

**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.