



PSSAM
Public School Superintendents' Association
OF MARYLAND

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BILL: SB 492
TITLE: Public Schools - Student Telehealth Appointments - Policy and Access
DATE: February 28, 2024
POSITION: Favorable with Amendments
COMMITTEE: Senate Education, Energy, and the Environment Committee
CONTACT: Mary Pat Fannon, Executive Director, PSSAM

The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four public school superintendents, **supports SB 492 with amendments.**

Senate Bill 492 requires each local board of education to establish a policy to accommodate students who need to participate in telehealth appointments scheduled during the school day. Each local board must ensure that the local school system publishes the student telehealth policy in the student handbook and makes school personnel aware of student telehealth policy objectives and requirements. On request, the Maryland State Department of Education (MSDE) must provide technical assistance to local boards to establish telehealth policies.

The COVID-19 pandemic created many challenges in the delivery of public education, but it also highlighted the value and potential of virtual health services. During that time, telehealth was a lifeline for some, providing access to doctors and health practitioners during a very traumatic and fragile time. There is no doubt that telehealth now has a permanent place in public health. PSSAM understands the importance of this new model of health care for our students. In fact, many systems have already begun implementing various forms of telehealth, however, there are some operational concerns with this legislation.

If health care is going to become another part of the delivery of public education, we need to ensure the highest quality controls, and approach telehealth with a deliberate, methodical, and research-based approach. Privacy concerns are key, as well concerns regarding parental consent and when there is a need to communicate with parents. Safe and private spaces need to be created to allow for students to speak in confidence to medical professionals. Protocols must also

be established to provide in-person support if telehealth appointments create a challenge for students returning to classrooms, especially with regard to mental health counseling. While the bill does not mandate the construction of new spaces, we feel strongly that private space must be available in order to protect the privacy of students, and that is not a simple challenge. Lastly, there are operational concerns regarding the coordination of services, approval and verification of appointments, and the use of treatment spaces that need careful consideration.

The need for behavioral health services have skyrocketed during and following the pandemic. In the realm of mental health services, consistent appointments are a best practice; however, if these appointments are by telehealth during the school day, the student's academic success could be challenged if they are consistently missing instruction. On the flip side, we see the equitable benefit of telehealth in helping families who are challenged in getting to appointments due to transportation or work commitments.

So while PSSAM acknowledges the very positive aspects of this legislation, we highly recommend that the committee consider creating a workgroup to make recommendations on the most appropriate service model with consideration to the operational concerns we have described above. This expansion of school-based health services deserves the same deliberation as previous school and public health issues and should be created by health and education experts. Legislation directing a workgroup with all of the affected stakeholders would fall in line with the historical approach to new and emerging needs in our schools, and we strongly believe that is the same protocol that should be followed regarding the expansion of telehealth into schools. Stakeholders should be directed to address the legal, operational, and financial implications that need to be considered for telehealth best practices and include LEAs, MDH, MSDE, parents, school nurses, and other health or support providers in the schools.

For these reasons, PSSAM requests a **favorable with amendments** report for SB 492.