proposed budget by May 31.

The next town hall meeting about the county's budget is scheduled for Jan. 12 at 6 p.m. at the Urbana Volunteer Fire and Rescue banquet hall in Frederick. The meeting will be in council District 2, which covers the southeastern part of the county, including New Market, Linganore, Ijamsville and parts of Urbana and Mount Airy.

Follow Jack Hogan on Twitter: @jckhogan

628INFO-How many Baltimore public schools have wat

Uploaded by: Jenna Butler

Position: UNF

How many Baltimore public schools have water fountains that are safe to use?

By Talia Richman
Baltimore Sun
•
Sep 07, 2018 at 6:00 am

Cecil Elementary School in East Baltimore has been using bottled water to drink for years. The water at a majority of city schools is not safe to drink. (Lloyd Fox / Baltimore Sun)

Signs warning students not to drink the water have long served as a grim reminder about the reality of Baltimore school buildings' conditions. The majority of schools in the city have relied on bottled water for a decade, following revelations about lead contamination that forced officials to ban drinking out of water fountains or sinks.

But with new and renovated buildings rapidly opening and a pilot program underway, more than two dozen schools this year are

allowing students and teachers to drink from fountains they say are safe to use.

That still leaves most of the district's roughly 170 schools relying on jugs of bottled water for drinking and cooking — a solution that's cost the district millions over the years.

There are 16 Baltimore schools equipped with systems that make all the water safe to drink:

Paid Post

What's This?

• Academy for College and Career Exploration

- Arundel Elementary School
- Carver Vocational-Technical High School
- Cherry Hill Elementary/Middle School
- Dorothy I. Height Elementary School
- Forest Park High School
- Fort Worthington Elementary/Middle School
- Frederick Elementary School
- Highlandtown Elementary/Middle School 237
- Independence School Local I
- Leith Walk Elementary/Middle School
- Paul Laurence Dunbar High School
- Pimlico Elementary/Middle School
- Violetville Elementary/Middle School
- Waverly Elementary/Middle School
- Wildwood Elementary/Middle School

The majority of those schools were recently rebuilt or renovated under the 21st Century School Buildings Program, a $1 billion initiative established in 2013 by the Maryland General Assembly in partnership with the city, the Maryland Stadium Authority, the city school system and the state's Interagency Committee on School Construction.

Five new buildings opened this school year: Pimlico, Forest Park, Arundel, Cherry Hill and the Robert Poole Building, home to the Academy for College and Career Exploration and Independence.

The program will eventually bring up to 28 modernized school buildings to Baltimore, which is home to the state's oldest education infrastructure. The new buildings are equipped not only with drinkable water, but air-conditioning and heating. That means these buildings haven't had to close early due to excessive heat this week, unlike more than 60 other city schools without adequate cooling systems.

Three additional schools — Hampstead Hill Academy, Lakeland Elementary/Middle and Yorkwood Elementary — are outfitted with lead removal filters on specific water fountains.

Hampstead Hill, a public charter school, has used these filters for years with good results. The other two schools are part of a pilot program to test the system. The pilot was also rolled out at the district's headquarters on North Avenue.

The system being tested was developed by EcoWater Systems LLC in Minnesota to filter lead and other impurities out of the water. The filters are certified by NSF International, a nonprofit that checks devices used to protect food and water.

If the filters continue to work as planned, the district will seek bids to install the systems across the rest of its buildings.

"The pilot is ongoing, and the district will evaluate the results to inform potential expansion at the end of the 2018-19 school year," city schools spokeswoman Anne Fullerton wrote in an email Thursday.

There are also eight charter and contract schools with water filtration systems. These schools are housed in buildings not owned by the

district.

The schools are: Afya Public Charter, Tunbridge Public Charter School, City Neighbors Charter, Coppin Academy, Elmer A. Henderson: A Johns Hopkins Partnership School, The Green School of Baltimore, Green Street Academy and Monarch Academy.

628INFO-Johns Hopkins study says Baltimore City sc

Uploaded by: Jenna Butler

Position: UNF

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Johns Hopkins study says Baltimore City schools are falling apart, students are suffering

by Rebecca Pryor

September 23rd 2022, 5:13 PM EDT

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"This is a school system in desperate need with the worst conditions," said one of the study's authors. (WBFF)

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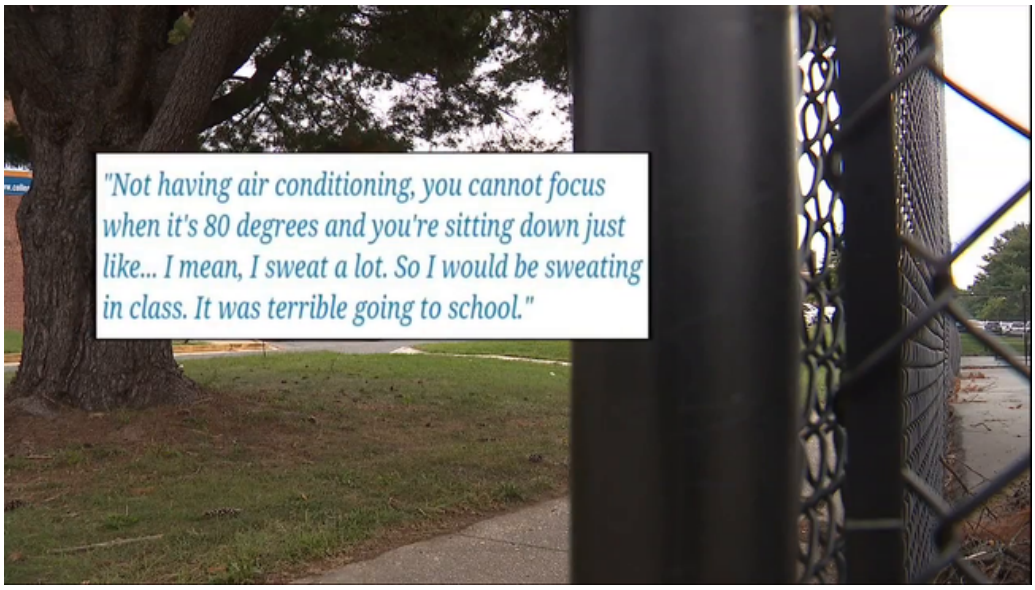
A new Johns Hopkins study shows Baltimore city school buildings are failing in almost every category.

"This is a school system in desperate need with the worst conditions," said Dr. Joshua Sharfstein, vice dean for public health practice and community engagement at the Johns Hopkins Bloomberg School of Public Health, and one of the study's authors.

Sharfstein says the team analyzed data from a state investigation comparing city schools to the county. The disparities were drastic.

"There shouldn't be this huge difference just driving across the county line in whether this school or schools that you can be proud of or schools that you're embarrassed by," he said.

They estimate about 50 city school buildings are practically falling apart, leading by far and away, the most health hazards of any other district.



Everything from broken A/C units to leaking ceilings, adds up to around $141 million in needed repairs.

At the end of the day, he says it's the children paying the price.

"It affects their self-esteem, and affects their ability to go to school because the school is not open because there's something broken, and it affects their health in many ways. So, this is a pretty serious issue," he said.

A lack of functioning heating and cooling systems alone cost kids 1.2 million hours of lost school time over a five year span.

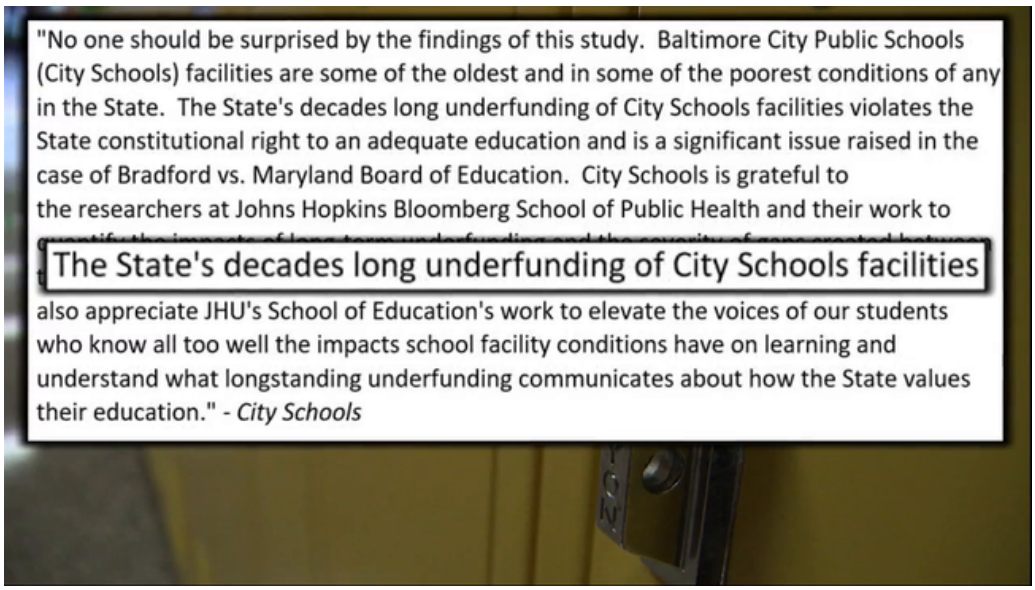
The study also included direct quotes from students. One writing, "Not having air conditioning, you cannot focus when it's 80 degrees and you're sitting down just like... I mean, I sweat a lot. So I would be sweating in class. It was terrible going to school."

"My half sister went to high school in [another Maryland county]. They had really nice stuff, and I always wanted her to know how bad we had it. I just felt like it didn't make sense that one district in Maryland should have a significantly better schooling experience than we were," wrote another.

The city's 21st century buildings program is offering some relief, however, "It's just not enough," said Sharfstein, "This kind of gap, this treatment of Baltimore City school kids is unacceptable."

When asked to comment, city schools blamed the poor conditions on underfunding, sending FOX 45 the following statement:

"No one should be surprised by the findings of this study. Baltimore City Public Schools (City Schools) facilities are some of the oldest and in some of the poorest conditions of any in the State. The State's decades long underfunding of City Schools facilities violates the State constitutional right to an adequate education and is a significant issue raised in the case of Bradford vs. Maryland Board of Education. City Schools is grateful to the researchers at Johns Hopkins Bloomberg School of Public Health and their work to quantify the impacts of long-term underfunding and the severity of gaps created between the condition of school facilities in City Schools versus those elsewhere in the State. We also appreciate JHU's School of Education's work to elevate the voices of our students who know all too well the impacts school facility conditions have on learning and understand what longstanding underfunding communicates about how the State values their education." - City Schools



"To hear that they don’t have enough money for infrastructure doesn’t make sense to anybody," said Taxpayers Protection Alliance President, David Williams.

Williams argues more money from the state isn’t the answer.

"This is about the funds going to the wrong purposes," he said.

The school’s current $1.6 billion budget comes out to more than $21,000 being spent per student.

So, despite significant disparities in the city’s capital projects funding, city schools remain some of the highest funded in the nation.

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"They need to find a way to shift part of the $1.6 billion dollars to capital projects so that taxpayers aren’t on the hook for more money," said Williams.

MORE TO EXPLORE

628INFO-Leaky roofs, lead in the water, fire risk_

Uploaded by: Jenna Butler

Position: UNF

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Leaky roofs, lead in the water, fire risk: Baltimore schools face nearly $3 billion maintenance backlog

By Talia Richman

Baltimore Sun

•

Sep 27, 2018 at 5:00 am

A crew of facilities workers on a "blitz" at Dr. Martin Luther King Jr. Elementary school, in which they periodically go through school buildings to make repairs. Some issues -- like the rusted pipes and buckling gym floor -- have to wait. (Kenneth K. Lam, Baltimore Sun video)

(Kenneth K. Lam)

Federal Hill Preparatory Principal Sara Long says she's grateful that when her school's 43-year-old roof leaks, the damage is mostly in the stairwells and hallways.

If there's heavy rain and wind, tiles fall down. Big puddles form. Bits of the auditorium ceiling crumble to the floor.

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Her concern, she says, is the day when "suddenly it's happening in a classroom."

As the lack of air conditioning in many Baltimore public schools garnered recent media attention and finger-pointing from the governor

and others, the school system's other maintenance needs — which affect teachers and students year-round — generate less outrage.

There are aging roofs, rusted pipes, cracking steps and broken elevators — all piling up to a massive maintenance backlog that has swollen to nearly $3 billion. That's more than double the district's annual operating budget.

"We do have the oldest school buildings in the state of Maryland. That can't change from a quip or from a magic wand," says city schools CEO Sonja Santelises. Addressing the backlog in repairs, she says, is "not going to happen overnight."

It's become a back-to-school tradition for politicians and community members to decry the lack of adequate air conditioning in Baltimore classrooms. The conditions, which forced dozens of schools to close early during the sweaty first days of the school year, led Gov. Larry Hogan and Maryland Comptroller Peter Franchot to demand that all city schools be outfitted with AC in the next few years. That's meant funding for air conditioning has taken precedence over other pressing projects.

The Baltimore school board approved a report this month that lays out the city's complex needs. The 2018-2019 Comprehensive Maintenance Plan is clear: After decades of underinvestment, the city school system needs a dramatic infusion of money before its school buildings have a chance at being up to par.

A report released in 2012 found the city needed an estimated $2.4 billion to replace or renovate its existing buildings. That triggered the creation of a $1 billion initiative, the 21st Century School Buildings Program, which will eventually rebuild or renovate up to 28 schools —

nearly 20 percent of the district's 165 buildings. Nine state-of-the-art schools have opened so far.

But at the many schools not chosen for the program, deferred maintenance costs continue to compound.

Children in most Baltimore schools still rely on bottled water, more than a decade after revelations about lead contamination. Many schools have to hold extra fire drills because their buildings aren't fully covered by automatic sprinkler systems. Pipes burst, roofs leak and windows break — and district officials find ways to prioritize the needs with limited dollars.

State-commissioned reports have found Baltimore schools operate with hundreds of millions of dollars a year less than what is needed to educate students.

According to a formula used by facility management professionals, the district should be spending about $150 million a year just on building maintenance. But the district's operating budget for maintenance and operations is about $23 million for this fiscal year, according to district documents.

"We continually look for different ways to change structures and procedures to be more efficient in our work," said Lynette Washington, the district's interim chief operations officer, "but there's only so much we can do with very limited resources."

Beyond maintenance funding, the district has also received, on average, $47 million a year over the past decade toward replacement of aging buildings and antiquated systems. The majority comes from the state.

“Under the Hogan administration, the state has provided more funding for school construction and maintenance projects to Baltimore City than any other jurisdiction,” the governor’s spokeswoman, Amelia Chasse, said in a statement. “The governor will continue to make historic investments to ensure that our students are able to learn in a safe and healthy environment, while pushing for increased accountability and fiscal responsibility from North Avenue.”

Mayor Catherine Pugh’s latest budget includes $19 million for school capital projects. That’s an increase of $2 million over previous years, a move spurred by highly publicized incidents last winter when school heating systems failed across the city.

That extra money, however, does little to close the gap between what Baltimore spends on school construction versus its wealthier neighbors. Anne Arundel County, for example, budgeted more than $180 million for school construction projects last fiscal year.

Between state and city dollars, Baltimore schools officials say they can pay for only a handful of major maintenance projects, such as roof replacements, each year. Most schools get the equivalent of Band-Aids.

“We’re not really touching each of the buildings,” Washington said. “We’re only addressing the most emergent needs — roofs where we know we’ve been patching it for so long that it can no longer be patched.”

With the money the district receives now, Washington said, she sees no way of plowing through the system’s entire backlog.

The governor’s office has repeated criticisms that the city has been fiscally irresponsible in managing the capital improvement funds it

receives. In January, after a heating crisis left thousands of Baltimore children shivering in their classrooms, The Baltimore Sun reported that state officials had rescinded tens of millions of dollars for building repairs after the projects took too long or became too expensive to complete in the designated time frame.

A 2015 report stated it's been a "persistent concern" from the Interagency Committee on School Construction that the city school system "has not managed its State-funded capital projects at the same level as other Maryland school systems."

District officials counter that the state's system of allocating money long punished poor jurisdictions such as Baltimore. Wealthier school systems have been able to pay for school repairs upfront and then ask the state for reimbursement later. Baltimore can't afford to do that, leading to problems with rescinded funds. The state is making some changes to its funding procedures to address this concern.

One way city schools officials approach the maintenance backlog is through regular "blitz cycles." Baltimore schools get visits from facilities staff every six weeks, during which workers can plow through some of the most pressing work orders.

On a recent school day, the blitz team visited Dr. Martin Luther King Jr. Elementary/Middle School in Northwest Baltimore, a nearly 50-year-old building with four pages of work orders waiting.

With the maintenance crew present, a teachers' restroom faucet broke. Water rushed out of the bathroom, slowly spreading across the hallway's green tile.

Principal Rachel Brunson jumped on her walkie-talkie, requesting assistance and some orange cones. She tried to help as students in a

third-grade class walking by pressed themselves close to a wall to avoid the water.

“This is urban education,” Brunson said.

When this type of incident occurs, she said, her staff does everything it can “to isolate the areas and not have it impact student learning.”

“These structures are pretty much falling apart,” she said. “But we can’t let that be an obstacle keeping our scholars from meeting their goals.”

The school is built into the side of a hill, which makes it prone to flooding during storms. The gym’s hardwood floor has started to buckle — creating a tripping hazard for children.

Washington said the city needs another 21st Century schools project, which could fund more new buildings for schools like Dr. Martin Luther King Jr.

The ACLU of Maryland, a driving force behind securing the initial funding, sees opening new buildings as the most cost-effective way to bring the city’s school infrastructure up to date.

The city needs to “continue the pace of openings happening now,” said Bebe Verdery, the organization’s education director.

In the meantime, a state-mandated push for district-wide air conditioning has shoved other needs down on the list of priorities.

The state Board of Public Works voted in 2016 to withhold millions of dollars in school construction money from the city, along with Baltimore County, unless officials agreed to install air conditioning in all classrooms by the start of the school year. The board later

reinstated the money after the city presented a plan to cool all of its schools within five years.

When Santelises discussed the plan with state officials, she noted that the emphasis on air conditioning would have other consequences.

“I also do just want to point out in the spirit of transparency that we will be deferring critical projects, like fire safety and roofs, in order to implement the AC plan,” Santelises said in January 2017.

The city recently asked the state for about $1.5 million for a new roof at Federal Hill Prep, to replace the one built in 1975.

The request was deferred.

Long doesn’t know whether her school’s request was affected by the air-conditioning edict.

“I just know we need a new roof,” she said, “and we don’t have one.”

628INFO-Mold found in 35 Howard County public scho

Uploaded by: Jenna Butler

Position: UNF

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Howard County Times

HOWARD COUNTY

Mold found in 35 Howard County public schools in past 11 months

By Jess Nocera
Baltimore Sun Media | Jul 22, 2019 at 12:24 pm

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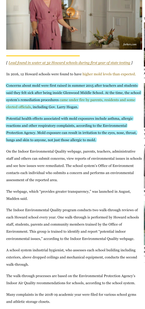
Mold was found in 35 Howard County public schools during the 2018-19 academic year, with a range of growth samples found on drywall to the zinc straps of athletic helmets.

The reports were made between August 2018 and July 2019 of this year, according to the school system's Indoor Environmental Quality webpage. The school system said all of the cases have been remediated.



In addition to receiving reports from the 57 schools in the district, the school system also monitors administrative buildings, including the central office, custodial services, ground services, Howard Co. Bus Driver and Warrior Trainee Headquarters, Legistics, Old Ducks Park and Old Cedar Lane, according to the page. No cases of mold were found in any of the additional buildings.

In some cases, complaints were filed because of the concern of potential mold and then, upon investigation, nothing was found.

"Last year's weather patterns had a large impact on the number of mold occurrences," Jim Caldwell, director of Howard County Recreation and Parks and Inclusion, said in an email.

"The weather was extremely humid, and that moisture can make its way into the building through a variety of channels."

[Local food is scarce at an Amazon 4-Star; Amazon Fresh is open at an Amazon 4-Star]

In 2018, 34 Howard schools were found to have [higher mold levels than expected.](#)

Concerns about mold were first raised in summer 2015 after teachers and students said they felt sick after being inside Glenwood Middle School. At the time, the school system's consultants [found mold](#) under tiles by carpets, curtains and water [damaged ceilings,](#) including floor, Larry Hogan.

Potential health effects associated with mold exposures include asthma, allergy reactions and other respiratory complaints, according to the Environmental Protection Agency. Mold exposure can result in irritation to the eyes, nose, throat, lungs and skin in anyone, not just those allergic to mold.

On the Indoor Environmental Quality webpage, parents, teachers, administrative staff and others can submit concerns, view reports of environmental issues in schools and see how issues were remediated. The school system's Office of Environment contacts each individual who submits a concern and performs an environmental assessment of the reported area.

The webpage, which "provides greater transparency to the community," was launched, Maddox said.

The indoor Environmental Quality program conducts two walk-through reviews of each thousand school every year. One walk-through is performed by Howard schools staff, students, parents and community members trained by the Office of Environment. This group is trained to identify and report "potential indoor environmental issues," according to the Indoor Environmental Quality webpage.

A certified industrial hygienist, who assesses each school building including corridors, above-dropped ceilings and mechanical equipment, conducts the second walk-through.

The walk-through processes are based on the Environmental Protection Agency's Indoor Air Quality recommendations for schools, according to the school system.

Many complaints in the profit in academic year were filed for various school grass and athletic storage closets.

[Howard schools CFO resigns to spend more time with family, district looking to fill the position]

In an outdoor athletics storage closet at Elkridge Landing Middle, mold growth was discovered on the handles of golf clubs and on the tops of field hockey sticks, according to the report.

Volleyballs were found with mold on them in Ellicott Mills Middle's gym storage closet. At Lime Kiln Middle, mold was found on gym mats in a gym storage closet and in a corner of a gym closet at Guilford Elementary.

"Mold is usually found in the lowest area – wet and by students – of the basic locker room at River Hill High, as well as on the chin straps of athletic helmets in the school's outdoor storage area.

In numerous other cases, mold growth was found in the school's portable classrooms, including on walls, ceilings, an air vent, in drywall and on carpets, according to various complaints.

Maddox said the mold concerns in the portables last summer "were primarily the result of incorrect thermostat settings."

When removing the protective box around the thermostat, individuals had sometimes changed the thermostat settings, not realizing the implications, Maddox said.

"We have been surveying this summer to ensure proper settings are maintained in an attempt to minimize this type of impact," he added.

Schools where mold growth was found:

Atholton High

Bollman Bridge Elementary

Bonnie Branch Middle

Charlotte Elementary

Clarksville Middle

Cradlerock Elementary

Dunloggin Middle

Elkridge Elementary

Elkridge Landing Middle

Ellicott Mills Middle

Folly Quarter Middle

Fulton Elementary

Glenelg High

Guilford Elementary

Hammond Elementary

Hammond High

Harpers Choice Middle

Homewood

Hotwire Elementary

Laurel Woods Elementary

Lime Kiln Elementary

Lisbon Elementary

Mayfield Middle

Mt. Hebron High

Mount View Middle

Northfield Elementary

Oakland Mills High

Patuxent Run Elementary

River Hill High

Running Brook Elementary

Swansfield Elementary

Talbott Springs Elementary

Waverly Elementary

Wilde Lake High

Schools/offices with no mold complaints and/or no mold growth found:

Bellow Springs Elementary

Bryant Woods Elementary

Burleigh Manor Middle

Bushy Park Elementary

Cedar Lane School

Centennial High

Centennial Lane Elementary

Central office

Clemens Crossing Elementary

Custodial Services

Dayton Oaks Elementary

Deep Run Elementary

Downey Building

Ducketts Lane Elementary

Forest Ridge Elementary

Glenwood Middle

Gorman Crossing Elementary

Ground Services

Hammond Middle

Hanover Hills Elementary

Harriet Tubman Building

Hollifield Station Elementary

Howard High

Jeffers Hill Elementary

Lake Elkhorn Middle

Logistics

Long Reach High

Longfellow Elementary

Manor Woods Elementary

Marriotts Ridge High

Murray Hill Middle

Oakland Mills Middle

Old Bushy Park

Old Cedar Lane

Patapsco Middle

Patuxent Valley Middle

Phelps Luck Elementary

Ronervale High

Rockburn Elementary

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Stevens Forest Elementary

Thomas Viaduct Middle

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VIEW THE DISCUSSION

One of the schools listed without mold was incorrectly named. Marriotts Ridge High did not have instances of mold growth.

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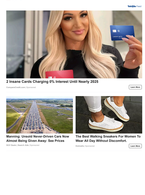

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628INFO-Only Two Baltimore City School Buildings V

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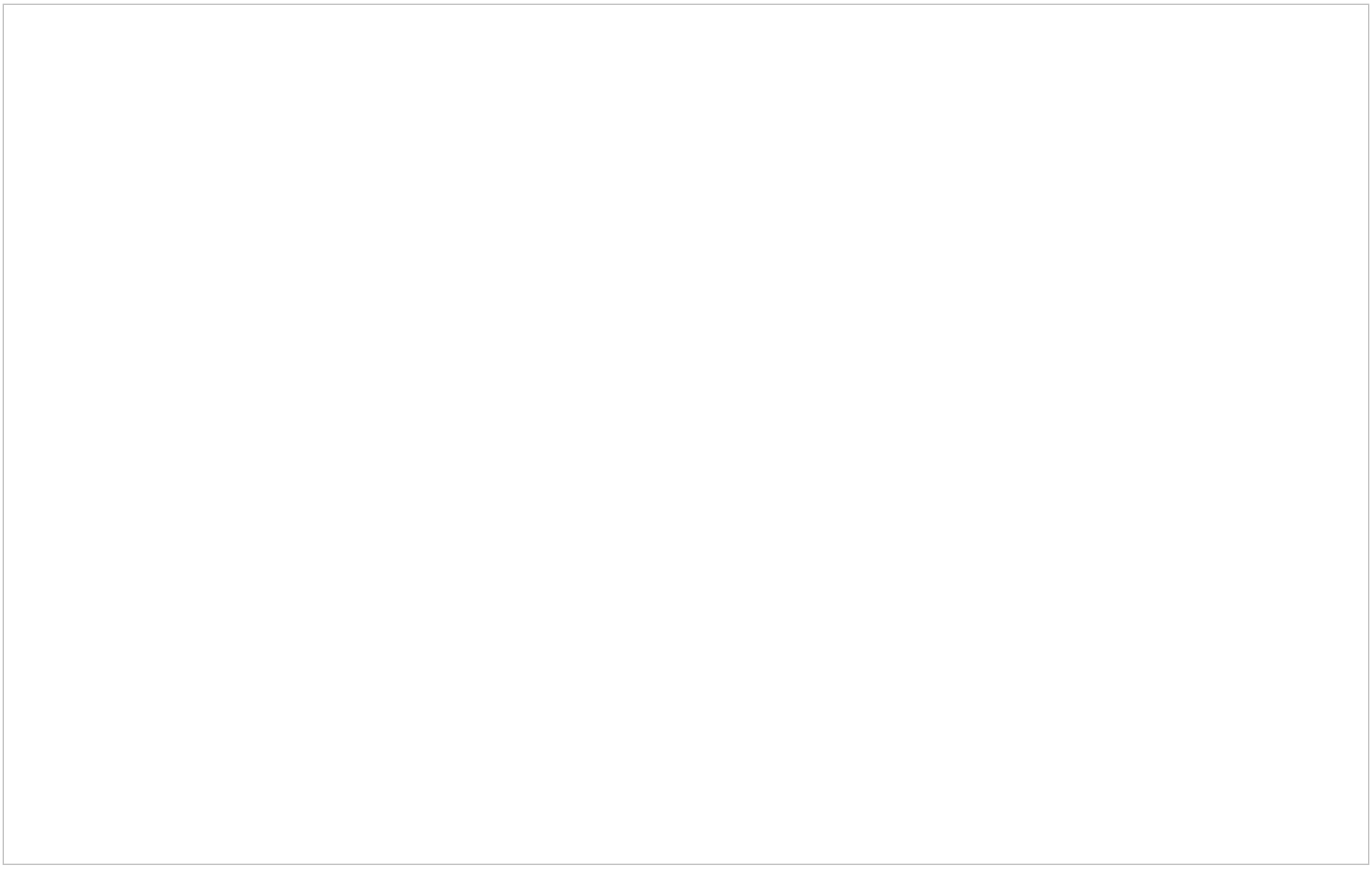
Only Two Baltimore City School Buildings Visited By State Inspectors This Year



Westport Academy in June 2019. The school was one of just two public school buildings in the city of Baltimore that were inspected by the state this year. Google Street View.

Out of 155 public school facilities in Baltimore City, only two school buildings were inspected this year to assess their quality and condition. One was rated as “not adequate.”

Although state law requires the Interagency Commission on School Construction to assess at least one school facility in each school district annually, it has a goal to visit a quarter of

each local school systems' buildings each year. That would equal about 39 schools in Baltimore City. Only Montebello Elementary/Middle School and Westport Academy, which received the "not adequate" rating, were visited this year.

The limited access to school buildings due to the pandemic and lack of staff were reasons for this reduced number.

"Unfortunately, due to COVID-19, the IAC assessors were not permitted access to school facilities in order to complete maintenance assessments starting March 13, 2020, through the end of the fiscal year, resulting in 112 planned assessments being postponed until fiscal year 2021," Scott Snyder, the lead facility assessor, said during an IAC meeting Thursday morning.

The commission was able to complete 260 inspections throughout the state this year, but IAC will have to hire additional assessors to be able to reach their goal of a quarter of all pre-k through 12 buildings each year, he said. Currently, there are three full-time maintenance assessors.

In the last few years, IAC has focused on some local districts based on recurring maintenance inspection issues so that they would not have to inspect 25% of school buildings in every county, Robert Gorrell, executive director of Interagency Commission said. This would mean targeting higher percentages of schools in Prince George's and

Baltimore City — which have scored poorly in the past — than in other counties that were getting better scores.

Baltimore City has some of the oldest school buildings in the state, with an average age of 42 years old, or 12 years older than the average age of school buildings in Maryland — 30 years. More than 95 buildings in Baltimore City Public Schools are more than 50 years old, according to a 2020 report by John Hopkins University.

Hopkins researchers found that problems with temperature control, such as no heat on cold days and no air conditioning on hot days, caused a loss of 1.2 million hours of instruction in the city over the last 5 years. At least 97 schools in Baltimore City have HVAC systems that need replacement, but a history of underfunding makes this difficult. From September 2018 through September 2019, 100 schools filed a total of 736 complaints related to HVAC to Baltimore City Public Schools' facilities team, according to the Hopkins report.

The state has provided $5.1 billion in capital funding between fiscal years 2006 and 2020 for public school construction, according to its 2020 annual report.

Last year, IAC inspected 47 buildings in Baltimore City and only 21% were found to be in "good" or "superior" condition, while more than half the schools in three-quarters of

Maryland counties met this high standard.

This year, the IAC found that roof drains, gutters and electrical equipment were well maintained in the two Baltimore City school buildings that were visited, but there were damaged windows which had not been improved since previous assessments, stained ceiling tiles and little to no maintenance on chairlifts or elevators.

IAC had planned to visit a large number of schools in Baltimore City this spring, but those plans were cancelled when the pandemic hit, Gorrell said.

In Prince George's County, the IAC had a goal to visit 50 school buildings for regular inspections, but only 11 were reached this year; an additional 14 schools received follow-up inspections after prior visits. Six schools in the county were reviewed as "not adequate" and none were in the "good" or "superior" condition. Roof drains, electrical service equipment and interior doors and walls were well maintained, but there were deficiencies in windows, roofs, plumbing and restroom fixtures.

Overall, most of the 260 school buildings reviewed statewide were adequately maintained with regards to their interior lighting, interior walls, interior doors, skylights and monitors, utilities, electrical equipment and air conditioning, Snyder said.

School sites, roofs, ceilings, restrooms and plumbing fixtures require more attention, he said.

eshwe@marylandmatters.org

628INFO-Safety concerns at SSIMS prompt two visits

Uploaded by: Jenna Butler

Position: UNF

Safety concerns at SSIMS prompt two visits from county officials in one week

Parents, teachers decry overcrowding, lack of security cameras, outdated infrastructure

Exterior of Silver Spring International Middle School, which looks out over Purple Line construction on Wayne Avenue. Credit: Em Espey

Overcrowding at the 89-year-old Silver Spring International Middle School prompted two visits last week by officials from Montgomery County Public Schools and the county government. One county councilmember who viewed the campus called the environment "very, very troubling."

Staff members told the principal they "feel unsafe coming to work" and said students are being "negatively impacted." Community members point to violence, weapons scares, strangers traversing the 14-acre campus, which is next to a Metro station, and 1,250 students navigating a building with water damage, air quality problems, mold, asbestos, unfinished renovations and tricky modes of egress.

Community members are asking for more security cameras to be installed, a third security officer to be assigned and the building layout to be reexamined for possible changes in order to offset overcrowding and accessibility issues, particularly during emergencies.

The MCPS Safety and Security Office is due to release a campus security audit that will include making specific recommendations for improvement. A spokesperson for MCPS told Bethesda Beat in an email that although the details of the internal review cannot be shared for fear of compromising school safety, the district is considering "a number of improvements."

These improvements will include “changes to stairwell and hallway operations, reviewing connecting areas between the middle and elementary school and increasing security staff,” communications director Jessica Baxter wrote to Bethesda Beat.

The school board has received a “a lot of concerning emails” about the issues at SSIMS, according to remarks by school board member Brenda Wolff (Dist. 5) at an operating budget session on Tuesday.

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Board member Lynne Harris (At-Large) was once a student at SSIMS and attested to the campus’s “multiple ongoing safety issues” during the board meeting. She said the building structure has been “sliced and diced” since the 1930s, resulting in a campus that’s uniquely difficult for staff

to oversee and manage.

“I really think we need to be looking at the staffing allocation through that lens,” she told the board.

On Tuesday, Montgomery County Public Schools conducted a walkthrough of the campus as part of their internal security and security audit, prompted by an email campaign from parents and testimony before the Board of Education.

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On Friday, a second walkthrough was facilitated by the school’s Parent-Teacher-Student Association. County Councilmember Kate Stewart (D-Dist. 4), Board of Education member Grace Rivera-Oven (Dist. 1), MCPS Associate Superintendent Peter Moran, Montgomery County Education Association President Jennifer Martin, SSIMS Principal Karen

Bryant, PTSA members, teachers and parents were in attendance.

"We were there for over two hours," Stewart told Bethesda Beat. "I think this was a critical step. Conditions there are very, very troubling."

Stewart has been speaking with residents in the area for months about safety issues at SSIMS, she said, and her staff began planning Friday's meeting as soon as she took office.

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Bolstering security measures

According to MCPS staff guidelines, two security assistants are assigned to every school unless specific factors warrant a lower or higher allocation. School type, student enrollment and square footage are the three primary factors the district

uses to decide whether additional security personnel are needed.

Parents and teachers have been calling on MCPS to add an additional security officer to the school given the size of the student body and campus, as well as the volume of recent incidents there—including violence, truancy, and trespassing concerns, as well as reports of weapons ranging from knives to pellet guns and BB guns, according to multiple parents and school correspondence.

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The school is also located next to a bus stop and a park, and teachers say members of the public frequently traverse school grounds, mistaking them for public areas due to a lack of clear signage.

In early January, SSIMS staff sent a letter to Principal Bryant outlining a list of pressing safety concerns.

“A number of serious incidents have led staff members to feel unsafe coming to work, and the unstructured atmosphere in the hallways has negatively impacted student learning and wellbeing,” the letter read.

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Purple Line construction is taking place along Wayne Avenue right outside the SSIMS campus. Credit: Em Espey

To further complicate matters, construction on the Purple Line is taking place right outside SSIMS' doors. Construction crews walk along Wayne Avenue daily, prompting staff to wonder how to identify someone who may pose a threat to the school, according to several educators.

Compromised accessibility

In part because of the building's age, issues with water damage, air quality, mold, asbestos and unfinished renovations persist, according to reports from teachers, students and parents.

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"Because of the age of the building, environmental concerns are a huge issue that needs to be remedied," said Carrie Ewachiw, parent of a SSIMS seventh grader. A number of incomplete renovations over the years has resulted in "kind of a Frankenstein of a building," she said.

A 2019 on-site review and assessment of SSIMS' compliance with the Americans with Disabilities Act identified 338 barriers to accessibility within the school

building, including issues with stairs, ramps, bathrooms, water fountains and exterior routes.

The assessment was completed by inspection and certification company Bureau Veritas, founded in 1828. The resulting report was published by MCPS in October of 2019, just months before the COVID-19 pandemic hit the United States and caused schools to pivot to virtual learning. Since students' return to the classroom, multiple parents and educators report that the issues raised by the 2019 report persist.

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"This is not a modern school," said Tammy Brown, mother of a seventh-grade SSIMS student. "It's not a good set-up."

One stairwell in particular has raised concern among the

SSIMS community as far as safety, crowding and accessibility—stairwell 7. During a recent unplanned evacuation due to a malfunctioning alarm, it took students and staff 10 minutes to evacuate the building through the stairwell.

"In the event of a real emergency, I'm not confident they could safely evacuate," Brown said. "It's easy to see why it's such a chokepoint."

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The next step

Stewart called the Friday meeting a "critical step forward" in addressing the many safety concerns at SSIMS.

Baxter told Bethesda Beat in an email that as part of the improvements being made to address these concerns,

MCPS will soon be establishing “a safety committee made up of students, staff, parents to meet monthly to discuss actions and assessing of internal safety and operational upgrades.”

According to a community letter from Principal Bryant, MCPS will soon be releasing an audit of the SSIMS campus that will include specific action items focused on addressing safety and security concerns. She said she looks forward to receiving the audit and facilitating next steps.

“The principals, the teachers and the PTSA are doing a remarkable job under really terrible conditions,” she said. “We need to make sure the environment they’re working in is safe for everyone.”

628INFO-What's with the mold at some Maryland scho

Uploaded by: Jenna Butler

Position: UNF

What's with the mold at some Maryland schools? 30 in Baltimore have been treated for spores since August

By Sarah Meehan

TOP NEWS VIDEOS

Record rainfall and warm weather have allowed mold to thrive in schools in Maryland and beyond, forcing the relocation of some students as classrooms and dorms are purged.

Mold led to the relocation of students at Callaway Elementary School in Northwest Baltimore from contaminated classrooms on the first floor to the second floor. And at the University of Maryland, College Park, students living in Elkton Hall were moved to local hotels after mold was found in the dorm.

Other local school officials say the summer's excessive rain paired with a late-summer heat wave has created prime growing conditions for the fungi, which thrive in warm, damp conditions.

At Callaway Elementary, one of about 30 city schools that have been treated for mold since August, facilities crews have been testing for and eradicating mold since it was discovered in the school.

“They’re constantly testing and looking and observing,” city schools spokeswoman Edie House Foster said.

Items damaged by mold are being removed from the building, she said.

“We understand the concerns of families, students and staff members whose school buildings may have problems with mold as a result of prolonged wet and humid weather,” she said in an email. “The health and well-being of our school communities is a top priority, and we are doing everything possible to address these problems as they develop.”

Facilities workers are installing dehumidifiers and insulating pipes to prevent condensation, which House Foster said is a major contributor to mold growth.

Mold spores have sprouted on carpets and elsewhere inside some Anne Arundel County Public Schools buildings, spokesman Bob Mosier said. The school system has not had to relocate students — and it’s not planning on it, he said. The schools have addressed the growths as they’ve appeared.

“It’s an issue everywhere,” Mosier said. “We’re in a period of record rainfall ... and we came off of a period right at the end of the summer of record heat, and so those two things aren’t helpful for any building.”

The Baltimore area is pacing toward a record year for precipitation. Through Sunday, nearly 51 inches of rainfall had been recorded at Baltimore-Washington International Thurgood Marshall Airport in 2018 — 9 inches more than the average annual total.

Keith Bock, owner of Peake Restoration Mold Testing of Anne Arundel County, has operated his residential mold remediation business for 10 years. This year has been his busiest yet — business is up 30 percent, he said, a spike he attributed to the rainy weather.

“We’re certainly seeing an increase in mold given the wet conditions,” Bock said. “I can’t keep up with the demand right now due to it.”

Mold thrives in wet, hot, humid environments, so this year’s weather has provided fertile conditions for mold to grow.

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Exposure to mold can cause coughing, itchy eyes and skin, stuffy noses and shortness of breath. People with allergies to mold and weakened immune systems can have more extreme reactions, and in some cases mold can cause people to develop asthma, according to the Centers for Disease Control and Prevention.

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Schools in Pennsylvania, New York and Chicago have also relocated students because of mold outbreaks this year.

The recent incidents aren't the first time mold has plagued schools in Maryland.

An audit spurred by parent complaints two years ago found 12 Howard County schools had higher mold levels than expected. Since then, the school system developed an Indoor Environmental Quality webpage where the public can submit concerns, view reports regarding environmental issues in schools and see how the problems have been addressed.

At least four complaints about mold have been submitted in Howard County Public Schools since the start of the 2018 school year, and all of them have been remediated, according to the website.

"With this significant focus on identifying indoor environmental issues, responding quickly and accurately and communicating openly with our families, we have not experienced the types of concerns that we once did," Brian Bassett, a spokesman for Howard County schools, said in an email.

Baltimore Sun reporter Scott Dance contributed to this story.

SB 628-Butler-UNFAV.pdf
Uploaded by: Jenna Butler
Position: UNF

SB 628 - OPPOSE

Chair Griffth, Vice Chair Klausmeier and Finance Committee members-

Thank you for your time. I am writing to request an unfavorable report for SB 628 and here is why-

MOLD
NO CLEAN DRINKING WATER
RUNDOWN
FLOODING
OUTDATED
NO HEAT
NO A/C

We could make a stack to the ceiling of issues right here in our Maryland schools that need to be addressed before we even consider expanding school health centers. The very school buildings that we send our kids to spend 6+ hours a day in are making them sick! They are missing precious hours and days of instruction because of chronic HVAC problems! Schools are struggling to meet children's BASIC educational, social, and nutritional needs. Even if the funding had to stay in health centers, I am sure that we can find a way to spend nine million dollars on something that will address children's ACTUAL urgent health needs. I can tell you frankly that SB 628's proposal feels very out of touch with the realities of Maryland's school buildings and the needs of the children in this state. We don't even have the basic school infrastructure required for health. Far from it.

I won't pretend to know exactly how all of this funding and allocation works, but I do know that the priority of the Blueprint and the priority of the legislature is MARYLAND'S KIDS and serving their needs as best we can. Quite simply, SB 628 does not align with that. Thank you.

Jenna DeCesaris Butler
Anne Arundel County, Maryland

SB628.pdf
Uploaded by: Jennifer Adams
Position: UNF

February 27, 2023

FINANCE COMMITTEE

I am writing in **OPPOSITION OF SB628** for the following reasons.

It is inappropriate to require school healthcare to build infrastructure to implement vaccines without access to a child's medical history and without parental consent.

It is dangerous and inappropriate to implement a "one-size-fits-all" approach to vaccines for children without knowing each individual medical history and outside of the consent of parents.

Please vote **UNFAVORABLE ON SB628.**

SINCERELY,

Jennifer Adams

JENNIFER ADAMS

530 Highland Drive, Elkton, MD 21921 302.547.4420

UNFAV_SB628.pdf
Uploaded by: Jennifer Morrison
Position: UNF

SB628
Jennifer Morrison
Havre de Grace, MD
Position: Oppose

I am a Maryland resident from Harford county.
Please give an unfavorable report on SB628. This bill is unnecessary.

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EDUCATION JUNE 27, 2022

Prince George's County Needs to Address the School Staffing Crisis – Now

By Dr. Donna Christy and Justin Robinson

The writers are, respectively, president of the Prince George's

County Education Association and a teacher in the county public school system.

Earlier this year, the National Education Association released an alarming report, finding an unprecedented staffing crisis across every job category' across the country. We've certainly reached a breaking point here in Prince George's County. Our educators are in crisis, and that, in turn, affects student learning and performance.

In the state's second largest school district, we are struggling with a variety of staffing issues, including widespread vacancies, and a lack of prospective teachers. The impact is palpable, disrupting school operations and what's happening — or not happening — in the classroom.

Throughout the county, schools have turned to using more teachers as well as non-teaching staff outside of their intended duties to address the shortage. It has meant increased class sizes and crushing workloads for educators and staff.

Right now, there are at least 800 educator vacancies throughout the Prince George's County school system, including 770 empty classroom teacher slots. We are currently averaging about 850 resignations and retirements per year. For context, there are almost 11,000 educator positions in total.

The staffing crisis isn't new, but it was certainly exacerbated by the pandemic.

Overcoming the shortage is just the latest challenge educators tackle every day, as they struggle to provide our students with a high-quality education and the needed social and emotional supports to help them succeed.

That’s why as members of the Prince George’s County Educators’ Association, we see the next labor agreement as an opportunity to address the staff shortage at its root and advance key safety and equity
issues. Our aim is to advocate for the needs of students post pandemic and beyond, so that all our classrooms inspire curiosity, and accelerate learning.

The proposals we’ve advanced during negotiations with the school board focus on establishing further supports for social-emotional learning and for student mental health, increasing supports for multilingual learners, improved access to inclusion and special education services as well as advocating for much needed improvements to facilities as the district addresses both the health and safety of our students and staff.

As educators and professionals who prepare Prince George’s County’s 135,000 students for success in school and in life, we want to make sure we use this moment of reckoning and infusion of resources to fundamentally change the trajectory of our school system.

When our members sat across the table from school administrators to negotiate a new contract, our vision was clear: we needed to bring our schools from pandemic to promise, re-imagining the ways our schools can live up to the potential that we’ve always known them to have. We introduced proposals that would enhance the experience of working as an educator in Prince George’s County by humanizing
working conditions and improving salaries. Historically, most salary increases are less than inflation, and the district’s offer this year was no different.

Unfortunately, the district is refusing to see the dire retention situation in front of them. With the number of educators in the county cratering, you would think that the district would do anything in its power to retain the educators we still have and incentivize other educators to come teach in Prince George's County. Instead, the district has responded with anemic proposals on these critical issues, suggesting they want to make changes at the margins, while effectively maintaining the status quo.

After the district did not move on a single outstanding issue at the June 9 bargaining session, our union made the difficult decision to declare negotiations with PGCPS at an impasse. This was not an action made lightly. Our members are eager to ratify a new contract as quickly as possible. But the district's refusal to budge on critical matters of workload and compensation has made it impossible for us to continue to bargain.

Our member educators have their eyes on the prize — winning the resources we need to deliver the best education possible for our students. We know that part of that means educators who are fairly compensated and able to maintain a work/life balance.

Since it was passed in 2021, PGCEA has been calling on the school district to invest the funds outlined in the Blueprint for Maryland's Future to recruit and retain more educators. This landmark legislation is meant to raise pay and standards across the state, and PGCPS has the opportunity to use these funds accordingly, but are choosing not to.

While the district's stubborn stance is disheartening and

demoralizing, our members will not stop fighting for what educators, students, and our community deserve in our public school system. United, we stand for equity and excellence.

Photo: *The Prince George's County Public Schools headquarters in Upper Marlboro. Photo by Danielle E. Gaines./Maryland Matters*

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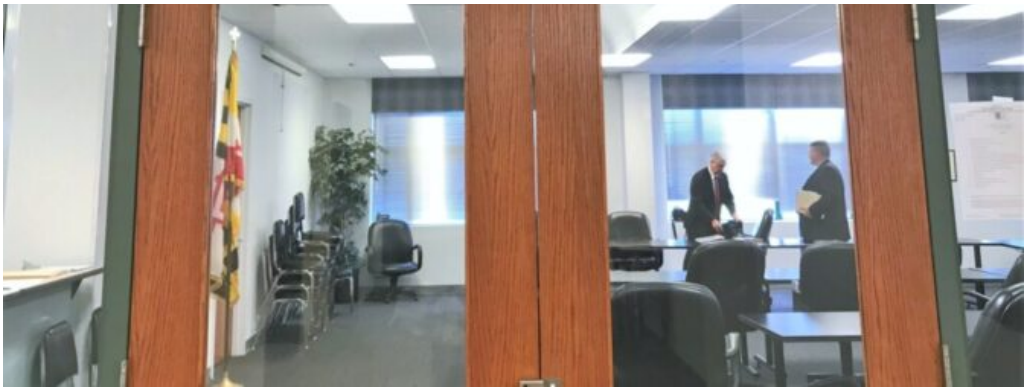

EDUCATION AUGUST 1, 2022

State Board of Elections member dies, creating multiple uncertainties

Malcolm L. Funn, one of two Democratic members of the State Board of Elections, died unexpectedly Tuesday of complications from hernia surgery. He was 77. The Calvert County resident's death comes at a critical time […]

EDUCATION MARCH 16, 2022

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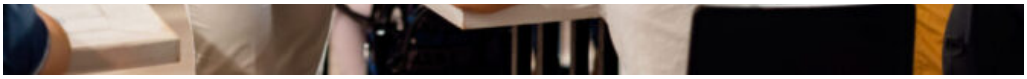
by: Lex Juarez WASHINGTON (WDVM) — As of Wednesday, March 16, wearing a mask in District of Columbia Public Schools is optional. The school system made the announcement on Friday, March 11, and received mixed reviews […]



EDUCATION SEPTEMBER 20, 2022

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REAL ESTATE 15
RESOURCES 20
UNCATEGORIZED 17
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SB0372 Health Occupations - Pharmacists - Administration of Vaccines

Jessica Helms

Capitol Heights, MD

I am writing to urge an unfavorable report on SB0372. This bill removes all safe guards for the children it would affect.

First, it removes the need for a prescription. Without one, parents would be able to skip well visits to get whatever shots the kids needed for school or sports. While this sounds like a good thing it, it isn't. Pediatricians are trained to see things in children that a hurried pharmacist might miss. A pharmacist won't be checking to see if the child already has a fever and recommend delaying a vaccine until the child is healthy as a pediatrician would. Giving a vaccine in a pediatricians office also means that nurses who are used to working with children and given 100s of shots a day can make the experience as stress free for the child as possible. Imagine how much more horrifying it would be for a child to be given a vaccine in Walmart in front of a line of strangers who, quite frankly, aren't going to want to hear their screaming or know what to do with the awkwardness of the situation.

Second, the bill allows for literally *anyone* accompanying the child to get the child vaccinated for *anything* the person with the child decides they need. This allows even a babysitter to take the kids she's watching to the CVS on the corner and get them flu shots during the $20 gift card incentives we see each year and walking away with one for each child in her care without ever even needing to consult the parent or legal guardian of the child. For people who have to rely on babysitting sites like care.com, this is a terrifying thing to have to add to that list of worries moms already have when leaving their child with someone new. No one other than the parent or legal guardian of a child should be able to make a medical decision for that child.

When I called Senator Augustine's office I was told the point of the bill was to make it easier for parents to get their kids vaccinated even if it meant sending a babysitter with the child to the pharmacy. What the bill fails to do is protect those same kids from people who would prey on them for extra cash in their pocket, from a parent with limited visitation who doesn't actually know what vaccines the child has received taking them down to get them vaccinated a second time "just in case" (notice that the flu shot doesn't need to be reported to their primary care doctor), or from a parent who doesn't want to bother with a well visit. Children need to see a doctor BEFORE a vaccine is administered to ensure they are healthy enough to receive it, not after.

Add to this the number of injuries currently on the rise due to pharmacists incorrectly giving a vaccine and we are going to see children with shoulder injuries that last a life time like we do with some adults, my grandmother included. She has vowed to never again get a vaccine in a

pharmacy after a pharmacist injured her with a flu shot. It's been eight years now and she still does not have full use of her arm. She gets them with her doctor and no one else.

https://www.pharmacytimes.com/view/compensation-growing-for-botched-vaccine-administration states, "Dr, Bodor noted that patients who receive vaccines at a pharmacy may be pulling their shirt down just a little, which could lead the pharmacist to administer the vaccine higher up on the shoulder. In contrast, patients receiving vaccinations in a physician's office may be dressed in a gown, which would allow for more space to administer the vaccine." With pharmacists already overworked, having them rush to give a four-year-old five shots at once while others are waiting in line is going to cause more injuries and more trauma for the child. I don't want MY child fearing going to Walmart or Target with me because she's afraid she'll get a shot there the first time she sees another child getting one.

Please return an UNFAVORABLE report on SB0372.

Jessica Helms

Capitol Heights, MD

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Maryland teacher shortage could create challenges for parents

BY AVA-JOYE BURNETT

JULY 26, 2022 / 6:47 PM / CBS BALTIMORE

BALTIMORE -- Much of the United States is struggling with an extreme teacher shortage and Maryland is no exception.

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Cheryl Bost, the teachers' union president, has described the exodus as "a crisis."

"I've been in this business for over 30 years, and I've never seen such shortages across the state. There might be doubling up of classes which doesn't help our students with their learning," said Cheryl Bost, president of the Maryland State Education Association.

On Tuesday, the State Board of Education passed a measure that would allow more than 3,000 educators to continue teaching with a conditional teacher certificate for another two years as long as the teachers meet certain other requirements.

Those requirements include completing "a minimum of 12 semester hours of course work toward the professional certificate during the 2-year period; and a qualifying score on the basic skills teacher certification test if required under Regulation," according to the details posted on the State Board of Education's website.

"There is no quick fix to this," State Superintendent of Schools Mohammed Choudhury explained. "There are things we can do in the long term and things we can do in the short term."

COVID created a realignment in many things, Choudhury explained when addressing the thousands of teachers who've decided to leave the field. The pandemic made many people "reassess what they wanted to do," he said.

Some local districts are aggressively going after teachers and offering contracts even before an opening. Howard County raised its base pay from $50,000 to $56,000.

Baltimore County Public Schools hired at least 450 teachers since March. But school district staff knew that hundreds of more teachers would be needed before the start of school. So the district has been trying to beat neighboring counties by quickly offering teachers jobs—sometimes on the same day.

Although the state is rushing to fill teacher slots, there could be challenges for parents when school starts.

"So, our parents will notice it first with the bus drivers who maybe aren't going to be available to pick up their students on day one for school," Boat said. "Then they'll notice it as they're trying to get their classes scheduled. Maybe in our secretarial staff and cafeteria and custodians. And then they're definitely going to see it in the teacher ranks."

In a presentation to board members on Tuesday, Choudhury presented data that said fewer people are completing a teacher education program in recent years—some statistics say there's a 33% decline.

The Maryland State Education Association is now pushing to raise the base pay for teachers to $60,000 by the fiscal year 2024.

Teachers with conditional teacher certificates who were recently released because they did not have sufficient time to pass the Praxis exam may have an opportunity to be brought back on board since the waiver was extended for another two years.

In: **Baltimore** **Baltimore County**

Ava-joye Burnett

Ava-joye Burnett is an award-winning journalist who joined the WJZ news team in January 2016. She is a general assignment reporter.

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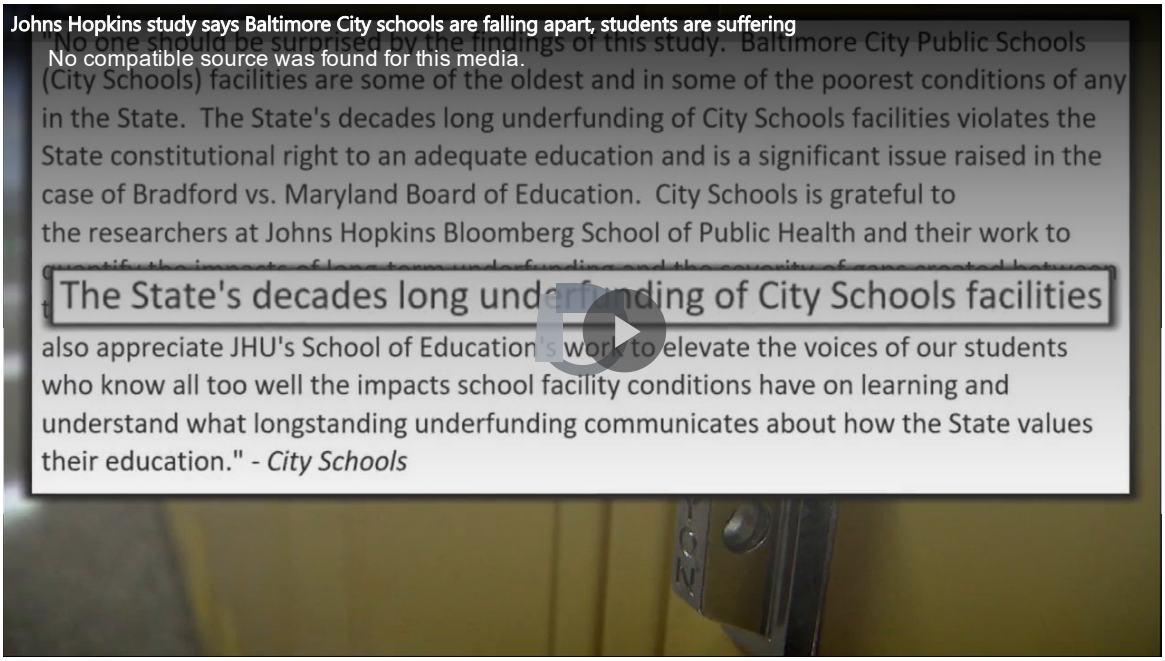
Johns Hopkins study says Baltimore City schools are falling apart, students are suffering

Rebecca Pryor · 9/23/2022



A new Johns Hopkins study shows Baltimore city school buildings are failing in almost every category.

"This is a school system in desperate need with the worst conditions," said Dr. Joshua Sharfstein, vice dean for public health practice and community engagement at the Johns Hopkins Bloomberg School of Public Health, and one of the study's authors.

Sharfstein says the team analyzed data from a state investigation comparing city schools to the county. The disparities were drastic.

"There shouldn't be this huge difference just driving across the county line in whether this school or schools that you can be proud of or schools that you're embarrassed by," he said.

They estimate about 50 city school buildings are practically falling apart, leading by far and away, the most health hazards of any other district.

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Everything from broken A/C units to leaking ceilings, adds up to around $141 million in needed repairs.

At the end of the day, he says it’s the children paying the price.

ALSO READ | Northeast Baltimore High School student says school fight left him concussed

"It affects their self-esteem, and affects their ability to go to school because the school is not open because there's something broken, and it affects their health in many ways. So, this is a pretty serious issue," he said.

A lack of functioning heating and cooling systems alone cost kids 1.2 million hours of lost school time over a five year span.

The study also included direct quotes from students. One writing, "Not having air conditioning, you cannot focus when it's 80 degrees and you're sitting down just like... I mean, I sweat a lot. So I would be sweating in class. It was terrible going to school."

"My half sister went to high school in [another Maryland county]. They had really nice stuff, and I always wanted her to know how bad we had it. I just felt like it didn't make sense that one district in Maryland should have a significantly better schooling experience than we were," wrote another.

The city’s 21st century buildings program is offering some relief,

however, "It's just not enough," said Sharfstein, "This kind of gap, this treatment of Baltimore City school kids is unacceptable."

When asked to comment, city schools blamed the poor conditions on underfunding, sending FOX 45 the following statement:

"No one should be surprised by the findings of this study. Baltimore City Public Schools (City Schools) facilities are some of the oldest and in some of the poorest conditions of any in the State. The State's decades long underfunding of City Schools facilities violates the State constitutional right to an adequate education and is a significant issue raised in the case of Bradford vs. Maryland Board of Education. City Schools is grateful to the researchers at Johns Hopkins Bloomberg School of Public Health and their work to quantify the impacts of long-term underfunding and the severity of gaps created between the condition of school facilities in City Schools versus those elsewhere in the State. We also appreciate JHU's School of Education's work to elevate the voices of our students who know all too well the impacts school facility conditions have on learning and understand what longstanding underfunding communicates about how the State values their education." - City Schools

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"To hear that they don't have enough money for infrastructure doesn't make sense to anybody," said Taxpayers Protection Alliance President, David Williams.

ALSO READ | Baltimore County mother calls for more crossing guards after young son is struck by car

Williams argues more money from the state isn't the answer.

"This is about the funds going to the wrong purposes," he said.

The school's current $1.6 billion budget comes out to more than $21,000 being spent per student.

So, despite significant disparities in the city's capital projects funding, city schools remain some of the highest funded in the nation.

"They need to find a way to shift part of the $1.6 billion dollars to capital projects so that taxpayers aren't on the hook for more money," said Williams.

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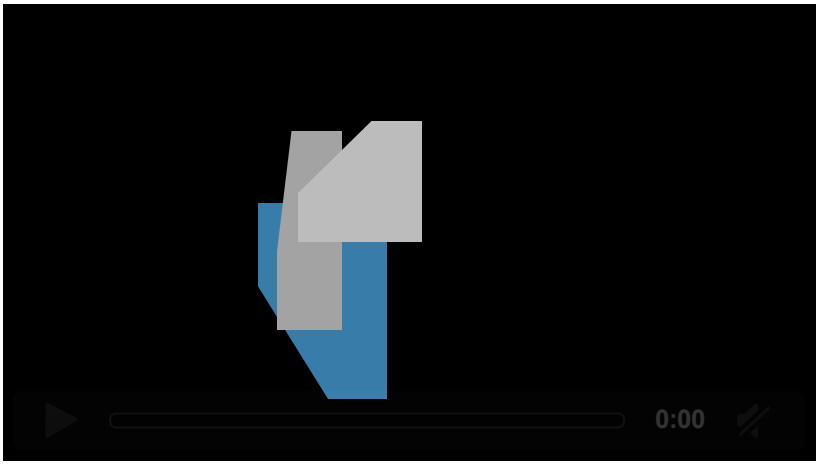
Teen given birth control implant at school without parent's permission

She had it removed after experiencing side effects



A mother learned her 16-year-old daughter received a birth control implant at school after the teen started complaining about headaches and a pain in her arm.

How to watch WMAR-2 News on streaming devices

By: Mallory Sofastaii

Posted at 12:36 PM, Sep 30, 2019 and last updated 5:47 AM, Oct 02, 2019

BALTIMORE — A mother learned her 16-year-old daughter received a birth control implant at school after the teen started complaining about

headaches and a pain in her arm.

Nicole Lambert sent her daughter to get checked out by a pediatrician. The doctor notified her that the three-year contraceptive, Nexplanon, had been improperly implanted in her daughter's arm and it needed to be removed.

According to paperwork on Merck's website, the maker of Nexplanon, the implant should go on the inside of the upper arm. Photos show Lambert's daughter had the implant near the back of arm. Her doctor advised taking the implant out to avoid possible complications, including blood clots.

"I instantly started crying because just to hear that your child, anything could happen to your child and you didn't even know what's going on, it's a scary feeling," Lambert said.

The tiny tube was removed a few days later.

"I actually went to the school. I was furious. I was mad, so I went to the school and the nurse told me, 'I don't have to talk to you about absolutely nothing.' I'm like that is my child, I take care of this child, you can talk to me about my child, and they put me out of the school," said Lambert.

Birth control dispensed in city schools

The state law permitting minors to receive contraceptive services confidentially dates back nearly 50 years. And several of Baltimore City's

17 School-Based Health Centers (SBHC) provide reproductive health care services.

Of the five SBHCs operated by the Baltimore City Health Department, there were 164 users of birth control during the 2017-2018 school year. The different kinds of birth control include oral contraceptive pills, Plan B, Depo-Provera, NuvaRing, and Nexplanon.

7/1/17-6/30/18	NE #422	CS #008	AF #430	Reach #341	DH #416	TOTAL
New Start Oral Contraceptive Pills visits	3	0	4	5	12	24
# Users	2	0	4	5	12	23
Emergency Contraception Visits (Plan B)	2	0	22	15	41	80
# Users	2	0	14	12	33	61
Depo Provera Visits	12	0	7	50	21	90
# Users	6	0	4	23	14	47
LARC- Nexplanon Implant Visits	0	0	4	9	16	29
# Users	0	0	4	9	16	29
Nuva-Ring	**2**	**0**	**0**	**1**	**1**	**4**
Users	**2**	**0**	**0**	**1**	**1**	**4**
Total Visits	**19**	**0**	**37**	**80**	**91**	**227**
Total Users	**12**	**0**	**26**	**50**	**76**	**164**

New Era Academy - PS #422	NE #422
City Springs Elem/Middle - PS #08	CS #008
Augusta Fells Savage Institute - PS #430	AF #430
The Reach Partnership High - PS #341	Reach #341
Digital Harbor High - PS #416	DH #416

WMAR-2 News requested the data above for the eight SBHCs operated by the Baltimore Medical System. The Baltimore City Law Department and Baltimore Medical System did not provide the requested information.

WMAR-2 News Mallory Sofastaii also reached out to the school system for more information on the nurse's training, qualifications, birth control policies in schools, and comment on the incident, but was told to direct her questions to the Baltimore City Health Department, which oversees the Digital Harbor school-based health center.

The health department said the law department

advised them not to respond to our questions because of a pending case against the city.

Merck responded to several questions sent by WMAR-2 News. The Nexplanon manufacturer strongly recommends health care professionals participate in a training session to become familiar with insertion and removal of Nexplanon. Training is required to purchase the product.

And while clinical studies haven't been done on women under the age of 18, a Merck spokesperson said safety and efficacy are expected to be the same.

Mom seeking answers

Lambert's not opposed to preventing teen pregnancies. Statistics show there's been a 69% decrease in the last 10 years in Baltimore City. However, she's not comfortable with unfamiliar nurses in schools doing invasive procedures. She hired an attorney to investigate.

"Ms. Lambert wasn't given the choice to pick the medical provider where her daughter would feel comfortable going and receiving these services, who she knew did a comprehensive medical exam, who she knew knew her medical history," said David Ledyard, the attorney representing Lambert.

In addition to Lambert's questions regarding the health professional's experience, she also wants to know why her permission was sought

for other things, yet this was never brought up.

"They call me for Tylenol, but they don't call me about birth control," said Lambert. "You gave my daughter this insertion so she might be suffering from that, but do they even look at that?"

Lambert's relieved the implant was removed, but worries about other students and their parents still in the dark.

"Other kids out here could be going through the same thing and their parents don't know about it. And I just think these kids, if they have it incorrectly or whatever it is, they should be checked because anything could happen to these kids," said Lambert.

UPDATE:
The union representing registered nurses and nurse practitioners within Baltimore City Health Department issued a response to this report. On Tuesday morning, Wendy Smith RN BSN, president of AFSCME 67 Local 558, sent the below statement:

> *"Our union has chosen not to comment on this case directly due to pending litigation, but we do stand behind our members, and I hope the student receives the care she needs. The WMAR report shows the uniqueness of having clinics within Baltimore City Public Schools. Quality healthcare begins with*

> *quality staffing, utilizing evidence-based practices, and most importantly, continuing education for all of our healthcare practitioners. We as a union have made this a cornerstone of our fight. Presently, there is a critical shortage of Registered Nurses and Nurse Practitioners within Baltimore City Public Schools. We're asking that the public support our efforts in demanding that all schools have safe staffing, and this must include a licensed individual in every school building immediately."*

Wendy Smith RN BSN, president of AFSCME 67 Local 558

A number of schools right now only have a health aide or a certified nursing assistant.

WMAR-2 News reached out to the health department for their response to the union's statement. A spokesperson wrote: "Given the sensitive nature of this matter, we have no comment at this time."

WMAR-2 News Mallory Sofastaii contacted several other school systems in the area to ask about their birth control policies. Their responses are below.

Anne Arundel County:
Does not provide birth control in schools.

Baltimore County:

School-based wellness centers do not offer birth control.

Harford County:

The Harford County school-based health centers are primarily in 4, title I, elementary schools in Harford County. Birth control is not offered at those schools.

Howard County:

Birth control is not being dispensed at the three traditional school-based health centers. The other health centers are all telehealth.

To learn more about Maryland School-Based Health Centers, click here.

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Give Light and the People Will Find Their Own Way

SB628.pdf
Uploaded by: Jill Kapper
Position: UNF

Jill Kapper
221 Owings Gate Court
Owings Mills MD, 21117

UNFAVORABLE SB628
February 27, 2023

My name is Jill Kapper. I'm a lifelong resident of Maryland, an outspoken health freedom advocate and most importantly, a mother. I'm testifying today to oppose SB628 because it's dangerous, inappropriate & unnecessary, among other things.

It's dangerous and inappropriate because we're hoping to implement a one-size fits all mass vaccination infrastructure which attempts to bypass the process of parental informed consent. Children can already receive free healthcare services, including vaccines, through existing healthcare infrastructure where the parents and guardians ARE present.

It's unnecessary because children will need to see their pediatrician regardless. Schools are struggling to provide the basics of education as it is. They're overburdened and couldn't possibly take on these additional tasks.

We'd all agree that it's our responsibility to protect children. This should be obvious. Please take a step back to consider how damaging bills like this could be and work with us, rather than against us. Thank you for listening.

Jill Kapper

Myocarditis Cases Reported After mRNA-Based COVID-

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JAMA | Original Investigation

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Matthew E. Oster, MD, MPH; David K. Shay, MD, MPH; John R. Su, MD, PhD, MPH; Julianne Gee, MPH; C. Buddy Creech, MD, MPH; Karen R. Broder, MD; Kathryn Edwards, MD; Jonathan H. Soslow, MD, MSCI; Jeffrey M. Dendy, MD; Elizabeth Schlaudecker, MD, MPH; Sean M. Lang, MD; Elizabeth D. Barnett, MD; Frederick L. Ruberg, MD; Michael J. Smith, MD, MSCE; M. Jay Campbell, MD, MHA; Renato D. Lopes, MD, PhD, MHS; Laurence S. Sperling, MD; Jane A. Baumblatt, MD; Deborah L. Thompson, MD, MSPH; Paige L. Marquez, MSPH; Penelope Strid, MPH; Jared Woo, MPH; River Pugsley, PhD, MPH; Sarah Reagan-Steiner, MD, MPH; Frank DeStefano, MD, MPH; Tom T. Shimabukuro, MD, MPH, MBA

IMPORTANCE Vaccination against COVID-19 provides clear public health benefits, but vaccination also carries potential risks. The risks and outcomes of myocarditis after COVID-19 vaccination are unclear.

OBJECTIVE To describe reports of myocarditis and the reporting rates after mRNA-based COVID-19 vaccination in the US.

DESIGN, SETTING, AND PARTICIPANTS Descriptive study of reports of myocarditis to the Vaccine Adverse Event Reporting System (VAERS) that occurred after mRNA-based COVID-19 vaccine administration between December 2020 and August 2021 in 192 405 448 individuals older than 12 years of age in the US; data were processed by VAERS as of September 30, 2021.

EXPOSURES Vaccination with BNT162b2 (Pfizer-BioNTech) or mRNA-1273 (Moderna).

MAIN OUTCOMES AND MEASURES Reports of myocarditis to VAERS were adjudicated and summarized for all age groups. Crude reporting rates were calculated across age and sex strata. Expected rates of myocarditis by age and sex were calculated using 2017-2019 claims data. For persons younger than 30 years of age, medical record reviews and clinician interviews were conducted to describe clinical presentation, diagnostic test results, treatment, and early outcomes.

RESULTS Among 192 405 448 persons receiving a total of 354 100 845 mRNA-based COVID-19 vaccines during the study period, there were 1991 reports of myocarditis to VAERS and 1626 of these reports met the case definition of myocarditis. Of those with myocarditis, the median age was 21 years (IQR, 16-31 years) and the median time to symptom onset was 2 days (IQR, 1-3 days). Males comprised 82% of the myocarditis cases for whom sex was reported. The crude reporting rates for cases of myocarditis within 7 days after COVID-19 vaccination exceeded the expected rates of myocarditis across multiple age and sex strata. The rates of myocarditis were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively). There were 826 cases of myocarditis among those younger than 30 years of age who had detailed clinical information available; of these cases, 792 of 809 (98%) had elevated troponin levels, 569 of 794 (72%) had abnormal electrocardiogram results, and 223 of 312 (72%) had abnormal cardiac magnetic resonance imaging results. Approximately 96% of persons (784/813) were hospitalized and 87% (577/661) of these had resolution of presenting symptoms by hospital discharge. The most common treatment was nonsteroidal anti-inflammatory drugs (589/676; 87%).

CONCLUSIONS AND RELEVANCE Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

JAMA. 2022;327(4):331-340. doi:10.1001/jama.2021.24110
Corrected on March 21, 2022.

Supplemental content

Author Affiliations: US Centers for Disease Control and Prevention, Atlanta, Georgia (Oster, Shay, Su, Gee, Broder, Sperling, Marquez, Strid, Woo, Pugsley, Reagan-Steiner, DeStefano, Shimabukuro); School of Medicine, Emory University, Atlanta, Georgia (Oster, Sperling); Children's Healthcare of Atlanta, Atlanta, Georgia (Oster); Vanderbilt University Medical Center, Nashville, Tennessee (Creech, Edwards, Soslow, Dendy); Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio (Schlaudecker, Lang); Boston Medical Center, Boston, Massachusetts (Barnett, Ruberg); Duke University, Durham, North Carolina (Smith, Campbell, Lopes); US Food and Drug Administration, Silver Spring, Maryland (Baumblatt, Thompson).

Corresponding Author: Matthew E. Oster, MD, MPH, US Centers for Disease Control and Prevention, 1600 Clifton Rd, Atlanta, GA 30333 (eocevent416@cdc.gov).

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Myocarditis is an inflammatory condition of the heart muscle that has a bimodal peak incidence during infancy and adolescence or young adulthood.[1-4] The clinical presentation and course of myocarditis is variable, with some patients not requiring treatment and others experiencing severe heart failure that requires subsequent heart transplantation or leads to death.[5] Onset of myocarditis typically follows an inciting process, often a viral illness; however, no antecedent cause is identified in many cases.[6] It has been hypothesized that vaccination can serve as a trigger for myocarditis; however, only the smallpox vaccine has previously been causally associated with myocarditis based on reports among US military personnel, with cases typically occurring 7 to 12 days after vaccination.[7]

With the implementation of a large-scale, national COVID-19 vaccination program starting in December 2020, the US Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration began monitoring for a number of adverse events of special interest, including myocarditis and pericarditis, in the Vaccine Adverse Event Reporting System (VAERS), a long-standing national spontaneous reporting (passive surveillance) system.[8] As the reports of myocarditis after COVID-19 vaccination were reported to VAERS, the Clinical Immunization Safety Assessment Project,[9] a collaboration between the CDC and medical research centers, which includes physicians treating infectious diseases and other specialists (eg, cardiologists), consulted on several of the cases. In addition, reports from several countries raised concerns that mRNA-based COVID-19 vaccines may be associated with acute myocarditis.[10-15]

Given this concern, the aims were to describe reports and confirmed cases of myocarditis initially reported to VAERS after mRNA-based COVID-19 vaccination and to provide estimates of the risk of myocarditis after mRNA-based COVID-19 vaccination based on age, sex, and vaccine type.

Key Points

Question What is the risk of myocarditis after mRNA-based COVID-19 vaccination in the US?

Findings In this descriptive study of 1626 cases of myocarditis in a national passive reporting system, the crude reporting rates within 7 days after vaccination exceeded the expected rates across multiple age and sex strata. The rates of myocarditis cases were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.7 per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.9 per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.4 and 56.3 per million doses of the BNT162b2 vaccine and the mRNA-1273 vaccine, respectively).

Meaning Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men.

Methods

Data Sources

VAERS is a US spontaneous reporting (passive surveillance) system that functions as an early warning system for potential vaccine adverse events.[8] Co-administered by the CDC and the US Food and Drug Administration, VAERS accepts reports of all adverse events after vaccination from patients, parents, clinicians, vaccine manufacturers, and others regardless of whether the events could plausibly be associated with receipt of the vaccine. Reports to VAERS include information about the vaccinated person, the vaccine or vaccines administered, and the adverse events experienced by the vaccinated person. The reports to VAERS are then reviewed by third-party professional coders who have been trained in the assignment of Medical Dictionary for Regulatory Activities preferred terms.[16] The coders then assign appropriate terms based on the information available in the reports.

This activity was reviewed by the CDC and was conducted to be consistent with applicable federal law and CDC policy. The activities herein were confirmed to be nonresearch under the Common Rule in accordance with institutional procedures and therefore were not subject to institutional review board requirements. Informed consent was not obtained for this secondary use of existing information; see 45 CFR part 46.102(l)(2), 21 CFR part 56, 42 USC §241(d), 5 USC §552a, and 44 USC §3501 et seq.

Exposure

The exposure of concern was vaccination with one of the mRNA-based COVID-19 vaccines: the BNT162b2 vaccine (Pfizer-BioNTech) or the mRNA-1273 vaccine (Moderna). During the analytic period, persons aged 12 years or older were eligible for the BNT162b2 vaccine and persons aged 18 years or older were eligible for the mRNA-1273 vaccine. The number of COVID-19 vaccine doses administered during the analytic period was obtained through the CDC's COVID-19 Data Tracker.[17]

Outcomes

The primary outcome was the occurrence of myocarditis and the secondary outcome was pericarditis. Reports to VAERS with these outcomes were initially characterized using the Medical Dictionary for Regulatory Activities preferred terms of myocarditis or pericarditis (specific terms are listed in the eMethods in the Supplement). After initial review of reports of myocarditis to VAERS and review of the patient's medical records (when available), the reports were further reviewed by CDC physicians and public health professionals to verify that they met the CDC's case definition for probable or confirmed myocarditis (descriptions previously published and included in the eMethods in the Supplement).[18] The CDC's case definition of probable myocarditis requires the presence of new concerning symptoms, abnormal cardiac test results, and no other identifiable cause of the symptoms and findings. Confirmed cases of myocarditis further require histopathological confirmation

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of myocarditis or cardiac magnetic resonance imaging (MRI) findings consistent with myocarditis.

Deaths were included only if the individual had met the case definition for confirmed myocarditis and there was no other identifiable cause of death. Individual cases not involving death were included only if the person had met the case definition for probable myocarditis or confirmed myocarditis.

Statistical Analysis

We characterized reports of myocarditis or pericarditis after COVID-19 vaccination that met the CDC's case definition and were received by VAERS between December 14, 2020 (when COVID-19 vaccines were first publicly available in the US), and August 31, 2021, by age, sex, race, ethnicity, and vaccine type; data were processed by VAERS as of September 30, 2021. Race and ethnicity were optional fixed categories available by self-identification at the time of vaccination or by the individual filing a VAERS report. Race and ethnicity were included to provide the most complete baseline description possible for individual reports; however, further analyses were not stratified by race and ethnicity due to the high percentage of missing data. Reports of pericarditis with evidence of potential myocardial involvement were included in the review of reports of myocarditis. The eFigure in the Supplement outlines the categorization of the reports of myocarditis and pericarditis reviewed.

Further analyses were conducted only for myocarditis because of the preponderance of those reports to VAERS, in Clinical Immunization Safety Assessment Project consultations, and in published articles.[10-12,19-21] Crude reporting rates for myocarditis during a 7-day risk interval were calculated using the number of reports of myocarditis to VAERS per million doses of COVID-19 vaccine administered during the analytic period and stratified by age, sex, vaccination dose (first, second, or unknown), and vaccine type. Expected rates of myocarditis by age and sex were calculated using 2017-2019 data from the IBM MarketScan Commercial Research Database. This database contains individual-level, deidentified, inpatient and outpatient medical and prescription drug claims, and enrollment information submitted to IBM Watson Health by large employers and health plans. The data were accessed using version 4.0 of the IBM MarketScan Treatment Pathways analytic platform. Age- and sex-specific rates were calculated by determining the number of individuals with myocarditis (*International Statistical Classification of Diseases and Related Health Problems, Tenth Revision [ICD-10]* codes B33.20, B33.22, B33.24, I40.0, I40.1, I40.8, I40.9, or I51.4)[22] identified during an inpatient encounter in 2017-2019 relative to the number of individuals of similar age and sex who were continually enrolled during the year in which the myocarditis-related hospitalization occurred; individuals with any diagnosis of myocarditis prior to that year were excluded. Given the limitations of the IBM MarketScan Commercial Research Database to capture enrollees aged 65 years or older, an expected rate for myocarditis was not calculated for this population. A 95% CI was calculated using Poisson distribution in SAS version 9.4 (SAS Institute Inc) for each expected rate of myocarditis and for each observed rate in a strata with at least 1 case.

In cases of probable or confirmed myocarditis among those younger than 30 years of age, their clinical course was then summarized to the extent possible based on medical review and clinician interviews. This clinical course included presenting symptoms, diagnostic test results, treatment, and early outcomes (abstraction form appears in the eMethods in the Supplement).[23]

When applicable, missing data were delineated in the results or the numbers with complete data were listed. No assumptions or imputations were made regarding missing data. Any percentages that were calculated included only those cases of myocarditis with adequate data to calculate the percentages.

Results

Case Characteristics

Between December 14, 2020, and August 31, 2021, 192 405 448 individuals older than 12 years of age received a total of 354 100 845 mRNA-based COVID-19 vaccines. VAERS received 1991 reports of myocarditis (391 of which also included pericarditis) after receipt of at least 1 dose of mRNA-based COVID-19 vaccine (eTable 1 in the Supplement) and 684 reports of pericarditis without the presence of myocarditis (eTable 2 in the Supplement).

Of the 1991 reports of myocarditis, 1626 met the CDC's case definition for probable or confirmed myocarditis (**Table 1**). There were 208 reports that did not meet the CDC's case definition for myocarditis and 157 reports that required more information to perform adjudication (eTable 3 in the Supplement). Of the 1626 reports that met the CDC's case definition for myocarditis, 1195 (73%) were younger than 30 years of age, 543 (33%) were younger than 18 years of age, and the median age was 21 years (IQR, 16-31 years) (**Figure 1**). Of the reports of myocarditis with dose information, 82% (1265/1538) occurred after the second vaccination dose. Of those with a reported dose and time to symptom onset, the median time from vaccination to symptom onset was 3 days (IQR, 1-8 days) after the first vaccination dose and 74% (187/254) of myocarditis events occurred within 7 days. After the second vaccination dose, the median time to symptom onset was 2 days (IQR, 1-3 days) and 90% (1081/1199) of myocarditis events occurred within 7 days (**Figure 2**).

Males comprised 82% (1334/1625) of the cases of myocarditis for whom sex was reported. The largest proportions of cases of myocarditis were among White persons (non-Hispanic or ethnicity not reported; 69% [914/1330]) and Hispanic persons (of all races; 17% [228/1330]). Among persons younger than 30 years of age, there were no confirmed cases of myocarditis in those who died after mRNA-based COVID-19 vaccination without another identifiable cause and there was 1 probable case of myocarditis but there was insufficient information available for a thorough investigation. At the time of data review, there were 2 reports of

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Table 1. Characteristics of Reports to VAERS After mRNA-Based COVID-19 Vaccination That Met the CDC's Case Definition for Myocarditis Between December 14, 2020, and August 31, 2021

	Vaccination with BNT162b2			Vaccination with mRNA-1273			
	First dose	Second dose	Dose unknown	First dose	Second dose	Dose unknown	Overall
No. of myocarditis reports to VAERS	147	928	61	126	337	27	1626
No. of vaccination doses administered	114 246 837	95 532 396		78 158 611	66 163 001		354 100 845
Age, median (IQR), y	19 (16-37)	18 (16-25)	22 (16-35)	31 (23-47)	26 (21-36)	29 (22-39)	21 (16-31)
Time to symptom onset, median (IQR), d	3 (1-8)	2 (2-3)	3 (2-4)	3 (2-9)	2 (1-3)	2 (1-5)	2 (1-3)
Reported sex, No. (%)	(n = 147)	(n = 928)	(n = 61)	(n = 125)	(n = 337)	(n = 27)	(n = 1625)
Male	111 (76)	795 (86)	53 (87)	89 (71)	265 (79)	21 (78)	1334 (82)
Female	36 (24)	133 (14)	8 (13)	36 (29)	72 (21)	6 (22)	291 (18)
Reported race and ethnicity, No. (%)[a]	(n = 123)	(n = 772)	(n = 40)	(n = 100)	(n = 277)	(n = 18)	(n = 1330)
American Indian or Alaska Native	1 (1)	4 (1)	0	1 (1)	0	0	6 (<1)
Asian	10 (8)	58 (8)	1 (3)	5 (5)	10 (4)	0	84 (6)
Black	11 (9)	31 (4)	3 (8)	5 (5)	14 (5)	4 (22)	68 (5)
Hispanic	28 (23)	127 (16)	9 (23)	23 (23)	36 (13)	5 (28)	228 (17)
Multiple races	1 (1)	10 (1)	0	0	5 (2)	1 (6)	17 (1)
Native Hawaiian or Pacific Islander	0	5 (1)	1 (3)	1 (1)	0	0	7 (1)
White	72 (59)	531 (69)	26 (65)	65 (65)	212 (77)	8 (44)	914 (69)
Other[b]	0	6 (1)	0	0	0	0	6 (<1)

Abbreviations: CDC, US Centers for Disease Control and Prevention; VAERS, Vaccine Adverse Event Reporting System.

[a] Categories without ethnicity were either non-Hispanic or had no ethnicity reported.

[b] Individuals were able to choose this category without further specification.

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death in persons younger than 30 years of age with potential myocarditis that remain under investigation and are not included in the case counts.

Reporting Rates of Myocarditis Within 7 Days After COVID-19 Vaccination

Symptom onset of myocarditis was within 7 days after vaccination for 947 reports of individuals who received the BNT162b2 vaccine and for 382 reports of individuals who received the mRNA-1273 vaccine. The rates of myocarditis varied by vaccine type, sex, age, and first or second vaccination dose (**Table 2**). The reporting rates of myocarditis were highest after the second vaccination dose in adolescent males aged 12 to 15 years (70.73 [95% CI, 61.68-81.11] per million doses of the BNT162b2 vaccine), in adolescent males aged 16 to 17 years (105.86 [95% CI, 91.65-122.27] per million doses of the BNT162b2 vaccine), and in young men aged 18 to 24 years (52.43 [95% CI, 45.56-60.33] per million doses of the BNT162b2 vaccine and 56.31 [95% CI, 47.08-67.34] per million doses of the mRNA-1273 vaccine). The lower estimate of the 95% CI for reporting rates of myocarditis in adolescent males and young men exceeded the upper bound of the expected rates after the first vaccination dose with the BNT162b2 vaccine in those aged 12 to 24 years, after the second vaccination dose with the BNT162b2 vaccine in those aged 12 to 49 years, after the first vaccination dose with the mRNA-1273 vaccine in those aged 18 to 39 years, and after the second vaccination dose with the mRNA-1273 vaccine in those aged 18 to 49 years.

The reporting rates of myocarditis in females were lower than those in males across all age strata younger than 50 years of age. The reporting rates of myocarditis were highest after the second vaccination dose in adolescent females aged 12 to 15 years (6.35 [95% CI, 4.05-9.96] per million doses of the BNT162b2 vaccine), in adolescent females aged 16 to 17 years (10.98 [95% CI, 7.16-16.84] per million doses of the BNT162b2 vaccine), in young women aged 18 to 24 years (6.87 [95% CI, 4.27-11.05] per million doses of the mRNA-1273 vaccine), and in women aged 25 to 29 years (8.22 [95% CI, 5.03-13.41] per million doses of the mRNA-1273 vaccine). The lower estimate of the 95% CI for reporting rates of myocarditis in females exceeded the upper bound of the expected rates after the second vaccination dose with the BNT162b2 vaccine in those aged 12 to 29 years and after the second vaccination dose with the mRNA-1273 vaccine in those aged 18 to 29 years.

Clinical Course of Myocarditis After COVID-19 Vaccination in Persons Younger Than 30 Years of Age

Among the 1372 reports of myocarditis in persons younger than 30 years of age, 1305 were able to be adjudicated, with 92% (1195/1305) meeting the CDC's case definition. Of these, chart abstractions or medical interviews were completed for 69% (826/1195) (**Table 3**). The symptoms commonly reported in the verified cases of myocarditis in persons younger than 30 years of age included chest pain, pressure, or discomfort (727/817; 89%) and dyspnea or shortness of breath (242/817; 30%). Troponin levels were elevated in 98% (792/809) of the

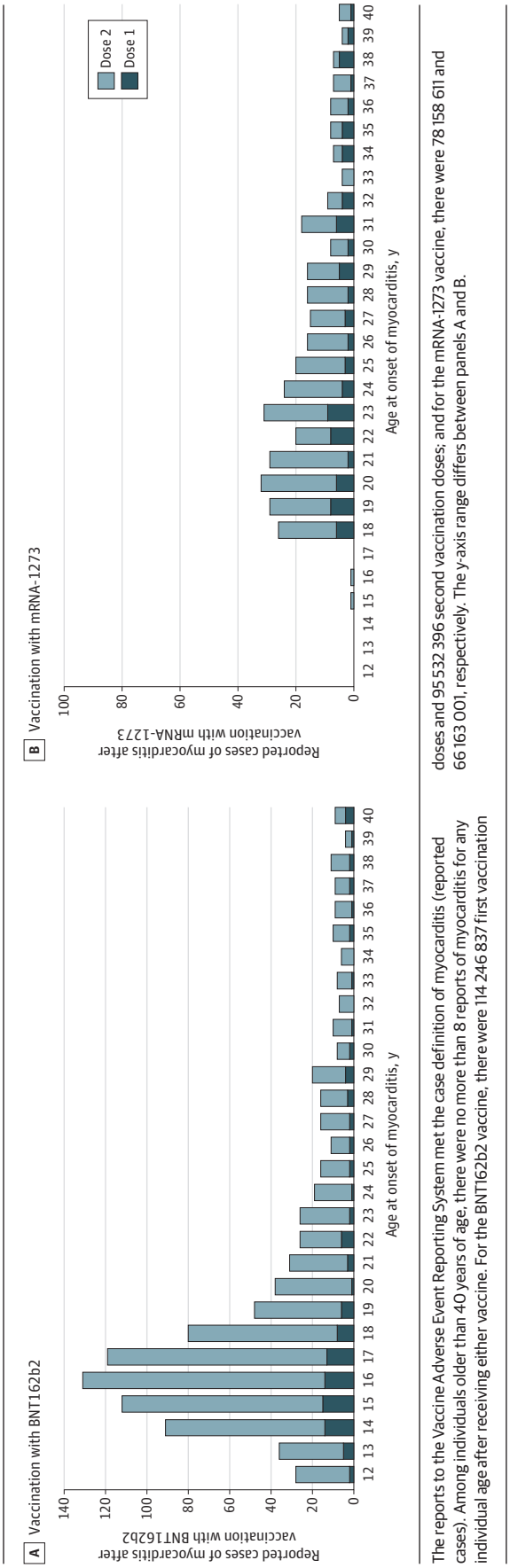

Figure 1. Cases of Myocarditis After mRNA-Based COVID-19 Vaccination by Age at Onset of Myocarditis

The reports to the Vaccine Adverse Event Reporting System met the case definition of myocarditis (reported cases). Among individuals older than 40 years of age, there were no more than 8 reports of myocarditis for any individual age after receiving either vaccine. For the BNT162b2 vaccine, there were 114 246 837 first vaccination doses and 95 532 396 second vaccination doses; and for the mRNA-1273 vaccine, there were 78 158 611 and 66 163 001, respectively. The y-axis range differs between panels A and B.

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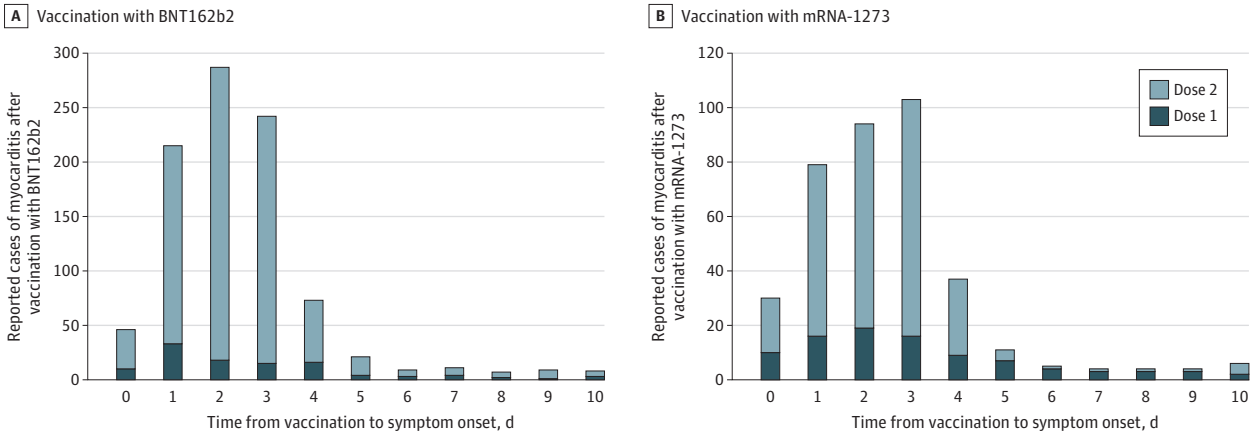
Figure 2. Cases of Myocarditis After mRNA-Based COVID-19 Vaccination by Time From Vaccination to Symptom Onset



The reports to the Vaccine Adverse Event Reporting System met the case definition of myocarditis (reported cases). Among recipients of either vaccine, there were only 13 reports or less of myocarditis beyond 10 days for any individual time from vaccination to symptom onset. The y-axis range differs between panels A and B.

A, For the BNT162b2 vaccine, there were 138 reported cases of myocarditis with known date for symptom onset and dose after 114 246 837 first vaccination doses and 888 reported cases after 95 532 396 second vaccination doses.

B, For the mRNA-1273 vaccine, there were 116 reported cases of myocarditis with known date for symptom onset and dose after 78 158 611 first vaccination doses and 311 reported cases after 66 163 001 second vaccination doses.

Table 2. Reports to VAERS After mRNA-Based COVID-19 Vaccination That Met the CDC's Case Definition for Myocarditis Within a 7-Day Risk Interval per Million Doses of Vaccine Administered

	Reported cases of myocarditis within a 7-d risk interval per million doses of vaccine administered (95% CI)[a]				Expected cases of myocarditis in a 7-d risk interval per million doses (95% CI)[c]
	Vaccination with BNT162b2		Vaccination with mRNA-1273[b]		
	First dose	Second dose	First dose	Second dose	
Males					
Age group, y					
12-15	7.06 (4.88-10.23)	70.73 (61.68-81.11)			0.53 (0.40-0.70)
16-17	7.26 (4.45-11.86)	105.86 (91.65-122.27)			1.34 (1.05-1.72)
18-24	3.82 (2.40-6.06)	52.43 (45.56-60.33)	10.73 (7.50-15.34)	56.31 (47.08-67.34)	1.76 (1.58,1.98)
25-29	1.74 (0.78-3.87)	17.28 (13.02-22.93)	4.88 (2.70-8.80)	24.18 (17.93-32.61)	1.45 (1.21-1.74)
30-39	0.54 (0.20-1.44)	7.10 (5.26-9.57)	3.00 (1.81-4.97)	7.93 (5.61-11.21)	0.63 (0.54.0.73)
40-49	0.55 (0.21-1.48)	3.50 (2.28-5.36)	0.59 (0.19-1.82)	4.27 (2.69-6.78)	0.78 (0.67-0.90)
50-64	0.42 (0.17-1.01)	0.68 (0.33-1.43)	0.62 (0.28-1.39)	0.85 (0.41-1.79)	0.77 (0.68-0.86)
≥65	0.19 (0.05-0.76)	0.32 (0.10-1.00)	0.18 (0.05-0.72)	0.51 (0.21-1.23)	
Females					
Age group, y					
12-15	0.49 (0.12-1.98)	6.35 (4.05-9.96)			0.17 (0.11-0.29)
16-17	0.84 (0.21-3.37)	10.98 (7.16-16.84)			0.42 (0.27-0.66)
18-24	0.18 (0.03-1.31)	4.12 (2.60-6.54)	0.96 (0.31-2.96)	6.87 (4.27-11.05)	0.38 (0.30-0.49)
25-29	0.26 (0.04-1.84)	2.23 (1.07-4.69)	0.41 (0.06-2.94)	8.22 (5.03-13.41)	0.48 (0.35-0.65)
30-39	0.72 (0.32-1.60)	1.02 (0.49-2.14)	0.74 (0.28-1.98)	0.68 (0.22-2.10)	0.47 (0.39-0.57)
40-49	0.24 (0.06-0.97)	1.73 (0.98-3.05)	0.18 (0.02-1.25)	1.89 (0.98-3.63)	0.89 (0.77-1.04)
50-64	0.37 (0.15-0.88)	0.51 (0.23-1.14)	0.65 (0.31-1.36)	0.43 (0.16-1.15)	1.00 (0.89-1.13)
≥65	0.08 (0.01-0.54)	0.35 (0.13-0.92)		0.26 (0.08-0.81)	

Abbreviations: CDC, US Centers for Disease Control and Prevention; VAERS, Vaccine Adverse Event Reporting System.

[a] Of 1453 cases of myocarditis with known vaccination dose and time to symptom onset, 1267 had symptom onset within the 7-day risk interval.

[b] The observed estimates were not calculated for the strata with 0 cases of myocarditis. In addition, the observed estimates were not calculated for the strata with cases of myocarditis after administration of mRNA-1273 in those younger than aged 18 years. The mRNA-1273 vaccine had not been authorized for use in the US in this age group.

[c] Estimated using data from the IBM MarketScan Commercial Research Database for 2017-2019. Rates were not calculated for those aged 65 years or older due to the limitations of the database.

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Table 3. Symptoms, Treatment, and Outcomes in 826 Patients Younger Than 30 Years of Age With Myocarditis

	Cases of myocarditis, No./total (%)
Presenting symptoms	
Chest pain, pressure, or discomfort	727/817 (89.0)
Dyspnea or shortness of breath	242/817 (29.6)
Palpitations	65/817 (8.0)
Abnormal findings	
Elevated troponin level[a]	792/809 (97.9)
Electrocardiogram	569/794 (71.7)
Echocardiogram	123/721 (17.1)
Decreased LVEF (<50%) on echocardiogram	84/721 (11.7)
Cardiac magnetic resonance imaging[b]	223/312 (71.5)
Hospitalized	784/813 (96.4)
Treatment	
Nonsteroidal anti-inflammatory drugs	589/676 (87.1)
Glucocorticoids	81/676 (12.0)
Anticoagulant therapy	54/676 (8.0)
Antiarrhythmic therapy	18/676 (2.7)
Low- or high-flow nasal cannula oxygen support	12/676 (1.8)
Diuretics	11/676 (1.6)
Intensive therapy	
Intravenous immunoglobulin	78/676 (11.5)
Vasoactive medications	12/676 (1.8)
Intubation or mechanical ventilation	2/676 (0.3)
Heart transplant	0
Extracorporeal membrane oxygenation or ventricular assist device	0
Outcome among those who were hospitalized	
Discharged from the hospital	747/762 (98.0)
Still hospitalized at time of review	15/762 (2.0)
Died	0
Resolution of presenting symptoms by hospital discharge	577/661 (87.3)

Abbreviation: LVEF, left ventricular ejection fraction.

[a] Abnormal per the reference range for the hospital or laboratory where the test was performed.

[b] Consistent with myocarditis.

cases of myocarditis. The electrocardiogram result was abnormal in 72% (569/794) of cases of myocarditis. Of the patients who had received a cardiac MRI, 72% (223/312) had abnormal findings consistent with myocarditis. The echocardiogram results were available for 721 cases of myocarditis; of these, 84 (12%) demonstrated a notable decreased left ventricular ejection fraction (<50%). Among the 676 cases for whom treatment data were available, 589 (87%) received nonsteroidal anti-inflammatory drugs. Intravenous immunoglobulin and glucocorticoids were each used in 12% of the cases of myocarditis (78/676 and 81/676, respectively). Intensive therapies such as vasoactive medications (12 cases of myocarditis) and intubation or mechanical ventilation (2 cases) were rare. There were no verified cases of myocarditis requiring a heart transplant, extracorporeal membrane oxygenation, or a ventricular assist device. Of the 96% (784/813) of cases of myocarditis who were hospitalized, 98% (747/762) were discharged from the hospital at time of review. In 87% (577/661) of discharged cases of myocarditis, there was resolution of the presenting symptoms by hospital discharge.

Discussion

In this review of reports to VAERS between December 2020 and August 2021, myocarditis was identified as a rare but serious adverse event that can occur after mRNA-based COVID-19 vaccination, particularly in adolescent males and young men. However, this increased risk must be weighed against the benefits of COVID-19 vaccination.[18]

Compared with cases of non–vaccine-associated myocarditis, the reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination were similar in demographic characteristics but different in their acute clinical course. First, the greater frequency noted among vaccine recipients aged 12 to 29 years vs those aged 30 years or older was similar to the age distribution seen in typical cases of myocarditis.[2,4] This pattern may explain why cases of myocarditis were not discovered until months after initial Emergency Use Authorization of the vaccines in the US (ie, until the vaccines were widely available to younger persons). Second, the sex distribution in cases of myocarditis after COVID-19 vaccination was similar

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to that seen in typical cases of myocarditis; there is a strong male predominance for both conditions.[2,4]

However, the onset of myocarditis symptoms after exposure to a potential immunological trigger was shorter for COVID-19 vaccine–associated cases of myocarditis than is typical for myocarditis cases diagnosed after a viral illness.[24-26] Cases of myocarditis reported after COVID-19 vaccination were typically diagnosed within days of vaccination, whereas cases of typical viral myocarditis can often have indolent courses with symptoms sometimes present for weeks to months after a trigger if the cause is ever identified.[1] The major presenting symptoms appeared to resolve faster in cases of myocarditis after COVID-19 vaccination than in typical viral cases of myocarditis. Even though almost all individuals with cases of myocarditis were hospitalized and clinically monitored, they typically experienced symptomatic recovery after receiving only pain management. In contrast, typical viral cases of myocarditis can have a more variable clinical course. For example, up to 6% of typical viral myocarditis cases in adolescents require a heart transplant or result in mortality.[27]

In the current study, the initial evaluation and treatment of COVID-19 vaccine–associated myocarditis cases was similar to that of typical myocarditis cases.[28-31] Initial evaluation usually included measurement of troponin level, electrocardiography, and echocardiography.[1] Cardiac MRI was often used for diagnostic purposes and also for possible prognostic purposes.[32,33] Supportive care was a mainstay of treatment, with specific cardiac or intensive care therapies as indicated by the patient's clinical status.

Long-term outcome data are not yet available for COVID-19 vaccine–associated myocarditis cases. The CDC has started active follow-up surveillance in adolescents and young adults to assess the health and functional status and cardiac outcomes at 3 to 6 months in probable and confirmed cases of myocarditis reported to VAERS after COVID-19 vaccination.[34] For patients with myocarditis, the American Heart Association and the American College of Cardiology guidelines advise that patients should be instructed to refrain from competitive sports for 3 to 6 months, and that documentation of a normal electrocardiogram result, ambulatory rhythm monitoring, and an exercise test should be obtained prior to resumption of sports.[35] The use of cardiac MRI is unclear, but it may be useful in evaluating the progression or resolution of myocarditis in those with abnormalities on the baseline cardiac MRI.[36] Further doses of mRNA-based COVID-19 vaccines should be deferred, but may be considered in select circumstances.[37]

Limitations

This study has several limitations. First, although clinicians are required to report serious adverse events after COVID-19 vaccination, including all events leading to hospitalization, VAERS is a passive reporting system. As such, the reports of myocarditis to VAERS may be incomplete, and the quality of the information reported is variable. Missing data for sex, vaccination dose number, and race and ethnicity were not uncommon in the reports received; history of prior SARS-CoV-2 infection also was not known. Furthermore, as a passive system, VAERS data are subject to reporting biases in that both underreporting and overreporting are possible.[38] Given the high verification rate of reports of myocarditis to VAERS after mRNA-based COVID-19 vaccination, underreporting is more likely. Therefore, the actual rates of myocarditis per million doses of vaccine are likely higher than estimated.

Second, efforts by CDC investigators to obtain medical records or interview physicians were not always successful despite the special allowance for sharing information with the CDC under the Health Insurance Portability and Accountability Act of 1996.[39] This challenge limited the ability to perform case adjudication and complete investigations for some reports of myocarditis, although efforts are still ongoing when feasible.

Third, the data from vaccination administration were limited to what is reported to the CDC and thus may be incomplete, particularly with regard to demographics.

Fourth, calculation of expected rates from the IBM MarketScan Commercial Research Database relied on administrative data via the use of *ICD-10* codes and there was no opportunity for clinical review. Furthermore, these data had limited information regarding the Medicare population; thus expected rates for those older than 65 years of age were not calculated. However, it is expected that the rates in those older than 65 years of age would not be higher than the rates in those aged 50 to 64 years.[4]

Conclusions

Based on passive surveillance reporting in the US, the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men. This risk should be considered in the context of the benefits of COVID-19 vaccination.

ARTICLE INFORMATION

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Correction: This article was corrected March 21, 2022, to change "pericarditis" to "myocarditis" in the first row, first column of eTable 1 in the Supplement.

Author Contributions: Drs Oster and Su had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.
Concept and design: Oster, Shay, Su, Creech, Edwards, Dendy, Schlaudecker, Woo, Shimabukuro.
Acquisition, analysis, or interpretation of data: Oster, Shay, Su, Gee, Creech, Broder, Edwards, Soslow, Schlaudecker, Lang, Barnett, Ruberg, Smith, Campbell, Lopes, Sperling, Baumblatt, Thompson, Marquez, Strid, Woo, Pugsley, Reagan-Steiner, DeStefano, Shimabukuro.
Drafting of the manuscript: Oster, Shay, Su, Gee, Creech, Marquez, Strid, Woo, Shimabukuro.
Critical revision of the manuscript for important intellectual content: Oster, Shay, Su, Creech, Broder, Edwards, Soslow, Dendy, Schlaudecker, Lang, Barnett, Ruberg, Smith, Campbell, Lopes, Sperling, Baumblatt, Thompson, Pugsley, Reagan-Steiner, DeStefano, Shimabukuro.
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Supervision: Su, Edwards, Soslow, Dendy, Schlaudecker, Campbell, Sperling, DeStefano, Shimabukuro.

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Disclaimer: The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the CDC or the US Food and Drug Administration. Mention of a product or company name is for identification purposes only and does not constitute endorsement by the CDC or the US Food and Drug Administration.

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SB 628 Written Testimony.pdf
Uploaded by: Justin Kuk
Position: UNF

Dear Finance Committee Members,

I am writing to urge you to give an unfavorable report to SB 628: School-Based Health Centers – Services, Infrastructure and Funding. I am asking you to give an unfavorable report for the following reasons:

First, it is not appropriate to require school healthcare centers to build infrastructure to implement the CDC Vaccines for Children program because children should receive vaccines in a setting where both the child's primary care provider and the child's parent(s) can assess the child's medical history and make a decision that is in the best interest of the child and does not infringe on parents' right to make medical decisions for their children. Although the bill was withdrawn, Senator Kagan's Vaccine Minor Consent Bill (SB 378) illustrates the need to protect parental rights to make medical decisions regarding their child's vaccination status. SB 628 would provide the physical infrastructure needed to cut parents out of this decision once politicians like Senator Kagan find a way to push forward their profit driven agenda. It is your job to protect parental rights, which is why you must reject this bill.

Second, it is dangerous and inappropriate to implement a one-size-fits-all mass vaccination infrastructure to circumvent the process of parental consent. Had this infrastructure been in place during the COVID pandemic it is easy to imagine that state or local government could have mandated the COVID vaccine and given it to children without parental consent. I have attached a study that demonstrates that the highest risk of myocarditis after COVID-19 vaccination occurred in 12-15 year-old males. Given this serious health risk and the low risk of serious COVID complications for this age group, parents should have the right to determine whether their child receives the COVID vaccine. This bill would create the infrastructure necessary to infringe that right in the future. Children can receive free healthcare services, including vaccines, through existing healthcare infrastructure where parents are present, so this bill is unnecessary and can only do harm in violating parental rights to make medical decisions for their children.

Finally, the CDC ACIP Committee has recommended adding COVID-19 vaccines to the routine immunization schedule for children 18 and under and have stated that the "benefits outweigh the risks" despite overwhelming evidence to the contrary. I have already included a study demonstrating the youth do face risks from COVID-19 vaccination but they face very low risks of severe outcomes from a naturally occurring infection, which will also give them a durable natural immunity. CDC federal programs promoting mass administration of vaccines to children without sufficient evidence of safety and efficacy must not be linked with or required by public schools funded by state tax dollars.

For all the reasons listed above, I urge the committee to give an unfavorable report on SB 628.

Sincerely,

Justin Kuk

Baltimore City

UNFAV_SB0628.pdf
Uploaded by: Kara Fisher
Position: UNF

SB0628: School-Based Health Centers - Services, Infrastructure, and Funding

UNFAVORABLE

Kara Fisher

Dear Madam Chair, Madam Vice Chair and Senate Finance Committee:

I ask you to oppose SB 628 that would expand and finance additional school-based health centers.

My professional experience is in health strategy, design and planning of outpatient health clinics.

Maryland's school systems should focus on their core competency of educating children. The disparate school systems should not go into the business of running outpatient centers.

With little experience, it is unlikely that the school-based centers will be able to deliver a high-quality medical offering as compared to established physician offices and walk-in clinics.

Managing pediatric health care services in an outpatient setting is quite complex. It would be easy to fail families.

One anticipated service of the clinics would be to administer vaccines.

The HHS Office of Inspector General found that 76% of providers of a Vaccines for Children program did not meet vaccine management requirements related to keeping them at correct temperatures and managing expiration dates. Complex vaccine administration should be kept in physicians' offices.

[Source: Vaccines for Children Program: Vulnerabilities in Vaccine Management (OEI-04-10-00430) 06-05-2012 (hhs.gov)]

Thank you.

Kara Fisher, MBA

Rockville, District 19

Please oppose SB628.pdf
Uploaded by: Karen McCullough
Position: UNF

2/27/2023

RE: Please oppose SB628

Hello, please oppose SB628.

There are so many ways I can think of spending this money including more teachers, school infrastructures, air conditioning in all schools, clean drinking water and mold remediation. The children in Baltimore schools can't even do math on their level but you are concerned about passing a bill to vaccinate kids when they are already required to receive these by their pediatrician. Wow….where are the priorities. It would be nice if our children could actually read and do math and go to school in safe environments and leave the vaccine administering to the real doctors.

I am a Maryland citizen and will be watching this bill closely and voting accordingly in the next

Regard Karen

Unfavorable SB628schools2023.pdf
Uploaded by: Kathy Talbott
Position: UNF

Unfavorable SB628

Kathy Talbott, Myersville, MD

To the Honorable Finance Committee Members,

Please say NO to SB628.

Schools are already overburdened. They need money for infrastructure, healthy meals, arts and physical activities. Schools do not need another added burden, separate from their current obligations, to their overstretched plate. These facilities exist elsewhere.

If parents cannot get their children to a primary care provider, then please use our money to support parents who need time off and other means of support.

This appears to be one more shift in responsibility from parents to bureaucracies. I am opposed. There are better ways to spend our money in supporting the health of every citizen. An unfavorable report is needed.

Thank you for your time and dedicated efforts on behalf of Maryland's families.

testimonyagainstsb628.pdf
Uploaded by: KRISHNA MANOHAR
Position: UNF

Hello,

My name is Krishna Manohar and I am a resident of district 17 and I here today to submit testimony in opposition to SB628. It is not the function of schools to replace the pediatrician when it comes to health and well being of children. Schools are already struggling with providing education and maintaining the infrastructure and environment for learning. School health officials have been known to provide subpar care to students. As an uncle, I would not want my two nephews to be subjected to poor treatment by the unqualified. I urge you to vote against the bill. Thank you and good day.

SB628- Oppose.pdf
Uploaded by: Laura Hartman
Position: UNF

SB628- Oppose

Community facilities or health centers and subsequent funding is very dangerous for the state to circumvent the federal funding and create undue expenses on Maryland taxpayers. Schools should not be involved in medical treatment. Separating education and health should be of utmost importance in these situations.

Mass vaccination circumvents parental informed consent and puts the State of Maryland at significant legal risk. Let's also not forget the adverse reactions to some at-risk patients. Access to free healthcare is readily available through existing healthcare infrastructure around the state.

This bill is reckless and therefore I ask for an unfavorable vote.

Unfavorable SB 628.pdf
Uploaded by: Lori Vaughn
Position: UNF

OPPOSE SB 0628

From: Lori Vaughn (lovaughn21@yahoo.com)

To: melony.griffith@senate.state.md.us; pamela.beidle@senate.state.md.us; arthur.ellis@senate.state.md.us; dawn.gile@senate.state.md.us; antonio.hayes@senate.state.md.us; steve.hershey@senate.state.md.us; ben.kramer@senate.state.md.us; johnny.mautz@senate.state.md.us; justin.ready@senate.state.md.us; katherine.klausmeier@senate.state.md.us; malcolm.augustine@senate.state.md.us

Date: Monday, February 27, 2023 at 11:52 AM EST

Good morning Senators,

OPPOSE SB 0628!!!

SB 628 circumvents a parent's right to informed consent for their child by allowing vaccinations at school healthcare settings. This is inappropriate and circumvents a parent's authority and evades the process of informed consent. The proposed mass vaccination, one-size-fits-all infrastructure of the Maryland Medical Assistance Program is dangerous and inappropriate. Our children are not cattle and should not be treated as such with this en masse process. Additionally, children can receive free healthcare services, including free vaccines, through existing healthcare infrastructure, where parents and guardians are present. Again, vaccinations are best administered in a doctor's office and is a conversation between the parent and physician. The potential for adverse events and, possibly, irreversible injuries is not to be taken lightly.

Respectfully,
Lori Vaughn
South Laurel resident, voter and mother of five

SB0628 Testimony - Stoklosa.pdf
Uploaded by: Margaret Stoklosa
Position: UNF

Dear Committee Members,

I ask that you **OPPOSE** SB0628 for the following reason:

1. Schools are learning institutions and not public health institutions. Test scores for math and science continue to lag behind other countries, as these two sectors continue to grow in the international marketplace. This is where we should be investing our funds – https://www.thebalancemoney.com/the-u-s-is-losing-its-competitive-advantage-3306225

2. Non-communicable diseases such as diabetes and heart disease are outpacing communicable diseases globally - https://ourworldindata.org/burden-of-disease?fbclid=IwAR21qe7cjRBYGNDJlzJPMGyFgArgyY4Ku1KBt5XZ3K50_LpQbiU0pifMt6Y#the-disease-burden-by-cause. **In the US, non-communicable diseases make up 86% of the total disease burden, while communicable diseases make up only 4.5%.** Obesity continues to rise, while our food quality continues to decline. I see 20-year olds with BMIs in the 40s – these are individuals that have solid access to healthcare. Healthcare and access to it is not the issue, food access is. Honestly, health clinics in schools do not solve this issue, however, funds to bolster access to real food do. Please put this in perspective.

3. In Montgomery County, there is a rise in hate speech and demonstrations of hate. Clearly, the pandemic has created more division and mental health concerns. How about increasing the number of social workers/ counselors in schools?

I ask you to oppose SB0628 and focus on spending funds where they need to be spent. The public health department provides plenty of opportunities for families to receive physicals and check-ups. Let's use state funds to enhance the availability of STEM opportunities so our future adults can be competitive in the global marketplace.

Thank you,
Margaret Stoklosa
803 Main St.
Gaithersburg, MD 20878

Oppose SB628.pdf
Uploaded by: Mark Meyerovich
Position: UNF

Oppose SB 628

- It is inappropriate to require school healthcare centers to build infrastructure to implement the CDC Vaccines for Children program when children must receive vaccines in a setting where each child's primary care provider or other qualified healthcare provider can assess the child's medical history accompanied by and in cooperation with the child's parent or guardian.

- Administering vaccines, like any healthcare intervention which is invasive, irreversible, and known to cause adverse reactions in some at-risk patients, is not an appropriate healthcare service to administer en masse in school healthcare settings without parents or guardians present.

Sincerely,
Mark Meyerovich
Gaithersburg, MD

SB628 UNF Megan Montgomery.pdf
Uploaded by: MEGAN MONTGOMERY
Position: UNF

SB628

Unfavorable

Megan Montgomery

Dear Chair Griffith, Vice Chair Klausmeier, and Distinguished Members of the Finance Committee,

I write to you today to submit unfavorable testimony for SB628- School Based Health Care Centers- Services, Infrastructure and Funding.

I passionately believe that children are best served when parents and pediatricians work together for the betterment of the child. This bill seems to remove both the parent and the pediatrician, and I assure you all that will be to the detriment of the child.

As I understand it, outside of services that children can already consent to outside of their parent's consent- including birth control, STD testing and treatment and mental health counseling, parent's at schools where these health centers exist sign a single blanket consent for their child to use the health center. For the full list of circumstances where minor children can receive health care outside the scope of their parent's consent, please see Maryland Health Code 20-102: https://codes.findlaw.com/md/health-general/md-code-health-gen-sect-20-102.html

This single blanket consent is a dangerous way to practice minor health care. There are multiple things that Senator Lam is proposing that these health centers do that need to require individualized consent. As the intention is to make these expanded school health centers mini-doctors offices, I assume that procedures to be performed would include diagnosis, treatment, prescriptions, and minor medical procedures. What feedback loop will be in place for parents to have visibility into the treatment that children receive at school? Will there be medical procedures such as lancing, infection and wound clean out and other things that will require follow-up and a prescription for antibiotics? Who will be working with the parents to make sure that any prescriptions will be covered by their insurance and the parents won't be left holding the bag for an expensive prescription when a different brand of the same drug would be covered under their insurance plan? These discussions are absolutely routine at a pediatrician's office where the doctor and support staff have visibility into the parents insurance plan

and the ability to talk to the parents and call the insurer to find an appropriate product covered under the family insurance plan.

What about follow-up? If follow-up is required over a weekend, how will that be handled?

Who will be liable if something goes wrong? The state is immune from lawsuit in all but the most unusual of situations. But if something goes wrong, what recourse will these families have?

Finally, given the power imbalance between doctors/nurse practitioners and minor children, children are not able to effectively advocate for themselves or be presented with several treatment options and chose the best one. When my son was much younger, we were at a well-child check up and a doctor very officially entered the room with a surgical cart to perform a minor ear surgery. She even had my husband convinced that she was there to perform ear surgery on my child. The only problem was- she walked into the wrong room. Our child was the same age and gender of the child in the room next door, and she had inadvertently walked into the wrong room. Had I not been there, my son would have had an expensive and unnecessary surgery performed that he did not need.

The School Health Centers that we have should be studied to see how they are performing before we even consider expanding the number of them in the state. While they are fine for performing the functions of a school nurse, or performing non-invasive sports physicals so that socioeconomically disadvantaged children have the opportunity to participate in sports- the rest of minor health care needs to remain at a pediatrician's office with a parent's direct involvement.

This bill will give our most vulnerable children the most substandard of health care, and they deserve better from all of us. Please give SB628 and unfavorable report. Thank you.

Maryland School Gave Teenager Birth Control Implan

Uploaded by: Sarah Cusack

Position: UNF

NEWS

Maryland School Gave Teenager Birth Control Implant Without Parent's Permission

NEWS BIRTH CONTROL MARYLAND LAWSUIT

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A Baltimore, Maryland mother didn't know her daughter had a subdermal birth control device implanted until a visit to the pediatrician revealed the contraceptive had been improperly placed. Now, she has filed a lawsuit against the school system.

WMAR reports Monica Lambert sent her 16-year-old daughter to the doctor after she complained of headaches and pain in her arm. The pediatrician informed Lambert that her daughter's Nexplanon implant was on the wrong side of her arm.

The implant was removed, but Lambert's attempt to get more information from the school was unsuccessful. "I was mad," Lambert said, "so I went to the school and the nurse told me, 'I don't have to talk to you about absolutely nothing.'"

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According to Planned Parenthood, Maryland state law does not require parental consent for minors to obtain contraceptive devices. The law says "a minor has the same capacity as an adult to consent to treatment for or advice about drug abuse, alcoholism, venereal disease, pregnancy, and contraception other than sterilization."

But Lambert was not happy about the school giving her daughter the birth control implant. Lambert's attorney, David Ledyard, said, "Ms. Lambert wasn't given the choice to pick the medical provider where her daughter would feel comfortable going and receiving these services, who she knew did a comprehensive medical exam, who she knew knew her medical history."

Maryland law allows minors to access contraceptives without parental consent.

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Lambert wants to know why the school clinic contacted her about other things regarding her child's health, but not the birth control implant.

"They call me for Tylenol, but they don't call me about birth control," she said. "You gave my daughter this insertion so she might be suffering from that, but do they even look at that?"

In 1997, the U.S. Supreme Court ruled in *Carey v. Population Services International* that a minor's privacy concerning the obtaining of contraceptives was a constitutional right. Currently, no states require a minor to receive parental consent before accessing contraceptive services. However, the Guttmacher

abortion.

The Institute also says that while the involvement of a parent is desirable in decisions about contraception, many minors will not seek contraceptive services. They will, however, remain sexually active.

According to Maryland Public Schools, there are currently 12 School-Based Health Clinics (SBHC) in operation throughout 24 jurisdictions for a total of 84 SBHCs. Maryland began opening SBHCs in 1985 to ensure children, regardless of socio-economic status, have access to health care. They provide preventive and primary health services and are staffed by health professionals. They may also employ mental health providers, dental hygienists and substance abuse counselors.

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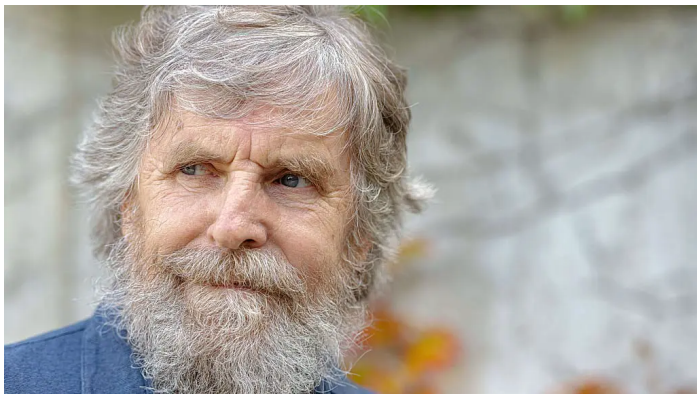

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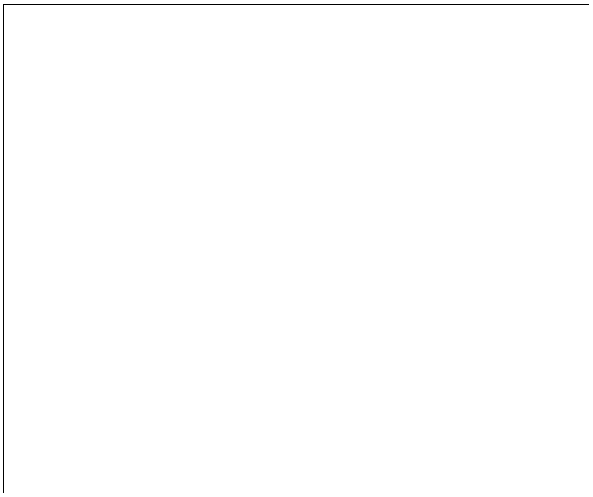

THE DEBATE

Everyone Practices Cancel Culture | Opinion

BY **ERNEST OWENS**

VS

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OPINION

Deplatforming Free Speech is Dangerous

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Everyone Practices Cancel Culture

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SB628

Unfavorable

Love Maryland PAC

Dear Chair Griffith, Vice Chair Klausmeier, and Distinguished Members of the Finance Committee,

The Love Maryland PAC submits testimony to request an unfavorable report on SB628- School Based Health Care Centers- Services, Infrastructure and Funding.

This bill is, quite simply, unnecessary from the start. Senator Lam writes in the bill that the stated objective is to have at least one school-based health care center in each county. According to the Maryland Department of Health, we already have at least one health center in each county, and in areas where students have the highest need for these types of services, there are more- including 17 in Baltimore City alone: https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/School-Based-Health-Centers.aspx

Senator Lam has stated that he intends for this bill to be a way to address and allocate the $9 million dollar funding provided for school based health centers in Kirwan. But, as you can see from the bill, this current proposal requires continuing additional allocation of precious school dollars to run and maintain the health centers he proposes adding. With all of the infrastructure issues with the schools in Maryland, including the fact that many lack access to clean drinking water, air conditioning and adequate physical infrastructure to keep our kids safe and healthy at school, adding in school health centers is the last way we should be spending school funding. To the extent that Kirwan mandates that the 9 million be spent on school health centers- there are plenty of SHC's already in existence that will easily consume that money and more.

The bill also specifically mentions adding infrastructure to provide vaccinations in school-based health centers. Again, while well intentioned, this is both unnecessary and a waste of Maryland's school resources. In order to be in public school, students must already be vaccinated. These are children that have already had all the vaccines needed to attend school. Additionally, storing and rotating vaccines so they don't expire is a delicate business. Please see the federal government website:

https://oig.hhs.gov/oei/reports/oei-04-10-00430.asp which shows that 76% of vaccines studied by the US Department of Health and Human Services in Vaccines for Children (VFC) providers were improperly stored to the point that "exposure to inappropriate temperatures can reduce vaccine potency and efficacy, increasing the risk that children are not provided with maximum protection against preventable diseases. Thirteen providers stored expired vaccines together with nonexpired vaccines, increasing the risk of mistakenly administering the expired vaccine. Finally, the selected providers generally did not meet vaccine management requirements or maintain required documentation."

Should an injury occur from the improper storage or administering an expired vaccination, The National Vaccine Injury Compensation Program (NVICP) has clear requirements for compensation. Under the NVICP, in order for a child who is vaccine injured to be eligible for compensation, a PARENT must give consent to the vaccination, a PARENT must be handed the VIS post vaccination and a PARENT must file on behalf of the minor child. Nowhere in this bill is any of those legal mandates taken into account. Nowhere in this bill are these vital issues addressed for the protection of the minor child.

Our states' most vulnerable children do not deserve sub-standard care. Do not let the siren song of theoretical unmet need distract this committee from providing children with the actual quality health care that they need to thrive. This bill is a trojan horse for doing just that.

Finally, we turn our attention to the third issue with the bill- the dangers of providing health care outside the scope of a three-legged stool which best serves children- pediatrician, parent, child. Parents are asked at the beginning of the school term for their child to provide a blanket one-time consent for use of the health center. The parent then is totally cut out of the health happenings of their child in this setting. These clinics, vital as they may be for things like non-invasive sports physicals and monitoring and dispensing of medication prescribed by a child's pediatrician with actual consent from the parent, are simply not adequate or supervised enough to do more than that. These clinics make mistakes- ALL THE TIME. One recent example is the attached article where a Baltimore City minor was administered an incorrectly inserted birth control implant and could have suffered serious life-long complications: https://www.newsweek.com/maryland-school-gave-teenager-birth-control-implant-without-parents-permission-1462481 As the parent in the article so rightly states: "They call me for Tylenol, but they don't call me about birth control," she said. "You gave my

daughter this insertion so she might be suffering from that, but do they even look at that?"

In conclusion, the Love Maryland PAC supports meeting children's health care needs where they are at- administration of already prescribed medication, non-invasive sports physicals for student athletes, and basic 'school nurse' care. But beyond that, children need a three-legged stool of parent- pediatrician- child to ensure that their health care needs are adequately being met. Taking school funding away from more pressing school infrastructure issues in order to attempt to provide unsafely stored and expired vaccinations to a population that is already fully vaccinated is an expensive and unnecessary waste of time. The Love Maryland PAC looks forward to the opportunity to work with Senator Lam over this coming recess to improve the bill before next year's legislative session.

Please give SB628 and unfavorable report. Thank you.

Vaccines for Children Program: Vulnerabilities in

Uploaded by: Sarah Cusack
Position: UNF

Vaccines for Children Program: Vulnerabilities in Vaccine Management

06-05-2012 | Report (OEI-04-10-00430) | Complete Report

WHY WE DID THIS STUDY

CDC's Vaccines for Children (VFC) program provides free vaccines to eligible children through a network of 61 grantees and 44,000 enrolled providers. In 2010, approximately 82 million VFC vaccine doses were administered to an estimated 40 million children at a cost of $3.6 billion. VFC providers must meet certain requirements for vaccine management, such as storing vaccines within required temperature ranges and monitoring expiration dates, to ensure that these vaccines provide children with maximum protection against preventable diseases. These requirements are also intended to decrease VFC program fraud, waste, and abuse.

Related Content

Podcast: Vulnerabilities in Vaccine Management

Holly Williams, a program analyst for the Office of Evaluation and Inspections in Atlanta, is interviewed by Dwayne Grant, Regional Inspector General for the Office of Evaluation and Inspections.

HOW WE DID THIS STUDY

Using CDC data, we selected a sample of 45 VFC providers from the 5 grantees with the highest volume of vaccines ordered in 2010. We conducted site visits at these providers' medical practice locations, interviewed their vaccine coordinators, and observed their vaccine management practices. We also independently measured these providers' vaccine storage unit temperatures for a 2-week period. Finally, we interviewed the five grantees' VFC program staff regarding their program oversight.

WHAT WE FOUND

Although the majority of storage temperatures we independently measured during a 2 week period were within the required ranges, VFC vaccines stored by 76 percent of the 45 selected providers were exposed to inappropriate temperatures for at least 5 cumulative hours during that period. Exposure to inappropriate temperatures can reduce vaccine potency and efficacy, increasing the risk that children are not provided with maximum protection against preventable diseases. Thirteen providers stored expired vaccines together with nonexpired vaccines, increasing the risk of mistakenly administering the expired vaccine. Finally, the selected providers generally did not meet vaccine management requirements or maintain required documentation. Similarly, none of the five selected grantees met all VFC program oversight requirements, and grantee site visits were not effective in ensuring that providers met vaccine management requirements over time.

WHAT WE RECOMMEND

We recommend that CDC continue to work with grantees and providers to ensure that (1) VFC vaccines are stored according to requirements, (2) expired vaccines are identified and separated from nonexpired vaccines, (3) grantees better manage providers' vaccine inventories, and (4) grantees meet oversight requirements. CDC concurred with all four of our recommendations and noted that vaccination is one of the most successful public health tools in preventing and controlling disease.

UNFAV_SB628.pdf
Uploaded by: Shawna Sherrell
Position: UNF

SB628
UNFAV
Shawna Sherrell
District 5

Dear Senate Finance Committee,

I’m writing as a Maryland resident and as a parent asking that you give an unfavorable report for SB628: “School-Based Health Centers - Services, Infrastructure, and Funding.”

Sincerely,

Shawna Sherrell

SB460.pdf
Uploaded by: Theresa Myers
Position: UNF

February 27, 2023

Maryland Senate
Finance Committee

Ref: SB460- Maryland Medical Assistance Program- Gender- Affirming Treatment (Trans Health Equity Act)

Dear Finance Committee,

I am asking you to vote UNFAVORABLE for SB460.

Here are just some RED Flags I have with this bill:

-In 2022, ONLY 98 individuals received gender-affirming treatment through Medicaid
-Proposing $7.6 million increase for every 125 individuals
-Offering Reversal Treatment
-Cover fertility preservation services
-On going continuous hormone therapy
-Laboratory testing to monitor continuous hormone therapy

I do not want my tax dollars to pay for a Life Long change. Please vote UNFAVORABLE for this bill.

Sincerely,

Theresa Myers

SB628.pdf
Uploaded by: Theresa Myers
Position: UNF

February 27, 2023

Maryland Senate
Finance Committee

Ref: SB628- School-Based Health Center- Service, Infrastructure, and Funding

Dear Finance Committee,

I am asking you to vote UNFAVORABLE for SB628. This bill is unnecessary. The health center does not have the medical history of the children. So, how can they determine that children should have certain medications and or vaccines? What say do parents have once the kids are in the schools health center? School need to focus on reading, writing and arithmetic.

Please vote UNFAVORABLE for SB628.

Sincerely,

Theresa Myers

MD_bill_SBHC_2023-VBtestimony.pdf
Uploaded by: Valerie Borek
Position: UNF

Written testimony against SB 0628 regarding School Based Health Centers

Delivered by Valerie Borek, Maryland resident & Policy Analyst for Stand for Health Freedom.

Please oppose SB 628, or work to amend it to safeguard parents' rights to direct the well-being and health of their children. It is troubling that the government is considering using and building out the infrastructure of schools to usher in federal health recommendations. COVID, the lack of transparency about studies and safety, the warp speed development, and rush to make these products liability free for life by getting them in the VFC and ACIP schedule, should be a red flag to you that states need to create more autonomy and more lines in the sand when it comes to federal health policy in our communities. Parents, and the "trusted messengers" of school faculty, are being exploited, and should be safeguarding kids against federal health policy, not welcoming it in with open arms. There are ways other than expensive SBHCs for children who are underserved to get the care they need, without tying every county in MD to federal funds and policy. Parents need to be PRESENT when medical care is being administered to their children, and to have a meaningful and thorough ability to give or refuse consent to treatment. This program is clearly not just setting up a policy infrastructure, it is also setting up a data infrastructure that has been called for by Dr. Walensky to have our children's most personal health data funneled to the federal government. What they cannot do with law (for good reason) they are striving to do with incentives. This will be a hugely expensive endeavor for Maryland taxpayers, which will leave our children's most personal information vulnerable to misuse by the federal government. This is the same government that purchased cell phone data in 2021 to ensure Americans were complying with their lockdown guidelines, misused a federal agency to push for unconstitutional and indirect vaccine mandates for employed Americans, and worked with Big Tech to violate the 1st Amendment of Americans questioning COVID policies, or the safety of the shots that had liability immunity under the CICP, now the VICP, and it is only a matter of time before the new "Vaccines for Adults" (VFA) program gets wings and we see the VICP expanded to adult shots as well.

oppose sb628.pdf
Uploaded by: Victoria Millsaps
Position: UNF

Oppose SB628

Tori M <tbyrd14@hotmail.com>

Mon 2/27/2023 1:14 PM

To: Clarence.lam@senate.state.md.us <Clarence.lam@senate.state.md.us>

Bcc: melony.griffith@senate.state.md.us <melony.griffith@senate.state.md.us>;katherine.klausmeier@senate.state.md.us <katherine.klausmeier@senate.state.md.us>;pamela.beidle@senate.state.md.us <pamela.beidle@senate.state.md.us>;arthur.ellis@senate.state.md.us <arthur.ellis@senate.state.md.us>;dawn.gile@senate.state.md.us <dawn.gile@senate.state.md.us>;antonio.hayes@senate.state.md.us <antonio.hayes@senate.state.md.us>;steve.hershey@senate.state.md.us <steve.hershey@senate.state.md.us>;Ben.Kramer@senate.state.md.us <Ben.Kramer@senate.state.md.us>;johnny.mautz@senate.state.md.us <johnny.mautz@senate.state.md.us>;justin.ready@senate.state.md.us <justin.ready@senate.state.md.us>

Opposition to SB628

This bill, while looking well intended as they all do, will create infrastructure that enables a mass vaccination program that essentially can go behind parents backs and attempts to bypass parental informed consent. Each of these building blocks leads right back to the same place-eliminating the parents from the equation. **No** medical procedure, drug, or treatment is one size fits all and they never will be. Individual patient assessment and informed consent are critical in all circumstances.
Children can and do already receive free healthcare services through existing infrastructure.

SB628- "THE INFRASTRUCTURE THAT IS NEEDED FOR SCHOOL–BASED HEALTH CENTERS TO JOIN THE FEDERAL VACCINES FOR CHILDREN PROGRAM, INCLUDING THE IMPACT OF THE NEEDED INFRASTRUCTURE ON THE INFRASTRUCTURE ON SCHOOLS WITH A SCHOOL–BASED HEALTH CENTER; AND HOW TO ACCOUNT FOR INFRASTRUCTURE IN SCHOOL SENATE BILL 628 DEVELOPMENT CONSTRUCTION PLANS THAT IS NEEDED FOR SCHOOLS TO ESTABLISH A SCHOOL–BASED HEALTH CENTER, INCLUDING THE INFRASTRUCTURE NEEDED FOR A SCHOOL–BASED HEALTH CENTER TO PARTICIPATE IN THE FEDERAL VACCINES FOR CHILDREN PROGRAM."

Thank you for your time and attention.

Victoria Millsaps
Calvert County MD

13 - SB 628 - FIN - MDH - LOI.pdf
Uploaded by: State of Maryland (MD)
Position: INFO

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 28, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 628 - School-Based Health Centers - Services, Infrastructure, and Funding - Letter of Information

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits a letter of information for Senate Bill (SB) 628 - School-Based Health Centers - Services, Infrastructure, and Funding. SB 628 will require the Maryland Medical Assistance Program to provide coverage for sports physicals performed by school–based health centers (SBHCs), require the Secretary of Health to provide guidelines on the expansion of SBHCs that include certain infrastructure needs, and require MDH, to develop a SBHC funding allocation formula and budget proposal.

MDH supports the requirement for the Maryland Medical Assistance Program to provide coverage for sports physicals performed by SBHCs. These exams can be provided as a covered benefit by Medicaid managed care organizations.However, the Department's ability to issue guidelines on the expansion of SBHCs and develop an SBHC funding allocation formula and budget proposal will not be feasible by January 1, 2024.

Chapter 606 (SB 830) of the 2021 Acts of Maryland transferred the Maryland SBHC Program (the Program) to MDH on July 1, 2022.[1] Two long-term goals of the Program are to expand comprehensive school-based healthcare in historically disenfranchised and underserved communities and for SBHCs to develop a sustainable financial model that can be adopted and implemented consistently.

There are currently 95 SBHCs in 17 jurisdictions. The Program recently conducted a needs assessment which included an analysis of SBHC billing efforts.[2] The current grant funding formula is based on staffing, hours of operations, and services offered. Determining an annual funding formula for the grant funds, as required by SB 628, will require collaborative conversation with SBHCs and other local stakeholders. Further, because the SBHC Program anticipates the number of SBHCs to increase annually, the funding allocations will have to be adjusted each year to support existing sites and facilitate the launch and operations for newly approved sites. Due to the complexity of this issue, at this juncture, annual grant funding allocations should retain a high degree of flexibility, and will not be feasible by January 1, 2024.

Additionally, MDH is currently drafting a toolkit and guidelines to facilitate SBHC enrollment in the Maryland Vaccines for Children (VFC) Program. In State Fiscal Year 2023, 45 of the 95 SBHCs participated in the Maryland VFC Program. Since July 1, 2022, MDH has provided infrastructure grant

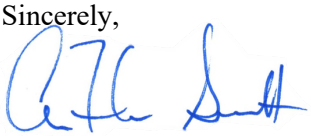
[1] https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0830/?ys=2021rs

[2] https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Documents/Maryland%20SBHC%20Needs%20Assessment%20Report%2012-9-22.pdf

funding to SBHCs, and will continue to do so to support SBHCs who participate in the Maryland VFC Program. MDH also encourages SBHCs to collaborate with local partners such as hospitals and local health departments to facilitate school-wide vaccination clinics to provide state-required immunizations for school entry.

If you have any questions please contact Megan Peters, Acting Director, Office of Governmental Affairs, at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary