



THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Public Schools - Student Telehealth Appointments - Policy and Access (SB492)**  
Senate Education, Energy, & the Environment Committee: February 28, 2024, 1:00pm

There is a mental health crisis in our nation, and it is particularly bad for our students. Yet only about half of children with behavioral health disorders receive treatment.<sup>1</sup> Students aged 6-17 with mental, emotional, or behavioral concerns are three times more likely than their peers to repeat a grade. High school students with significant symptoms of depression are more than twice as likely to drop out of school.<sup>2</sup> Furthermore, nearly one in five adolescents have seriously considered suicide.<sup>3</sup> These shocking figures are even more tragic for youth from marginalized populations.<sup>4</sup>

We know that therapy is an effective treatment for behavioral and mental health conditions,<sup>5</sup> even when it is delivered as telemedicine.<sup>6</sup> Unfortunately, therapists trained to work with children have disproportionately busy afternoons, meaning that it is difficult for them to take on clients who are logistically limited to after-school appointments. As one social worker wrote to me, “In my practice, we have a short waiting list for daytime appointments and a very long waitlist for after-school appointments,” often up to six months. This is an educational concern, as requiring students to leave school premises means travel time and lost instructional time.

Currently, youth with daytime telehealth appointments are often required by their schools to be picked up by a parent or guardian. This poses an equity issue for children who don’t have anyone available during the school day. In addition, this is a privacy issue for students, who have the right to confidential medical appointments. They are denied this right and must attend their tele-therapy appointments in a vehicle with not just any adult, but potentially their abuser.

[SB492](#) would address these critical problems and enable access to high-quality mental health services for our State's youth. The simple fix is to require county Boards of Education to accommodate public middle and high school students who need to access telehealth services during the school day and provide a space

<sup>1</sup> CDC. “Data and Statistics on Children’s Mental Health.” Centers for Disease Control and Prevention, March 8, 2023. <https://www.cdc.gov/childrensmentalhealth/data.html>.

<sup>2</sup> NAMI. “Mental Health by the Numbers.” National Alliance on Mental Illness, April 2023. <https://www.nami.org/mhstats>.

<sup>3</sup> CDC. “Data and Statistics on Children’s Mental Health.” Centers for Disease Control and Prevention, March 8, 2023. <https://www.cdc.gov/childrensmentalhealth/data.html>.

<sup>4</sup> NAMI. “Mental Health by the Numbers.” National Alliance on Mental Illness, April 2023. <https://www.nami.org/mhstats>.

<sup>5</sup> CDC. “Therapy to Improve Children’s Mental Health.” Centers for Disease Control and Prevention, September 26, 2019. <https://www.cdc.gov/childrensmentalhealth/parent-behavior-therapy.html>.

<sup>6</sup> Orsolini, Laura, Simone Pompili, Virginio Salvi, and Umberto Volpe. “A Systematic Review on TeleMental Health in Youth Mental Health: Focus on Anxiety, Depression and Obsessive-Compulsive Disorder.” *Medicina* 57, no. 8 (July 31, 2021): 793. <https://doi.org/10.3390/medicina57080793>;

Clay, Rebecca. “Telehealth Proves Its Worth.” *Apa.org*. American Psychological Association, January 1, 2022. <https://www.apa.org/monitor/2022/01/special-telehealth-worth>.

inside schools for these appointments.

This policy has already been implemented in a pilot program in Baltimore County Public Schools, with Superintendent Dr. Myriam Rogers testifying before the House Ways & Means Committee that hundreds of students have benefitted as a result.<sup>7</sup>

SB492 is an easy solution to address issues of:

- Disproportionate rates of mental health issues among marginalized groups;
- Unequal access to health care;
- Unnecessary lost instructional time;
- Minimal adolescent privacy; and,
- Given rising rates of adolescent suicide,<sup>8</sup> potentially life or death for our State's children.

On a vote of 100-38, the cross-file to this bill has already passed the House with an amendment confirming that the bill does not alter reporting requirements for medical professionals.

**I urge a favorable report on SB492, as amended.**

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<sup>7</sup> Maryland General Assembly. "Ways & Means Committee Briefing." Maryland.gov, 2024.  
[https://mgaleg.maryland.gov/mgaweb/Committees/Media/false?cmte=w%26m&clip=WAM\\_1\\_24\\_2024\\_meeting\\_2&ys=2024rs](https://mgaleg.maryland.gov/mgaweb/Committees/Media/false?cmte=w%26m&clip=WAM_1_24_2024_meeting_2&ys=2024rs).

<sup>8</sup> Akkas, Farzana. "Youth Suicide Risk Increased over Past Decade." pew.org, March 3, 2023.  
<https://www.pewtrusts.org/en/research-and-analysis/articles/2023/03/03/youth-suicide-risk-increased-over-past-decade>.