

# Alexander Allin - Support (FAV) for SB 492.pdf

Uploaded by: Alexander Allin

Position: FAV

## February 28th, 2024 - Alexander Allin: Support (FAV) for SB 492

Good afternoon, Mister Chair, Madam Vice Chair, and Committee Members. My name is Alexander Allin, and I'm a high school junior from District 16 in Montgomery County. Thank you for the opportunity to share my position on SB 492, Public Schools - Student Telehealth Appointments - Policy and Access.

Telehealth appointments provide a modern, more accessible way for students to check in with medical professionals and get medical support and treatment. However, students who have telehealth appointments during the school day lose that easy access to healthcare. They are required to go home - which can be impossible for students who use a school bus to get to and from school - to attend a Zoom appointment, which results in many students who have access to healthcare unable to utilize the resources they deserve. In addition, students who go home to access appointments miss valuable classroom time, making it counterproductive for them to take telehealth appointments and focus on their health. Students who can't make telehealth appointments during the school day have to take them after school, a small window for a healthcare professional to provide appointments for all students.

To prioritize students focusing on their health and support healthcare professionals in seeing more students at no cost (*there is no fiscal impact for this bill*), a favorable report on SB 492 is imperative so students don't face barriers in accessing healthcare.

Thank you again for listening to student voices,

Alexander Allin, [alex@duck.science](mailto:alex@duck.science)

**SB0492\_MHAMD\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV

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

Senate Education, Energy and the Environment Committee

February 28, 2024

**Position: Support**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 492.

MHAMD strongly supports SB 492, which would increase access to telehealth for children and adolescents by requiring each county board of education to establish a policy for accommodating appointments during the school day. It would require each public middle and high school to designate a private space for these appointments, which we see as a critical tool in supporting access to behavioral health care for Maryland's students.

For over a decade the mental health of children and youth has been worsening. In the 10 years leading up to the COVID pandemic, depression increased by about 40% in young people,<sup>1</sup> and the mental health of youth deteriorated dramatically in the wake of the pandemic. In 2021, the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) joined together to declare a National State of Emergency in Children's Mental Health.<sup>2</sup> Maryland youth have not been immune to these trends. Data from the Youth Risk Behavior Survey of 2021-22 shows that 29% of Maryland high school students and 23% of middle school students reported that their mental health was not good most of the time or always.<sup>3</sup>

Many of these youth need behavioral health treatment, but treatment is not always easy to access. There is a tremendous shortage of behavioral health providers (especially those who specialize in treating children and youth) and coveted evening and week-end appointments are difficult to secure, meaning that parents/caregivers must take off work (if they are able) to take their child to an in-person appointment during the day. In-person appointments can also increase the amount of time a student is out of the classroom, impacting learning. Student access to behavioral telehealth appointments during the school day is an obvious solution to these challenges.

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<sup>1</sup> Kids' mental health is in crisis. Here's what psychologists are doing to help. American Academy of Pediatrics. January 1, 2023. Accessed January 14, 2023. <https://www.apa.org/monitor/2023/01/trends-improving-youth-mental-health>

<sup>2</sup> A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association. American Academy of Child and Adolescent Psychiatry. October 2021. Accessed January 14, 2023. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

<sup>3</sup> Maryland Department of Health releases 2021-2022 Youth Risk Behavioral Survey and Youth Tobacco Survey data. Maryland Department of Health. March 3, 2023. Accessed January 14, 2023. <https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-releases-2021-2022-Youth-Risk-Behavior-Survey-and-Youth-Tobacco-Survey-data.aspx#:~:text=More%20than%20one%2Dthird%20of,or%20always.%20Female%20students%20were>

*For more information, please contact Ann Geddes at (443) 926-3396*

In addition, access to telehealth appointments in schools promotes equity. Frequently it is the parents/caregivers of students from lower socio-economic backgrounds who are unable to take time off from work, or who don't possess the transportation, to take their child to an in-person behavioral health appointment.

Of course, any space designated for students to access telehealth appointments in schools must be private. While space constraints may make this a difficult for some schools, the many benefits of facilitating access to telehealth appointments in schools outweigh the challenges. Space can be identified if this is made a priority.

By requiring schools to develop policies to facilitate access to telehealth appointments, and to designate space for telehealth appointments, SB 492 would significantly support the mental health of students. For this reason, MHAMD supports SB 492 and urges a favorable report.

# **Children's National Testimony - SB 492 - Shireen A**

Uploaded by: Austin Morris

Position: FAV



111 Michigan Ave NW  
Washington, DC 20010-2916  
ChildrensNational.org

**Testimony of Shireen Atabaki, MD, MPH, FAAP**  
***Associate Medical Director, Telemedicine***  
**Children's National Hospital**  
**Before**  
**Senate Education, Energy, and the Environment Committee**  
**IN SUPPORT OF**  
**SB 492: Public Schools – Student Telehealth Appointments – Policy and Access**  
**February 28, 2024**

Chairman Feldman, Vice Chair Kagan and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 492. My name is Shireen Atabaki, MD, MPH, FAAP, and I am the Associate Medical Director of Telemedicine at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

The Children's National Telehealth program enables our healthcare providers to help families, physicians and other healthcare partners receive care or guidance through video visits. These visits transcend geographic barriers through digital health<sup>1</sup>. Telehealth appointments account for a large portion of our clinical service. For example, our rate of telehealth is roughly 30% of all visits within Psychology alone. We are committed to promoting quality virtual health services for patients and families because we believe it can increase access to quality pediatric health care.

Children's National strongly supports SB 492, with the stated intent of requiring public middle and high schools in the state to designate a private space for student telehealth appointments. We know that children spend a large portion of their time in school and

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<sup>1</sup> More information about CNH's Telehealth Program can be found here: [Telehealth | Children's National Hospital \(childrensnational.org\)](https://www.childrensnational.org/telehealth)

according to a recent technical report by the American Academy of Pediatrics, “school-based telehealth programs have shown to increase opportunities for both acute and chronic care for children and adolescents, reduce pediatrician and pediatric provider travel, and provide an early means of evaluation and intervention for acutely ill patients, as well as address developmental, behavioral, and educational issues.<sup>2</sup>”

The COVID-19 pandemic increased the frequency of telehealth opportunities across the country. While the option of telehealth created greater access to care for some patient populations, it is important to be careful about creating or exacerbating inequities in care for certain patient populations<sup>3</sup>. Senate Bill 492 would help address some of these leading disparities in access to high-quality pediatric health care. By requiring public middle and high schools to provide a private space for students to participate in telehealth appointments during the school day, this would help eliminate or lessen broadband/technology barriers, school absences, and parents having to take leave from work to bring their child(ren) to in-person medical appointments.

I applaud Senator Kagan for introducing this important legislation and request a favorable report on Senate Bill 492. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

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<sup>2</sup> [Telehealth: Opportunities to Improve Access, Quality, and Cost in Pediatric Care](#)

<sup>3</sup> [Telehealth: Opportunities to Improve Access, Quality, and Cost in Pediatric Care](#)



**SB0492\_FAV\_MedChi, MDAAP, MACHC, GWSCSW\_PH - Publi**

Uploaded by: Christine Krone

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS



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 Brian J. Feldman, Chair  
Members, Senate Education, Energy, and the Environment Committee  
The Honorable Cheryl C. Kagan

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

DATE: February 28, 2024

RE: **SUPPORT** – Senate Bill 492 – *Public Schools – Student Telehealth Appointments – Policy and Access*

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On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Greater Washington Society for Clinical Social Work, we submit this letter of **support** for Senate Bill 492.

Senate Bill 492 would require each county board of education to establish a policy to accommodate student telehealth appointments during the school day by requiring each public middle and high school to designate a space for student telehealth appointments.

The above-mentioned organizations support student access to telehealth appointments while in the school setting as it improves and expands a student's ability to access health care providers. The availability of school-based telehealth appointments removes transportation barriers associated with parent/guardians taking time off work to take the student to an in-person appointment. Out of convenience, some parents pull their child out of school for an entire day just to attend one in-person appointment. Providing the ability for a student to take a telehealth appointment at school improves attendance and minimizes missed classwork. For these reasons, we urge a favorable report.

**For more information:**

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

**SB0492 FAV Murray (1).pdf**

Uploaded by: David Duba

Position: FAV

Maryland General Assembly  
Education, Energy, and the Environment Committee

Written Testimony of Bowie High Student Government Executive Board  
Lydia Murray, President

In SUPPORT of SB0492  
“Public Schools- Student Telehealth Appointments- Policy and Access”

February 28, 2024 1:00 pm

Thank you Chair Feldman, Vice Chair Kagan, and Members of the Education, Energy, and the Environment Committee for the opportunity to submit written testimony in support of SB0492, Public Schools- Student Telehealth Appointments - Policy and Access.

My name is Lydia Murray, and I am a Maryland resident and the President of Bowie High’s Student Government Executive Board (SGA). We are a student led organization fundamentally dedicated to government, civic involvement, school unity, spirit, improvement, and community advocacy. Bowie High is lucky to have a Mental Health coordinator, a partnership with Bowie Youth & Family Services (BYFS) who offers mental health informational and group sessions, and Hazel Health - an organization that offers free telehealth to students in person and at home. However, we are aware that Bowie is unique in this regard.

We have chosen to submit testimony in support of SB0492. We ardently support requiring state and local school boards to provide telehealth and technical advice in school to students who need support. We know that many PGPCS students benefit from access to Telehealth, and we believe that all schools should provide access to their students for their students’ overall wellbeing which is necessary for them to succeed in middle or high school.

As a student who currently uses therapy in order to navigate the waters of high school, I wish I knew about the mental health services my school provided. I know that using therapy has been instrumental to my ability to continue my education and enjoy my quality of life. And now that I do know about the telehealth services my school provides, I am glad to have been able to share this information with my friends, who are hopefully receiving the help that they need.

Because of my own personal mental health journey, and the journeys that I have witnessed, I am an ardent supporter of this bill because I know that it will only benefit the students involved.

Bowie High’s SGA also makes it a point to support Bowie’s students in all aspects of their health, and we believe that this bill will make sure *all* Maryland students are supported.

Thank you for your time and consideration.

**SB 492 SUPPORT (February 2024).pdf**

Uploaded by: Dawn Luedtke

Position: FAV



**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

# **SB492 2024 Annapolis Pride .pdf**

Uploaded by: Jaden Farris

Position: FAV





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**Sarah Sample**  
(she/her)

**Joshua Seefried**  
(he/him)

**Jayne Walters**  
(she/her)

**Tim Williams**  
(he/him)

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

**DATE:**

**POSITION:** FAVORABLE

**COMMITTEE:** Education, Energy, and Environment

**CONTACT:** Jaden Farris | [jaden@annapolispride.org](mailto:jaden@annapolispride.org)

Annapolis Pride's mission is to advocate for, empower, and celebrate our LGBTQ+ community in Anne Arundel County to live fully and authentically. Our vision is a safe, equitable, and anti-racist community where people of all identities thrive. As such, Annapolis Pride enthusiastically supports Senate Bill 492.

The COVID-19 pandemic has changed many things for youth, including access to Telehealth appointments for all forms of healthcare. By requiring schools to create a private space for students to access Telehealth appointments while at school, this bill can help improve school attendance as well as mental and physical health outcomes for youth.

To attend in-person health appointments, parents often have to take time off of work to pick up their student from school, attend the appointment, and then return the student to school or home before returning to work. Such an arrangement can be particularly burdensome for parents, particularly those who work hourly, who lose pay or may find difficulty taking the time off. In such cases, the mental or physical health of the student may suffer if they are unable to get care because their parent or guardian is unable to take the time from work.

For the student attending an in-person health appointment, their school day can be severely disrupted. Students attending appointments would certainly miss more than one class period to do so when accounting for transportation time. Moreover, depending on the timing of the appointment, the student may miss at least a half-day of instruction.

Access to telehealth appointments during the school day can be particularly beneficial to those students receiving mental health services. While some schools may have counselors on staff or other resources available to a student, those resources are often over-subscribed. If a student has been receiving mental health care from an outside provider with whom they already have established a relationship and trust, then it would be in the students' best interest to maintain care with that provider. Access to telehealth appointments during the school day could significantly decrease the amount of instruction time missed while increasing the likelihood of better mental health outcomes by permitting them to receive care from a provider already known to them.

For students to have access to telehealth providers for either mental or physical health care, we acknowledge that the parent must remain involved since they are liable for the

costs of care or for providing the insurance. Therefore, providing this resource to students would not circumvent the role of the parent in the care of the student.

Recently published reports indicate that the youth are experiencing significant mental health challenges throughout the United States and that [LGBTQIA+ students experience them at even a greater rate](#). As an organization that advocates for a safe and equitable community where all people can thrive, we see the provision of access to telehealth appointments as a benefit to all students in the state and a particular benefit to those who identify as LGBTQIA+ who may be in greater need of these resources.

Accordingly, Annapolis Pride respectfully requests a **favorable** committee report on Senate Bill 492.

# Support SB 0492.pdf

Uploaded by: Katie York

Position: FAV

Bill Number: SB0492

Katie York

Support

I am writing in support of Senate Bill 0492- Public Schools- Student Telehealth Appointments- Policy and Access.

Thank you,  
Katie York

# **Student Telehealth Appointments - Policy and Acces**

Uploaded by: Laura Stewart

Position: FAV

**Written Testimony Submitted for the Record to the Maryland House of Delegates  
Public Schools - Student Telehealth Appointments - Policy and Access (SB492)  
Education, Energy, and the Environment - For the Hearing on February 28, 2024  
SUPPORT**

Free State PTA represents over 70,000 volunteer members and families in over 500 public schools. Free State PTA is composed of families, students, teachers, administrators, and business as well as community leaders devoted to the educational success of children and family engagement in Maryland. As the state's premier and largest child advocacy organization, Free State PTA is a powerful voice for all children, a relevant resource for families, schools and communities and a strong advocate for public education. ***Senate Bill 492 aligns with the Free State PTA's principle for legislative action that schools must provide a safe environment where all students, teachers and staff can thrive. Our legislative agenda also states that school systems should employ mental health support for school communities.***

Senate Bill 492 requires each county board of education to establish a policy to accommodate students who need to participate in telehealth appointments during the school day and requires that each public middle and high school designate an appropriate space to conduct those appointments.

The Free State PTA supports this bill in order to expand student access to health professionals. Working families find it difficult to get children to regular health appointments, especially weekly therapy appointments. Even if they are offered telehealth appointments, parents need to take off work, retrieve their child from inside the school, and then sometimes attend a session in their car or another available space if there is no car or remote technology available. This creates a hardship on families or missed appointments for children. These supports are part of an equitable education, because those with less resources are disproportionately affected. Adding this option will also mean less time missed from the classroom if we can eliminate the sign in and sign out process for health related appointments.

Also, Free State supports any effort to expand access to mental health services, and telehealth is one tool to achieve this. We prioritized mental health support in our legislative agenda because we are in a youth mental health crisis. The Covid-19 closures<sup>1</sup> and the readjustment to in person schools has added to student and family stress. We have seen increased drug overdosing<sup>2</sup> and suicide<sup>3</sup>, especially in marginalized groups and girls. We need to increase access to health services for Maryland students in an equitable way, and telehealth appointments in schools will help us achieve this goal.

**Therefore, Free State PTA urges a favorable vote in support of Senate Bill 492.**

Submitted on behalf of  
Gerrod Tyler, President  
[GTyler@FSTPA.org](mailto:GTyler@FSTPA.org)

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8657359/>

<sup>2</sup> <https://www.uclahealth.org/news/adolescent-drug-overdose-deaths-rose-exponentially-first>

<sup>3</sup> <https://jedfoundation.org/mental-health-and-suicide-statistics/>

**EACtestimony.SB492.pdf**

Uploaded by: Leslie Margolis

Position: FAV

# Education Advocacy Coalition

for Students with Disabilities

## SENATE EDUCATION, ENERGY, AND THE ENVIRONMENT COMMITTEE

**SENATE BILL 492: Public Schools—Student Telehealth Appointments—Policy and Access**

**DATE: February 28, 2024**

**POSITION: SUPPORT**

The Education Advocacy Coalition for Students with Disabilities (EAC), a coalition of more than 40 organizations and individuals concerned with education policy for students with disabilities in Maryland, is pleased to support Senate Bill 492, which would require each county board of education to establish a policy to accommodate students who need to participate in telehealth appointments scheduled during the school day. In setting out several parameters for the policy, Senate Bill 492 specifies that each middle and high school shall designate a private space in the school with internet access and at least one seating option with a nearby electrical outlet and a flat surface to accommodate a laptop device.

EAC members represent or work with numerous students who must leave school regularly to attend health appointments that cannot be scheduled outside of the school day because of the unavailability of the health provider. Depending on when the appointment is scheduled and depending on the distance of the provider from the school, students may miss several hours or more of school on the days of their appointments. Senate Bill 492 would enable students to access the health services they need while remaining in school, thereby enabling them to keep up with their coursework and be full participants in their school community.

For these reasons, the EAC supports Senate Bill 492. Please contact Leslie Seid Margolis, Co-Chair for additional information at [lesliem@disabilityrightsmd.org](mailto:lesliem@disabilityrightsmd.org) or 443-692-2505.

Respectfully submitted,

Rene Averitt-Sanzone, The Parents' Place of Maryland

Selene Almazan, Selene Almazan Law, LLC

Linda Barton, MSED, Education Advocate

Elizabeth Benevides, Autism Society of Maryland, Co-Chair

Melanie Carlos, xMinds (Partnership for Extraordinary Minds)

Stephanie Carr, S.L. Carr Education Consultants, LLC

Ariannwyn Carver, Maureen van Stone, Mallory Legg, Tyler Cochran, Project HEAL at  
Kennedy Krieger Institute

Rich Ceruolo, Parent

Michelle Davis, M.Ed., ABCs for Life Success

Jennifer Engel Fisher, Weinfeld Education Group

Lisa Frank, Andrea Bennett, Jen Ritchotte, Amy Tonti, Special Kids Company



Beth Ann Hancock, Charting the Course, LLC  
Kalman Hettleman, Independent Advocate  
Rachel London, Maryland Developmental Disabilities Council  
Leslie Seid Margolis, Disability Rights Maryland, Co-Chair  
Mark B. Martin, Law Offices of Mark B. Martin, P.A.  
Lindsay Muir, Abilities Network  
Ellen O'Neill, Atlantic Seaboard Dyslexia Education Center  
Ronza Othman, National Federation of the Blind of Maryland  
Maria Ott, Attorney  
Rebecca Rienzi, Pathfinders for Autism  
Jaime E. Seaton, BGS Law  
Ronnetta Stanley, M.Ed., Loud Voices Together  
Wayne Steedman, Steedman Law Group, LLC  
Guy Stephens, Alliance Against Seclusion and Restraint  
Jessica Williams, Education Due Process Solutions, LLP  
Liz Zogby, Maryland Down Syndrome Coalition

# **Luciana Ferragini.pdf**

Uploaded by: Luciana Ferragini

Position: FAV

Luciana Ferragini  
[lucianaferragini@gmail.com](mailto:lucianaferragini@gmail.com)  
410-412-4149

I trust this message finds you well. I am writing to underscore the importance of providing accessible mental health resources for students by establishing designated spaces within schools for Telehealth therapy sessions.

As a parent who has personally navigated the challenges of supporting a child dealing with anxiety, I can attest to the transformative impact of Telehealth therapy.

I would also like to bring to your attention a recent challenge I faced at a local public school. Despite being the primary parent and having a recommendation for counseling for my child, the school, citing shared custody arrangements, denied my request for on-site Telehealth therapy spaces. This experience underscores the need for schools to proactively support students' mental health without unnecessary barriers.

By establishing designated areas for virtual therapy sessions, schools could offer a quiet and private space for students, ensuring a comfortable environment conducive to open discussions. This approach would not only address scheduling issues but also demonstrate a commitment to the overall well-being of students, fostering an environment where mental health is prioritized.

I sincerely believe that creating such spaces within schools would make a substantial difference for all students, including mine, and I encourage your support in advocating for the implementation of on-site Telehealth therapy spaces.

Thank you for your consideration.

Warm regards,

Luciana

# **SB492 Support.pdf**

Uploaded by: Riya Gupta

Position: FAV



**Testimony in support of  
Senate Bill 492: Public Schools – Student Telehealth Appointments – Policy and Access**

**Education, Energy, and the Environment Committee**

**Position: Favorable**

February 28, 2024

Strong Schools Maryland is a network of education advocates dedicated to ensuring the full funding and faithful implementation of the Blueprint for Maryland’s Future. **Strong Schools Maryland urges a favorable vote on Senate Bill 492: Public Schools – Student Telehealth Appointments – Policy and Access.**

The Blueprint for Maryland’s Future envisions a World-Class system of public schools for our state’s students. This involves a significant investment in behavioral and mental health services and supports, including the expansion of community schools in the State, the creation of the Consortium on Coordinated Community-Based Supports, and increased school based health center funding. This bill supports the work of the Blueprint by addressing student health needs during school hours.

Senate Bill 492:

- Requires local school boards to establish a policy to accommodate students if they have a telehealth appointment during the school day;
- Requires each middle and high school to designate a safe, private space for a student to attend a telehealth appointment, but *does not* require any new construction;
- Promotes equitable access to care by helping families that do not have the time or capacity to take off from work to ensure their child attends a telehealth appointment; and
- Ensures privacy and protection for LGBTQ+ students who wish to get help, but may not feel comfortable or safe with a parent listening to their telehealth appointment.

Our country is in the midst of a national youth mental health crisis. The U.S. Department of Health and Human Services reports that while there have been considerable measures taken to address adult mental health issues post-pandemic, there are often considerable gaps in

capacity to serve youth and families.<sup>1</sup> The Annie E. Casey Foundation's Kids Count data shows that in the 2020 to 2021 school year, 24% Maryland children had one or more emotional, behavioral, or developmental condition<sup>2</sup>. Further, LGBTQ+ students are more likely to experience mental health challenges, but less likely to receive help. One survey found that 60% of LGBTQ youth who wanted mental health care in 2022 were not able to get it.<sup>3</sup>

Left unaddressed, students with mental health challenges can experience multiple negative outcomes, including trouble making friends, learning, concentrating, and completing work, as well as poor grades, absences, suspension, expulsion, and suicide.<sup>4</sup> This bill expands opportunities for students to get help, without requiring parents to take off from work to take their children to appointments.

The Blueprint speaks to an investment in preemptively and responsively addressing school community behavioral and mental health needs. Thus the crucial need to provide students with the space to do so.

**For these reasons, we urge a favorable report on Senate Bill 492.**

*For more information, contact Riya Gupta at [riya@strongschoolsmaryland.org](mailto:riya@strongschoolsmaryland.org)*

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<sup>1</sup> [U.S. HHS](#)

<sup>2</sup> [Anne E. Casey Foundation](#)

<sup>3</sup> [The Trevor Project](#)

<sup>4</sup> [Groves Learning Institute](#)

# **Kagan Student Telehealth Testimony SB492 2024.pdf**

Uploaded by: Sen. Cheryl Kagan

Position: FAV



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>.

**14 - SB 492 - EEE - MBON - LOS.docx (1).pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



# Board of Nursing

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

January 26, 2024

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

**RE: SB 0492 – Public Schools - Student Telehealth Appointments - Policy and Access – Letter of Support**

Dear Chair Feldman and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support for Senate Bill (SB) 492 – Public Schools - Student Telehealth Appointments - Policy and Access. This bill requires each county board of education to establish a policy to accommodate students who need to participate in telehealth appointments during the school day; requires each public middle and high school to designate a space that meets certain requirements for student telehealth appointments; and requires the Department, on request, to provide technical assistance to a county board to establish the student telehealth policy.

The Board believes this legislation will promote the health and wellbeing of students by increasing their access to care. By improving the conditions for students to attend telehealth appointments during the school day, the bill would minimize absenteeism and would support continuous learning with minimal disruption. Further, by easing the burden of attending a telehealth appointment, the bill would help maintain continuity of patient care by reducing missed appointments.

I hope this information is useful. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at [mitzi.fishman@maryland.gov](mailto:mitzi.fishman@maryland.gov) or Ms. Rhonda Scott, Executive Director, at [rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov), or call (410) 585 – 2049.

Sincerely,

Gary N. Hicks  
Board President

**The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.**

# **SB 492 - Support - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: FAV



February 5, 2024

The Honorable Brian J. Feldman  
Senate Education, Energy, & the Environment Committee  
Miller Senate Office Building – 2 West  
Annapolis, MD 21401

RE: Support – Senate Bill 492: Public Schools - Student Telehealth Appointments - Policy and Access

Dear Chairman Feldman and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS supports House Bill 492: Public Schools - Student Telehealth Appointments - Policy and Access (SB 492), because allowing student telehealth appointments during school hours can promote student well-being, reduce barriers to healthcare access, and support academic success. MPS/WPS understand the difficulty a school may have with finding an appropriate space for such visits, though most could occur in the school's health suite; however, MPS/WPS believes that the benefits outlined below far outweigh this logistical concern.

Telehealth appointments during school hours can make it easier for students and parents to attend appointments without disrupting the school or work day. Students, who may typically miss a full or half day of school to attend doctor visits, could now schedule appointments during breaks or lunchtime without missing classes. By reducing the need for students to leave school for medical appointments, less disruption occurs to their educational routine, allowing them to stay focused on their studies. SB 492 also encourages parental involvement with their children's healthcare because telehealth allows parents to attend appointments remotely without taking time off work.

In addition, SB 492 improves access to healthcare for those students who may not have easy access to healthcare facilities or transportation, as telehealth provides a convenient way to receive medical care without traveling. Furthermore, telehealth appointments can be more



cost-effective for families, as they eliminate the need for transportation costs and the potential loss of wages due to time off work for both parents and students.

For all the reasons stated above, MPS/WPS ask this committee for a favorable report on SB 492. If you have any questions regarding this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

**MSPA SB 492 Letter.pdf**

Uploaded by: Bradley Leposa

Position: FWA





Senator Brian J. Feldman, Chair  
Senator Cheryl C. Kagan, Vice Chair  
Education, Energy, and the Environment Committee  
2 West, Miller Senate Office Building  
Annapolis, MD 21401

February 27, 2024

**Bill: Senate Bill 492 – Student Telehealth Appointments**

**Position: Support with Amendment**

Dear Chairman Feldman, Vice Chair Kagan, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state. School psychologists provide comprehensive psychological services to children in Maryland's schools, including counseling, consultation and assessment. We are writing in support, with a significant amendment, for SB 492, concerning student telehealth appointments during the school day.

Properly managed, telehealth appointments for Maryland students could enhance their physical and mental health, and we support the concept in principle. But as written there are significant issues which are raised by this bill, including student safety and clinical well-being, as well as challenging logistical and staff demands on our public schools:

- There is no connection between the outside treatment provider and the school. This could result in a student being left in crisis at the end of a session due to whatever happened in the session, with no supports or follow-up built in.
- The advocates for the bill speak of credentialed therapists doing these telehealth sessions, but there is nothing in the bill that speaks to the kind of providers the students and their parents are connecting to – who knows what qualifications they might (or might not) have, and whether they have any regulation or State oversight at all.
- And there is no way to ensure background checks for the people the students are connecting to – an important requirement for any contact with kids in schools. Legally any person who connects with a student in school must have passed a background check.
- When community-based providers come into our schools, it is with a "Memorandum of Understanding" spelling out all of the steps in the process, including referral, scheduling, and collaboration between provider and school personnel. None of this would be in place with a "drop-in" telehealth provider.
- Space is at a premium in many schools, and this is going to be very challenging for schools to manage – next to impossible in some very over-crowded schools.
- Staff time is involved in both getting the student to the designated space, and supervising them there – school support and administrative staff are stretched very thin already.

- Scheduling coordination is going to present huge issues - will the designated space be available when the student/parent has made the appointment? Will the student have "free time" to attend the session at its scheduled time? Essential educational functions could easily be disrupted.

Additionally, as written each school system is charged with developing their own policies and procedures for enabling telehealth appointments. Thus providers would be faced with working out the various differing and possibly conflicting rules for each of our 24 school systems as they attempt to set up these appointments. So for the sake of consistency, we would join with the Maryland Association of Boards of Education in calling for amending the bill's language to require the Maryland State Department of Education and the Maryland Department of Health, with stakeholder input, to jointly develop guidelines for how our school systems can provide for student telehealth appointments consistently across all schools and districts.

MSPA urges you to consider a favorable report on SB 492 as amended in this manner, to ensure consistency across the state as school systems implement safe and responsible policies and procedures for student telehealth appointments during the school day. If we can provide any additional information or be of any assistance, please do not hesitate to contact us at [legislative@mSPAonline.org](mailto:legislative@mSPAonline.org).

Respectfully submitted,

Bradley Leposa  
Co-Chair, Legislative Committee  
Maryland School Psychologists' Association

**SB492\_StudentTelehealth\_KennedyKrieger\_Support.pdf**

Uploaded by: Emily Arneson

Position: FWA



**DATE:** February 28, 2024      **COMMITTEE:** Senate Education, Energy and the Environment  
**BILL NO:** Senate Bill 492  
**BILL TITLE:** Public Schools - Student Telehealth Appointments - Policy and Access  
**POSITION:** Support with amendments

**Kennedy Krieger Institute supports, with amendments: Senate Bill 492 - Public Schools - Student Telehealth Appointments - Policy and Access.**

**Bill Summary:**

Senate Bill 492 requires each local board of education to establish a policy to accommodate public middle and high school students who need to participate in telehealth appointments scheduled during the school day.

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger. We employ more than 2,600 persons who play a vital role in our mission to transform the lives of children with disorders of the brain.

Kennedy Krieger Telehealth services include evaluation, treatment, education, and consultation. Kennedy Krieger has provided telebehavioral health services since 2015. During the height of the pandemic, nearly 95% of all Kennedy Krieger outpatient services were delivered via telehealth. Over the last year, we have consistently delivered approximately 40% of sessions through telehealth, with 70% of all behavioral health sessions occurring via telehealth. These include a combination of hybrid, where the family also attends in person, and exclusive telehealth, where patient needs are sufficiently met via remote delivery.

**Rationale:**

Telehealth services are feasible, safe, efficient, and effective. Telehealth is not appropriate for all conditions, or for all patients, but it has greatly increased the access and ease with which patients can access care. It allows families across the state access to the highest quality of services and providers available, without being limited to local services. **This state-wide access is crucial for Kennedy Krieger, who provides specialized services for children with rare disorders and diseases.** Allowing students to attend sessions via telehealth from school increases equitable access and reduces barriers to care.

**Amendments:**

At the core of any telehealth session are a provider's clinical judgment of what is most appropriate for that patient as well as the patient and caregiver preference for how they receive clinical care.

We appreciate that the 2024 legislation includes language that requires the implementation of safety and privacy for students participating in a telehealth appointment. However, we feel that the following should be considered to further support student safety:

- The provider would need to know the exact location of the student during the session (not just 'at school').
- The school would need to know when and where sessions were occurring.
- Someone at the school must be available to the provider by phone during the entirety of the session for any emergency or urgent need that the therapist identifies.

As an example, if a student is exhibiting or expressing thoughts of self-harm (i.e., suicidal ideation) or thoughts of harming others, the provider would be able to call a pre-identified school personnel to immediately locate the student and assist in emergency. If a provider were to call the main office phone number of the school, there could be unfortunate delays in getting that student the care they need immediately.

It is our strong recommendation that Local Education Agencies work in partnership with the Maryland State Department of Education and the provider community to form these policies to ensure that students are able to access telehealth sessions in a safe and supported environment.

**Kennedy Krieger Institute requests a favorable report with amendments on Senate Bill 492.**

Emily Arneson – AVP Government Affairs – [arneson@kennedykrieger.org](mailto:arneson@kennedykrieger.org) or 443-631-2188  
707 North Broadway Baltimore, Maryland 21205 (443) 923-9200/Telephone (443)923-9125/Facsimile

**FINAL SB492 Testimony AACPS SWA.pdf**

Uploaded by: Grace Wilson

Position: FWA



## SB492 PUBLIC SCHOOLS – STUDENT TELEHEALTH APPOINTMENTS – POLICY AND ACCESS

February 28, 2024

EDUCATION, ENERGY AND THE ENVIRONMENT

### SUPPORT WITH AMENDMENTS

Grace Wilson, Legislative & Policy Specialist (410.440.1758)

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Anne Arundel County Public Schools (AACPS) supports with amendments **SB492 Public Schools – Student Telehealth Appointments – Policy and Access**. This bill requires each county board of education to establish a policy to accommodate students who need to participate in telehealth appointments scheduled during the school day. The bill requires that this policy require each middle and high school to designate a space for student telehealth appointments that is a private space in the school, has internet access, includes at least one seating option with a flat surface and electrical outlet to accommodate a laptop, and is not a bathroom or closet. The policy is also required to implement measures to ensure the safety and privacy of a student participating in a telehealth appointment. Moreover, the bill requires each county board to ensure that the local school system published the policy in the student handbook and makes personnel aware of student telehealth policy objectives and requirements. Finally, the bill states that nothing in the bill shall be construed to require a school to construct an addition or a new space to a school building to provide a private space to comply with the student telehealth policy.

In the wake of the global COVID-19 pandemic, health care providers have shifted to providing some services virtually via telehealth. The provision of health services virtually is convenient to students, families, and health care providers. As such, AACPS supports the development of telehealth guidance by the Maryland State Department of Education (MSDE), in collaboration with the Maryland Department of Health (MDH), in order to ensure that telehealth can be provided safely within academic settings. However, AACPS has concerns regarding the specific requirements of this bill to provide students access to telehealth services in public schools without sufficient guidance or guardrails, and respectfully requests that the bill be amended accordingly and that the effective date of the bill be delayed until after MSDE guidance on telehealth in public schools is available to local education agencies.

AACPS believes that without guidance from MSDE on how to effectively and safely implement access to private telehealth appointments during the school day, SB492 will result in logistical and liability challenges for local education agencies. These challenges include ensuring students are supervised while having equitable access to private telehealth services and incorporating this practice in a way that will not adversely impact the instructional day for students. Furthermore, this bill places an additional strain on school facilities which are already overburdened. Many of our schools currently do not have sufficient private meeting space to meet the demands of student services staff, school-based mental health clinicians, and academic interventionists. The requirement that schools also make private space available for student telehealth will further limit the private space available in schools for use both by staff and students.

While AACPS recognizes the importance of promoting the positive mental and physical health of our students, AACPS believes that additional guidance and time are needed beyond this legislation to ensure that telehealth can be provided appropriately and safely within the school setting.

Accordingly, AACPS respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on SB492.

**2024 MSCA SB 492 Senate Side FAV w:Amendments.pdf**

Uploaded by: Holly Kleiderlein

Position: FWA





<b>Committee:</b>	<b>Senate Education, Energy, and the Environment</b>
<b>Bill Number:</b>	<b>Senate Bill 492 Public Schools – Student Telehealth Appointments – Policy and Access</b>
<b>Hearing Date:</b>	<b>February 28, 2024</b>
<b>Position:</b>	<b>Support w/Amendments</b>

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The Maryland School Counselor Association (MSCA) – a professional organization of over 900 counselors who work with students in pre-kindergarten through twelfth grade in public, private, charter, and magnet school settings, **supports Senate Bill 492 with amendments** to ensure that the Maryland Departments of Education and Health develop school health services guidelines to be utilized by school systems adopting local policies and implementing the services laid out in this legislation.

Senate Bill 492 would mandate that schools accommodate student access to receiving telehealth services without the assurances provided by student health plans. MSCA does not support the approach taken in Senate Bill 492 to mandate school system staff involvement, the provision of space, and scheduling of time, for telehealth services provided to students on school premises during the school day without the benefit of statewide school health guidelines.

Much remains to be seen in the legal and ethical implications of accommodating student access to receiving telehealth services. Of concern is compliance with the Health Insurance Portability and Accountability Act (HIPAA) to protect student privacy and the technology used in schools and the barriers to secure private settings may mean a breach of HIPPA compliance. The other issue to sort through is whose responsibility it is to ensure the technology works and that there are no technical difficulties, as well as who is responsible for the behavior of outside professionals working with students via telehealth when the students are on school grounds. In other words, if an outside telehealth counselor acted unprofessionally or inappropriately with a student, could the school be legally responsible?

This is why MSCA firmly believes that guidance is essential as a precursor to the statewide implementation of these services. Therefore, requests a favorable report of this legislation if amended to require the development of school health services guidelines by MSDE and MDH instead of mandating the accommodation of telehealth services for students during the school day.

# **SB 492.Telehealth Services In School Setting .pdf**

Uploaded by: John Woolums

Position: FWA

**BILL:** Senate Bill 492  
**TITLE:** Public Schools - Student Telehealth Appointments - Policy and Access  
**DATE:** February 28, 2024  
**POSITION:** SUPPORT WITH AMENDMENTS  
**COMMITTEE:** Education, Energy, and the Environment  
**CONTACT:** John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) appreciates the intent of Senate Bill 492 to facilitate the availability of telehealth services in the school setting, by outside providers, during the school day. MABE requests amendments, which are provided below, to ensure that the Maryland Departments of Education and Health develop school health services guidelines to be utilized by school systems adopting local policies and implementing the services envisioned in this legislation.

Local boards of education and school system employees recognize the importance of adopting and implementing statewide guidelines and local policies and procedures to facilitate student access to health services. School health policy matters are inherently complex, involving the medical expertise of school health coordinators and school nurses, other medical professionals, and the input of school administrators responsible for school operations. Therefore, MABE consistently advocates that school health policy matters are most appropriately reflected in state and local policies based on the school health guidelines issued by the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH), rather than through legislation. MABE firmly believes that the well-intended desire to expand student access to telehealth services during the school day, which is an extraordinarily complex issue, should be reflected in school health guidelines.

MABE has a long track record of supporting legislation which directs MSDE and MDH to develop school health guidelines which must be developed through a stakeholder process and adopted by the State Board of Education prior to any expectation or requirement that local school systems adopt new policies and procedures. By contrast, Senate Bill 492 would mandate that schools accommodate student access to receiving telehealth services without the assurances provided by student health plans. MABE does not support the approach taken in Senate Bill 492 to mandate school system staff involvement, the provision of space, and scheduling of time, for telehealth services provided to public school students on school premises during the school day without the benefit of statewide school health guidelines.

For these reasons, MABE requests a favorable report on Senate Bill 492 if amended to require the development of school health guidelines by MSDE and MDH instead of mandating the accommodation of telehealth services for students during the school day. This guidance is essential as a precursor to the statewide implementation of the services called for in this legislation.

MABE's requested amendments to Senate Bill 492 are provided below.

## **MABE Requested Amendment to Senate Bill 492**

On page 2, after line 25, insert:

SECTION 2. AND BE IT FURTHER ENACTED, That: (a) On or before August 1, 2025, the State Department of Education and the Maryland Department of Health shall jointly develop and the State Board shall adopt Maryland State school health service guidelines regarding the availability of opportunities for students during the school day on school premises to receive telehealth services, with consideration given to the input of broad range of stakeholders in addition to the program elements described under § 4–142 of the Education Article.

(b) Before the start of the 2024–2025 school year, each county board of education, including the Baltimore City Board of School Commissioners, shall make a good faith effort to adopt and implement guidelines in accordance with § 4–142 of the Education Article, as enacted by Section 1 of this Act, and following the Maryland State school health service guidelines updated under subsection (a) of this section.

On page 2, in line 26, strike “2” and replace with “3”.

# **SB 492 - Public Schools - Student Telehealth Appoi**

Uploaded by: Mary Pat Fannon

Position: FWA



**PSSAM**  
Public School Superintendents' Association  
OF MARYLAND

**Mary Pat Fannon, Executive Director**  
1217 S. Potomac Street  
Baltimore, MD 21224  
410-935-7281  
marypat.fannon@pssam.org

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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

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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.

**SB0492 Howard Co BOE Testimony 022824 for EEE - St**

Uploaded by: Staff Howard County

Position: FWA





Board of Education of Howard County  
Testimony Submitted to the Maryland Senate,  
Education, Energy, and the Environment Committee  
February 28, 2024



Board of Education  
of Howard County

Jennifer Swickard Mallo, *Chair*

Yun Lu, Ph.D., *Vice Chair*

Linfeng Chen, Ph.D.

Jacky McCoy

Jolene Mosley

Robyn C. Scates, Esq.

Antonia Watts

Lamia Ayaz  
*Student Member*

William J. Barnes  
*Acting Superintendent,  
Secretary/Treasurer*

**SB0492: FAVORABLE WITH AMENDMENTS**  
**Public Schools - Student Telehealth Appointments - Policy and Access**

The Board of Education of Howard County (the Board) supports **SB0492 Public Schools - Student Telehealth Appointments - Policy and Access** with amendments to shift the bill to a study or workgroup.

SB0492 requires local school systems to develop a policy and accommodate telehealth appointments for students at the middle and high school level. “Telehealth” is defined under the bill as a mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner. In order to accommodate these appointments, schools must designate a space that is private, has internet access, includes at least one seating option with a flat surface and electrical outlet nearby to accommodate placement of a laptop, and is not a bathroom or closet. School systems must publish the student telehealth policy in the student handbook and provide training to school personnel on student telehealth policy objectives and requirements.

In Howard County, the Howard County Public School System (HCPSS) currently operates 11 school-based wellness centers in conjunction with the Howard County Health Department, which can include telehealth appointments in the health room with the school nurse facilitating the visit. Mental health telehealth appointments are currently only allowed at Homewood, where a School-Based Mental Health Program clinician and school staff must be nearby.

SB0492 sets up scenarios where appointments made by parents for any number of somatic or mental health concerns would happen during the school day. The administrative burden on the school would include coordinating appointments which may overlap, as well as ensuring students have access to technology and platforms that connect to their specific doctor/provider. Currently, parents are asked to sign students out of school when taking such appointments as there are also concerns with privacy of a student’s health information. In a worse case scenario, a student who has an appointment may become overwhelmed, confused, or otherwise need parent or guardian support when no one is in the room with them at the time. If requiring additional staff to monitor each appointment, the bill would impact the already overburdened health and mental health staff working in our schools.

While well intentioned, logistics for this topic needs further consideration before legislating a mandate as called for under SB0492. The bill should be amended to establish a study or workgroup of this important topic with input from impacted stakeholders.

With these amendments, we urge a FAVORABLE report of SB0492 from this Committee.

**UNFAVORABLE.SB492.HB522.LauraBogley.MDRTL.pdf**

Uploaded by: Laura Bogley

Position: UNF



**Opposition Statement SB492/HB522  
Student Telehealth Appointments – Policy and Access**

Laura Bogley, JD  
Executive Director, Maryland Right to Life

**We oppose SB492/HB522 as written and seek amendment**

On behalf of our members across the state, we respectfully object to SB492/HB522 *as written* and urge your amendment. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy, especially where minor children are at risk from predatory practices. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental consent and without examination by a healthcare provider, including through websites like *PlanCpills.org* (see attached screenshots). The remote sale and distribution of abortion drugs through school telehealth, would pose a serious risk to the health and safety of school children and is an egregious violation of parent trust.

Without amendment, this bill will extend the deadly reach of the abortion industry to schoolchildren at every middle school and high school across the state. Children as young as twelve years old could receive abortion drugs through school telehealth appointments without parental notice or consent. This lack of parental notification puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims evading prosecution for their crimes.

Abortion is not healthcare, but an act of violence that ends one human life and often permanently scars the other. We strongly urge the bill sponsor to amend the language of this bill to exclude its application to teledeath through the coordination of abortion services and the remote prescription or distribution of chemical abortion drugs to schoolchildren.

**We Trust Parents**

Maryland Right to Life trusts parents to make the best decisions about their children’s health. State law must recognize the natural and legal right of parents to provide consent for their children’s medical care.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. By enacting this school teledeath promotion bill, the state will radically transform student health services beyond the

local school nurse into an endless virtual world of adults who stand to gain financially at the expense of vulnerable children.

### **Reading, Writing and Abortion**

Parents send their daughters to school to receive an education, not to receive abortions. But the abortion industry believes that abortion should be a rite of passage for young women. Already in Maryland schools, a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion mill, and possibly receive chemical abortion drugs, all during the school day with an excused absence and without parental notice or consent (see attachment).

The abortion industry has long been working with abortion activists in state government, to expand abortion services through **School Based Health Centers** (SBHCs). (See attached <https://www.washingtonexaminer.com/opinion/planned-parenthood-plans-to-infiltrate-high-schools>.) With the Biden administration's politicization of the FDA, critical safeguards for the use and remote distribution of chemical abortion drugs have been removed, leaving women and girls vulnerable to predatory abortion practices anywhere they have a phone or computer. Under this bill, all schools would be required to accommodate abortion providers and others through remote access to schoolgirls for the purpose of prescribing chemical abortion drugs or coordinating later term surgical abortions.

While Maryland law requires parental notification before an abortion for girls under the age of sixteen (16), the law gives broad discretion to the profit-minded abortionists to waive this requirement if in his or her opinion, notifying the parent would not be in the child's best interest. In reality, abortionists routinely fail to conduct thorough patient intake or report suspected cases of statutory rape and abuse.

The state of Maryland has been reduced to a state sponsor of the abortion industry. The Department of Education and the Department of Health have long used taxpayer funds to contract out educational curriculum development, programs and training 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 (SBHCs)**. They are pushing a radical sexuality agenda beginning in kindergarten that is not required by law to be either medically accurate or age appropriate.

### **State is Failing to Protect Schoolchildren**

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls.

Parents also have the right to know that some of the same businesses who commit abortions, are expanding their business models and their reach over defenseless schoolchildren by pushing puberty blockers and gender transition procedures. State law enables these businesses to use school psychologists and counselors as a feeder system to prey upon school children and to deceive parents under the guise of student privacy.

### **Teleabortion Puts Girls at Greater Risk**

While the abortion industry claims that chemical abortion is safe and easy, this method is **four times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%.

The Supreme Court is currently reviewing a case to restore the Food and Drug Administration's (FDA) original safeguards for chemical abortion drugs which are necessary to protect the health and safety of women and girls from improper use and resulting injury. Before the Biden Administration removed these safeguards, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for failed chemical abortions. Chemical abortion drugs were first approved for only the first seven (7) weeks of pregnancy due to the dramatically increased risk of complications when used later in pregnancy.

Then in December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers in their offices. The FDA still requires that, in order to prescribe the drug, the prescriber must certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs.

In reality, abortionists are recklessly prescribing these drugs to girls remotely without any diagnostic tests or examinations to confirm the baby's stage of growth. Many girls are experiencing complications including giving birth to live babies when the abortion drugs fail. Hospitals are seeing women who suffer complications after taking abortion drugs even into the third trimester and routinely allowing these babies to expire from lack of medical intervention. (See [Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby \(liveaction.org\)](#)).

## Infanticide Increasing due to Chemical Abortion

Without a born-alive protection law in Maryland, abortionists may commit infanticide if a child is born as the result of failed abortion, without regard to viability. In the case of “Do-It-Yourself” abortion drugs, women are being instructed to simply flush the human fetus, whether alive or dead, down the toilet or otherwise discard of the baby without notifying law enforcement. In fact, in 2022 State lawmakers attempted to shield abortionists and co-conspirators from these crimes by introducing the so-called “Pregnant Persons Freedom Act” SB669/HB626 which would have prohibited officials from investigating the death of an infant within the first twenty-eight (28) days of life.

## The State is Putting Politics Before Patients

The Maryland General Assembly also has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers may provide teleabortion services and will be eligible for Maryland Medicaid reimbursement, free abortion training, as well as undisclosed gratuities from drug manufacturers.

The legislature has further increased the risk to women and children by promoting interstate abortion trafficking and authorizing providers who are not licensed in Maryland, to provide abortions through interstate compacts. In 2023 the Maryland General Assembly enacted a package of abortion shielding laws, to provide criminal immunity to abortionists for the injury or death of their patients both in and out of state.

## Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women’s healthcare. Planned Parenthood offers only minimal prenatal care services or adoption referrals. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers and 4 FREE pregnancy resource centers for every Planned Parenthood in Maryland. The state, in order to come into compliance with federal Title IX of the Higher Education Act of 1965, must provide **equal accommodation for pregnancy**, not only the termination of pregnancy through abortion.

## **Funding restrictions are constitutional**

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people. A 2022 Marist poll showed that 54% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion.

The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

## **Disparate Impact Statement: Abortion is having a genocidal impact on Black Marylanders**

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence.

The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

**Once again, we urge you to preserve the otherwise good intentions of this bill, by amending it to prohibit the use of school telehealth for the purpose of abortion sales to minors.**

Sincerely,

**Laura Bogley, J.D.**  
Executive Director  
Maryland Right to Life



## 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.*



# Where people get abortion pills in Maryland

Use this guide to find a provider that meets your needs, then visit their website to request pills. **Plan C does not sell pills.**



## Online clinics that mail pills

For people who want abortion pills by mail and follow-up support from a clinician.

- \$150 or less
- 1-5 days
- Clinician support
- FDA-approved medications

[See 14 results](#)



## Websites that sell pills

For people who want abortion pills by mail without consulting a clinician.

- \$39 and up
- 3-9 days
- Potential legal risk
- Generic medications (from India)

[See 26 results](#)



## In-person clinics

For people who have access to transportation and would prefer to pick up abortion pills in person from an abortion clinic.

- \$500 or more
- Clinician support
- FDA-approved medications

[See results](#)

SOURCE: <https://www.plancpills.org/abortion-pill/maryland#ways-people-get-pills> (February 27, 2024)

**SB0492 (1).pdf**

Uploaded by: Suzanne Duffy

Position: UNF

**SB0492 is going to cost the State of Maryland millions, if not billions of dollars in lawsuits.** It will be amazing to watch this happen, if this **BAD and DANGEROUS bill** passes.

Keep chipping away at the RIGHTS of the PARENT and putting minors in HARM'S way, this is exactly what this bill does, **puts children, OUR children in harm's way.** You seem to want the Religion of State to own our precious children.

SAY NO to this GOD-awful bill. You could be opening the floodgates of malfeasance the likes that this state has never seen. A good time to be an attorney in America, can you see them lining up?

Suzanne Price  
AACo, MD

LAW.COM

### **malfeasance**

n. intentionally doing something either legally or morally wrong which one had no right to do. It always involves dishonesty, illegality or knowingly exceeding authority for improper reasons. Malfeasance is distinguished from "misfeasance," which is committing a wrong or error by mistake, negligence or inadvertence, but not by intentional wrongdoing. Example: a city manager putting his indigent cousin on the city payroll at a wage the manager knows is above that allowed and/or letting him file false time cards is malfeasance; putting his able cousin on the payroll which, unknown to him, is a violation of an anti-nepotism statute is misfeasance. This distinction can apply to corporate officers, public officials, trustees and others cloaked with responsibility.

**Tibbals\_OPPOSE SB 492\_HB 522\_ Public Schools - St**

Uploaded by: Trudy Tibbals

Position: UNF

SB 492/House Bill 522: Public Schools - Student Telehealth  
Appointments - Policy and Access: Please OPPOSE this  
dangerous bill!!

Dear Chair Atterbeary, Vice Chair Wilkins, and all other esteemed  
Committee Members:

I can't stress strongly enough why all of you should oppose this very dangerous bill!!

Please consider the following points:

- Parents have the fundamental right to direct and to refuse any medical treatments, procedures, interventions or vaccinations, etc. which might be administered to their students in school settings. Parents must retain the fundamental right to discover and direct the medical and mental care of their children, including the full content of information to which the children are exposed, and any medical treatment, procedure, intervention, or vaccination, etc., including mental health care, administered. Parents demonstrably have the highest vested interest in their children's welfare and are best equipped to make important decisions for their children regarding their care. There is no context in which it's necessary or appropriate for the state legislature to pass laws that undermine or usurp the authority of all parents, the vast majority of whom provide much better care and decision-making for their children than the state is capable of providing. The Supreme Court ruled in 1979: "Most children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment. Parents can and must make those judgments."
- Moreover, under the Maryland constitution, as well as the United States constitution, this committee as a body has absolutely no right to limit or revoke the rights of parents. Parents have every right to parent, and their primary responsibility does not require permission from you or any legislative body. My position against HB 878 is supported by multitudes of quality publicly-available objective evidence, and not based on subjective experiences or notions. Furthermore, my position is consistent with the rules of logic with no contradiction. And while I consider this bill morally reprehensible and an unnecessary waste of your time and our tax dollars, legislating THE REMOVAL OF PARENTS IN THE DECISION-MAKING

WITH REGARDS TO THEIR OWN CHILDREN into the Maryland code should frighten all of us no matter how we stand on this bill.

- Have you been provided with proper long-term safety data of the mental, physical and psychological health effects on children, as a result of removing parents from the decision-making regarding the overall health and mental well-being of their own children while their children are in schools? If not, don't just be a follower of this global trend and unwittingly let this Pandora's Box be further opened. As a member you have one intrinsic duty and that is to **do no harm** and serve the common good. I ask that you reject this bill and any other legislation associated with it for the sake of our children and families. I remind you to uphold the Constitution and the unalienable rights of parents.
- Healthcare providers that are being contacted while the child is in a public school setting may NOT have access to students' full medical history and cannot fully assess the relative risks and benefits of medical interventions for pediatric patients in school without notifying and conferring with parents and any other doctors whom the children see and from whom the children receive care and treatment and/or treatment management.
- Parents must be informed of medical diagnoses and treatments administered to their children while in public school settings and in order to partner with the student's primary healthcare providers and other support systems to address the diagnosis and any factors contributing to the student's health and mental well-being.
- Students who receive physical or mental healthcare without parental notice in public school settings may be at increased risk of susceptibility to [social contagion](#) and/or may be at greater risk to receive off-label medical treatments which are [not supported by adequate evidence](#).

We need a 3-legged stool approach for safe medical care for our children. This stool includes the physician, the parent, and the child. I will fight any bills that remove any part of this. This bill removes the parent, thereby removing the parent, leaving the child completely open to the greedy pharmaceutical industry and any doctor or other medical or mental health "professional" that DOES NOT have full knowledge of the child's full medical and mental health history.

I'm sure that we can all agree that the medical records of a child should never be kept hidden from that child's parents! Many adverse reactions from vaccinations, medications, etc. take weeks or longer to appear. If a child starts having a seizure or any other adverse

reaction while at school, when that child had no previous medical history of seizures or other adverse reactions, it would be crucial for the parents to know what product was recommended to their child and when and how it was given. This could be the difference between life and death for that child!

Please think really hard before you vote on this bill. This bill would be disastrous for our children and families in Maryland!

Thank you for your time and attention. Thank you again for **opposing** this bill.

Trudy Tibbals

A very concerned Mother and Maryland resident