



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

DAWN LUEDTKE
COUNCILMEMBER
DISTRICT 7

February 27, 2024

The Honorable Senator Brian Feldman
Chair, Education, Energy, and the Environment Committee
2 West
Miller Senate Office Building
Annapolis, MD 21401

RE: Senate Bill 492, *Public Schools - Student Telehealth Appointments - Policy and Access*

Dear Chair Feldman:

I write in support of Senate Bill 492, which will allow equitable access for public middle and high school students to participate in telehealth appointments while on school grounds. During the 2021 legislative session, the age of consent for a minor to participate in the consultation, diagnosis, and treatment of a mental or emotional disorder was lowered from 16 to 12 years old. We have also witnessed the increasing demand for mental and behavioral health treatment and scarcity of providers available to address these growing needs.

Throughout the pandemic, the General Assembly took measures to improve access to telehealth for medical and behavioral health care, and expedite licensure for new clinicians. The local school systems also worked to increase the availability of school psychologists and social workers to serve the needs of the K-12 population. However, the school systems cannot be tasked with providing ongoing therapeutic care to students attending their schools. Students and families who are referred out to community-based providers for ongoing care face challenges in establishing a relationship with a clinician regardless of insurance coverage or ability to pay. As a result, when a family is able to initiate services with a community-based provider, the only time for the student to obtain an appointment may be during school hours. Under current practices, students who cannot leave the school during school hours to attend therapy appointments may have to forgo the treatment entirely.

If a student is capable of consenting to their own treatment pursuant to Md. Code Ann., § 20-104 of the Health General Article, they should be able to take the available appointments and, when therapeutically appropriate in the professional judgment of the clinician providing the services, do so via telehealth. Senate Bill 492 simply ensures that the students will be provided with a mechanism to allow the student privacy and internet access to engage in the appointment.

We must be doing everything we can to ensure that adolescents are able to obtain their care with minimal disruption to their educational programming at school. The Safe to Learn Act of 2018 clearly stated that the behavioral health services coordinators for each school system "shall develop plans for

delivering behavioral health and wraparound services to students who exhibit behaviors of concern." Md. Code Ann., § 7-1511 of the Education Article. With the passage of the Blueprint for Maryland's Future, the role of the behavioral health services coordinators was expanded to include:

- Coordinating existing behavioral health services and referral procedures for behavioral health services within the local school system, including through a coordinated community supports partnership; and
- Working in collaboration with the local health department, the local department of social services, and other local entities that provide behavioral health services, including a community supports partnership, to ensure that a student who is referred for behavioral health services obtains the necessary services in a timely manner.

Md. Code Ann., § 7-447(c) of the Education Article. It is axiomatic that our school systems should be doing their part to facilitate treatment for those who need it and have established a relationship with a provider rather than making it more difficult for students and their parents or guardians. Local school systems have raised concern about "risk" and the *in loco parentis* function as a barrier to being able to allow students to use telehealth inside the school because they believe they must have a staff person who observes the student throughout the telehealth appointment. Unless directed by the clinician, a parent or guardian would not be present in the room with the student and therapist during an appointment. For that narrow population of adolescents, telehealth would not be clinically indicated. But for the majority of middle and high school students who seek mental and behavioral healthcare, telehealth is an efficient and effective mechanism for delivering services and meeting patient needs.

For the foregoing reasons, I urge the committee to support Senate Bill 492 to remove unnecessary barriers to treatment for our middle and high school students.

Very truly yours,



Dawn Luedtke
Councilmember, District 7
Montgomery County

cc: Members of the Education, Energy, and the Environment Committee