Maryland Association of School Health Nurses



Committee:	Senate Finance Committee
Bill Number:	House Bill 689 – Maryland Medical Assistance Program – Use of Reimbursement Funds by Schools
Hearing Date:	March 20, 2025
Position:	Support with Amendment

The Maryland Association of School Health Nurses supports *House Bill 689 – Maryland Medical Assistance Program – Use or Reimbursement Funds by Schools*. The bill's underlying intention is to ensure schools direct new resources from Medicaid billing for school health services to address the shortage of school health providers. We would ask for some clarifying amendments.

MASHN has been deeply concerned about the shortage of school nurses and other school health professionals. On average statewide, there is only one nurse per 848 students (see attached). States have been struggling to identify additional resources to bolster their school health workforce. In 2023, the Center for Medicare and Medicaid Services opened the door to a potentially game changing opportunity. Under new federal guidance, schools can draw down more federal matching funds for school health services.ⁱ Even before this new guidance, some states had developed innovative pathways for reimbursement for school nursing services.ⁱⁱ

We would request two amendments which we believe align with the intent of the bill:

Amendment 1: Clarifying which practitioners may be reimbursed. Federal law and regulations already delineate who may bill for school health services. The practitioner must be authorized to practice either by a health occupation board or education agency. We recommend aligning the bill's language to reflect federal guidance:

On page 1 in lines 21-23:

(2) "PROVIDER" MEANS A SCHOOL AUDIOLOGIST, SCHOOL21
PSYCHOLOGIST, SCHOOL SPEECH PATHOLOGIST, AND ANY OTHER HEALTH CARE
PRACTITIONER WHO PROVIDES SERVICES TO A STUDENT IN A SCHOOL SETTING.
PRACTITIONER WHO IS AUTHORIZED TO PRACTICE IN A SCHOOL SETTING UNDER THE HEALTH
OCCUPATIONS ARTICLE OR EDUCATION ARTICLE INCLUDING

(i) nurses;
(ii) licensed clinical social workers;
(iii) professional counselors;
(iv) marriage and family therapists;
(v) occupational therapists and occupational therapy assistants;
(vi) speech language pathologists;
(vii) physical therapists;
(viii) school counselors; and
(ix) school psychologists.

Amendment 2: Clarifying how funding may be spent. As we understand the bill's intention, new resources from Medicaid billing for school health must be directed towards the school health workforce. We would recommend a change in language to recognize that school health professionals are paid through salaries rather than stipend arrangements as well as that educational opportunities are not typically labeled as internships:

On page 2 in lines 8-15

(1) ADDITIONAL POSITIONS FOR PROVIDERS;

(2) PAID INTERNSHIPS FOR STUDENTS SEEKING TO BECOME
PROVIDERS; EDUCATION OPPORTUNITIES FOR STUDENTS IN ACCREDITED HEALTH
PROFESSIONAL EDUCATIONAL PROGRAMS TO WORK UNDER A PROVIDER AS PERMITTED
UNDER THE HEALTH OCCUPATIONS ARTICLE OR THE EDUCATION ARTICLE;
(3) STIPENDS SALARY INITIATIVES FOR PROVIDERS THAT ARE DESIGNED TO ADDRESS
PROBLEMS IN PROVIDER RECRUITMENT AND RETENTION; AND
(4) STIPENDS SALARY INITIATIVES FOR PROVIDERS WORKING IN LOW-PERFORMING
SCHOOLS THAT ARE DESIGNED TO ADDRESS PROBLEMS IN PROVIDER RECRUITMENT

We urge a favorable report on this bill with our proposed clarifying amendments. If we can provide any further information, please contact Robyn Elliott at <u>relliott@policypartners.net</u> or (443) 926-3443.

ⁱ <u>https://www.cms.gov/newsroom/fact-sheets/delivering-service-school-based-settings-comprehensive-guide-medicaid-services-and-administrative</u>

ⁱⁱ <u>https://www.networkforphl.org/resources/medicaid-reimbursement-for-school-nursing-services-2/</u>