

## **SB486\_MDPsychiatricSociety\_FAV**

Uploaded by: Lisa Harris Jones

Position: FAV

# MARYLAND PSYCHIATRIC SOCIETY



## OFFICERS 2024-2025

Theodora G. Balis, M.D.  
President

Ronald F. Means, M.D.  
President-Elect

Tyler Hightower, M.D.  
Secretary-Treasurer

Carol Vidal, M.D., Ph.D.  
Council Chair

## EXECUTIVE DIRECTOR

Meagan H. Floyd

## COUNCIL

Benedicto R. Borja, M.D.  
Kim L. Bright, M.D.  
Mary Cutler, M.D.  
Mark S. Komrad, M.D.  
Cynthia Major Lewis, M.D.  
Rachna S. Raisinghani, M.D.  
Traci J. Speed, M.D., Ph.D.  
Michael A. Young, M.D., M.S.

## EARLY CAREER PSYCHIATRIST COUNCILOR

Jamie D. Spitzer, M.D.

## RESIDENT-FELLOW MEMBER COUNCILOR

Hannah Paulding, M.D.

## PAST PRESIDENTS

Virginia L. Ashley, M.D.  
Jessica V. Merkel-Keller, M.D.

## APA ASSEMBLY REPRESENTATIVES

Annette L. Hanson, M.D.  
Elias K. Shaya, M.D.  
Brian Zimnitzky, M.D.

## MEDCHI DELEGATE

Enrique I. Oviedo, M.D.

## APA AREA 3 TRUSTEE

Geetha Jayaram, M.D.

February 10, 2025

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

RE: Support – Senate Bill 486: School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers

Dear Chairwoman Beidle 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 and WPS represent over 1100 psychiatrists and physicians currently in psychiatric training.

The MPS and WPS supports SB 486, School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers. School-Based Mental health services are becoming more and more accepted across the country to increase access to mental health among youth. In addition, while some schools have many resources, others are under-resourced, and we feel it would be beneficial to have regular assessments to make sure all Maryland schools are well-equipped with wellness/health services. We believe that it would be helpful if this assessment was communicated publicly for transparency (so that parents and community members can easily see what is available and what is not in their schools and communities) and we urge legislators to consider next steps to ensure sure all services provided in schools are evidence-based and well-regulated.

For all the reasons stated above, MPS/WPS ask this committee for a favorable report on SB 486. If you have any questions regarding this testimony, please contact MPS lobbyist, Lisa Harris Jones at [lisa.jones@mdlobbyist.com](mailto:lisa.jones@mdlobbyist.com).

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

# **2025 MASHN SB 486 Senate Side.pdf**

Uploaded by: Liz Elliott

Position: FAV

**Maryland Association of School Health Nurses**



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 486 – School Health and Wellness Personnel – Assessment and Maryland Council on Advancement of School-Based Health Centers

**Hearing Date:** February 11, 2025

**Position:** Support

---

The Maryland Association of School Health Nurses (MASHN) strongly supports *Senate Bill 486 – School Health and Wellness Personnel – Assessment and Maryland Council on Advancement of School-Based Health Centers*. The legislation requires the Departments of Health and Education to conduct a regular assessment of school health and wellness professionals, including school nurses. The legislation would also add a school nurse to the Council for the Advancement of School-Based Health Centers.

MASHN believes that a regular assessment of the number of school nurses and other health professionals in schools is essential. The last publicly available data is from 2018-2019 (see attached). Given the rapidly changing nature of the healthcare workforce, we need more current data to monitor the school nurse shortage and develop initiatives to address the shortage.

MASHN also supports the addition of a school nurse to the Council for the Advancement of School-Based Health Centers. Coordination is essential between school health programs and school-based health centers. Maryland requires a school health program (commonly known as a nurse's office) in every school, while only about 90 schools have school-based health centers. School-based health centers are a community health centers that are for students and located within the four-walls of a school.

MASHN appreciates the Committee's long history of commitment to school health. Last year, the Maryland General Assembly passed legislation to add school nurses to the Janet L. Hoffman Loan Repayment Program (SB 441/HB 545 – Senator Beidle/Delegate Mireku-North). This year, we ask for a favorable vote. If we can provide any information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

Employer (2022)	School Nurses	Licensed Practical Nurses	Certified Nursing Assistant	Other Health Services	Enrollment (2018-19)	Schools Count	Students Per Nurse	Nurses Per School
Allegany	22	1	0	6	8539	26	388	0.85
Anne Arundel	77	21	135.5	7	83300	124	1082	0.62
Baltimore	173	0	40	0	113814	174	658	0.99
Baltimore City	50	3	127	1	79297	167	1585.94	0.30
Calvert	18	7	0	2	15936	25	885.33	0.72
Caroline	8	2	7	0	5829	10	728.63	0.80
Carroll	48	3	0	3	25179	44	524.56	1.09
Cecil	29	0	0	0	15307	29	527.83	1.00
Charles	35	9	0	0	27108	38	774.51	0.92
Dorchester	12	4	1*	1*	4785	13	398.75	0.92
Frederick	26	8	56	0	42713	68	1642.81	0.38
Garrett	0	11	0	0	3842	12	NA	NA
Harford	61	5	0	0	37826	54	620.10	1.13
Howard	59	0	62	0	57907	77	981.47	0.77
Kent	2	0	4	1	1912	5	956.00	0.40
Montgomery	118	0	212	59	162680	208	1378.64	0.57
Prince George's	198	21	0	2	132667	208	670.04	0.95
Queen Anne's	14	2	0	0	7749	14	553.50	1.00
SEED School	1	1	0	1	404	1	404.00	1.00
Somerset	6	4	1	1	2930	9	488.33	0.67
St. Mary's	33	3	0	0	17999	30	545.42	1.10
Talbot	6	0	6	1	4674	8	779.00	0.75
Washington Hospital	16	10	26	1	22681	45	1417.56	0.36
Wicomico	28	0	9	2	14949	25	533.89	1.12
Worcester	17	0	0	0	6810	14	400.59	1.21
<b>Statewide</b>	<b>1057</b>	<b>115</b>	<b>685.5</b>	<b>87</b>	<b>896837</b>	<b>1428</b>	<b>848.47</b>	<b>0.74</b>

Notes \* 1 person certified as CNA and CMT

Data Source and Years: Nursing data from 2018-2019 MSDE Survey; Enrollment and school count data from 2018-2019 MdReportCard Enrollment Data; the local employer is current year (2022)

# **2025 Sign-On Support Letter SB 486 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



Our organizations support *Senate Bill 486 – School Health and Wellness Personnel Assessment*. The bill requires the Maryland Department of Health to conduct a regular assessment of the numbers of healthcare practitioners that work in school-based health and wellness programs.

This legislation builds on the work of the Commission to Study the Health Care Workforce Crisis. Established by SB 440/HB 625 (Senator Beidle/Delegate Kelly) in 2022, the Commission undertook a two-year study to frame recommendations for Maryland’s ongoing efforts to address healthcare professional shortages. One of the Commission’s priority recommendations was the need for consistent and ongoing data collection:

*Healthcare workforce data should be collected, analyzed, and managed within a state data center on a consistent basis. Healthcare workforce trends are fluid, a point that was reinforced by the COVID-19 pandemic. One-time collection efforts only provide a point-in-time snapshot of the current landscape and predicted need.*

We know that health professional shortages are constant, and sometimes severe, in school health and wellness programs. These shortages have profound impact on the health and wellbeing of students in elementary and secondary schools across Maryland.

Maryland is undertaking several important initiatives, even in this fiscal climate, to improve access to school health and wellness services in schools:

- Legislation in 2023 and 2024 expanded the Janet Hoffman Loan Repayment Program to include school nurses and school-based behavioral health professionals, including school counselors and school social workers;

- The Maryland Medical Assistance Program has launched an initiative to expand Medicaid reimbursement for school-based health services. The first phase expands billing for school social workers and school psychologists. Future phases could include occupational therapists, speech language pathologists, physical therapists, school nurses, and dental hygienists; and
- The Blueprint has invested state and local resources into increasing access to primary, behavioral health, and dental services in schools. Programs include wrap-around services in community schools and grants awarded by the Consortium for Consolidated Community Supports for behavioral health services.

State agencies and community stakeholders are engaging in these initiatives despite having no consistent source of data for the number of school health and wellness practitioners in each school. Some data may be available at the local jurisdiction level, but there is no source of statewide data.

Senate Bill 486 addresses the data gap by requiring the Maryland Departments of Health and Education to regularly assess the number of school health and wellness practitioners working on primary and secondary schools. The agencies would also gather regular feedback from stakeholder groups, including professional associations.

Maryland needs regular, consistent data about the number of school health and wellness professionals by jurisdiction, school, and pupil. Please vote favorably on Senate Bill 486. If you need further information on this legislation, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**Maryland Assembly for School-Based Health Care**

**Maryland Association of School Health Nurses**

**Maryland Chapter of the American Academy of Pediatrics**

**Maryland Community Health System**

**Maryland Occupational Therapy Association**

**Maryland School Counselors Association**

**Maryland State Education Association**

**National Association of Social Workers – Maryland Chapter**



# **SB486 FAV MNA 2025.pdf**

Uploaded by: William Kress

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** SB 486 - School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers

**Hearing Date:** February 11, 2025

**Position:** Favorable

---

The Maryland Nurses Association strongly supports Senate Bill 486, which mandates the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) conduct an annual assessment of the school health and wellness personnel workforce in our state.

Senate Bill 486 is a crucial piece of legislation that addresses the growing need for comprehensive data on school health and wellness personnel. As our schools continue to navigate the complexities of providing holistic support to students, this bill ensures that we have a clear understanding of the existing workforce and the areas that require attention. The inclusion of school nurses, counselors, dental hygienists, occupational and physical therapists, school psychologists, school social workers, and speech-language pathologists in the assessment process will provide a comprehensive overview of the personnel essential to student well-being.

Furthermore, the bill's requirement for MDH and MSDE to submit a report to the General Assembly on the findings of the assessment by December 1, 2027, and annually thereafter, is a

positive step toward transparency and accountability. It ensures that the data collected will be utilized to inform policy decisions and improve recruitment and retention strategies for school health and wellness personnel. Adding a school nurse to the Maryland Council on Advancement of School-Based Health Centers is long overdue. A school nurse will bring valuable insights from frontline health professionals into the council's deliberations.

By supporting Senate Bill 486, we are taking an essential step towards fostering a healthier and more supportive educational environment for our students. The annual assessment will highlight the ratio of school health and wellness personnel to students and identify vacancies, allowing local school systems and health departments to address gaps effectively. Additionally, the feedback from stakeholders will be instrumental in developing strategies to enhance the recruitment and retention of school health and wellness professionals.

In summary, MNA urges a favorable report on Senate Bill 486. The bill not only aims to gather and report critical data but also emphasizes the importance of having a robust workforce dedicated to student health and wellness.

If you have any questions, please contact our lobbyist, Bill Kress at [bill@kresshammen.com](mailto:bill@kresshammen.com)

# **SB 486 - MDH - FIN - LOSWA.docx.pdf**

Uploaded by: Meghan Lynch

Position: FWA



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

February 11, 2025

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401-1991

**RE: Senate Bill 486 - School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers - Letter of Support with Amendments**

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill 486 - School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers. This bill requires the Department and the Maryland State Department of Education (MSDE) jointly to conduct an assessment of ten types of school health and wellness personnel each year, and alters the membership of the Maryland Council on Advancement of School-Based Health Centers (CASBHC) to include one school nurse to be nominated by the Maryland Association of School Health Nurses.

The Department supports the addition of a school nurse to CASBHC. School nurses are a crucial part of the infrastructure that allows school-based health centers to seamlessly integrate into their local schools, school communities, and the broader healthcare system. As key partners with school-based health centers, school nurses should be included as voting members of CASBHC.

The annual assessment of ten different types of school health and wellness personnel required by the bill would impose a significant fiscal and administrative burden on the Department. The proposed assessment requires an annual assessment of school health nurses, as well as other school health and wellness personnel types. The assessment is broad in scope, and is beyond the current staffing levels of the Department. Further, the Department does not have oversight of or expertise in any of the school health and wellness personnel except for school nurses. The SBHC program is separate from in-school school health nurses and are separate clinics operated on school campuses by local health care partners, and their staff recruitment is outside the purview of the Department; the annual assessment would not aid them.

In order to fulfill the requirements of the bill, the Department and MSDE would need to jointly convene a cross-agency workgroup solely for this purpose. The Department estimates that its

own staffing needs include a permanent project coordinator and data analyst, totaling \$158,702 beginning in SFY27, exclusive of any fiscal impact on MSDE.

The Department proposes the attached amendment to strengthen this bill by removing the significant fiscal and administrative burden while maintaining the important addition of a school nurse to CASBHC. The proposed amendments would eliminate in its entirety the fiscal impact on the Department.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.  
Secretary

Attachment:  
Amendment to Senate Bill 486

AMENDMENT TO SENATE BILL 486  
(First Reading File Bill)

Starting on page 3, strike in their entirety line 20, through page 4, line 23, inclusive.

# **SB 486\_Horizon Foundation\_FAV w amendments.pdf**

Uploaded by: Nikki Highsmith Vernick

Position: FWA





## BOARD OF TRUSTEES

February 11, 2025

**COMMITTEE:** Senate Finance Committee

**BILL:** SB 486 – School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers

**POSITION:** Support with amendments

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

**The Foundation is pleased to support SB 486 – School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers.** This bill would require the Maryland State Department of Education and the Maryland Department of Health to conduct an annual assessment of school health and wellness personnel – which includes positions such as nurses, social workers, psychologists and more – to get data on staff-student ratios, identify vacancies and gain feedback on strategies to recruit and retain workers.

The Horizon Foundation has worked with the Howard County Public School System over the last several years to expand school-based, enhanced mental health supports, including 1:1 student counseling services, to all schools. Though tremendous progress has been made, work remains to ensure this program is fully and effectively implemented throughout all Howard County public schools. Utilizing both school social workers and community-based mental health providers, thousands of students have been served through this program since it began, including over 800 students just in the first quarter of this current school year. However, more students remain on waiting lists and nationwide staffing shortages have resulted in very high staff-student ratios – currently, over 2000 students per one school social worker.

These issues in our schools reflect the larger shortage of behavioral health workers that Maryland has been experiencing for many years. There are simply not enough providers in Maryland to meet our residents' mental and behavioral health needs. In fact, a recent report commissioned by the Maryland Health Care Commission found that Maryland needs to attract 30,000 new behavioral health workers in order to meet unmet needs and to account for current workers expected to retire, leave the state or leave the field in the next several years.<sup>i</sup> Recruiting and retaining personnel who can provide these services for students is critical.

Christopher Fortune  
CHAIR

Lisa Pearson  
VICE CHAIR

Gopi Suri  
SECRETARY

Mark Cissell  
TREASURER

Nikki Highsmith Vernick  
PRESIDENT & CEO

Jonathan Ilson Ahn, Esq.

Yvonne Commodore-  
Mensah, Ph.D

Juliet Gilliam

Catherine Hamel

Brian Hepburn, M.D.

Louis Huff III

Sekou Murphy

Yvette Rooks, M.D.

Scott Rose

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D

Like many communities across the country, mental and behavioral health needs in Howard County have been on the rise and barriers remain to ensuring robust and equitable access to care. In our county's most recent health assessment, the number of residents who reported experiencing symptoms of depression and anxiety jumped significantly compared to the last survey in 2018, and only 16% reported receiving some type of treatment.<sup>ii</sup> We also continue to see stark racial disparities in mental health. In the same survey, Black and Hispanic residents were much more likely than their White counterparts to report feeling a lack of interest or pleasure in doing things – as were residents with low income – in addition to feelings of being down, depressed or hopeless. There is also growing research that shows chronic stress and trauma due to racism exacerbates mental and behavioral health challenges for people of color.

SB 486 would help us get needed data around the health and wellness workforce in our schools with the goal of recruiting and retaining personnel to meet the growing needs of our students. To help achieve this goal, we suggest two amendments to the bill language as written:

1. **In the assessment conducted by MSDE and MDH, require that the data gathered about current school health and wellness personnel be disaggregated by race and ethnicity.** This will help discern whether school providers represent the diversity of the student population and help ensure that schools provide more culturally competent care as they seek to recruit and retain personnel.
2. **Include “community providers who deliver school-based mental health services to students during the school day” in the definition of school health and wellness personnel.** This will help ensure that community mental health providers, in addition to social workers and psychologists that are school system employees, are included in the data gathered for the assessment.

We strongly believe everyone, including our students, should have access to compassionate and culturally competent mental health care. For this reason, the Horizon Foundation **SUPPORTS SB 486** and urges a **FAVORABLE** report **WITH AMENDMENTS**.

Thank you for your consideration.

---

<sup>i</sup> <https://marylandmatters.org/2024/12/02/maryland-needs-another-30000-behavioral-health-workers-to-meet-growing-demand/>

<sup>ii</sup> Howard County Health Assessment Survey, 2021. Retrieved from <https://www.hclhic.org/community/data>

## **SB 486.pdf**

Uploaded by: Taylor Dickerson

Position: FWA



PO Box 368 Laurel, MD 20725

410-992-4258

[www.marylandpsychology.org](http://www.marylandpsychology.org)

## **OFFICERS OF THE BOARD**

### ***President***

David Goode-Cross, Ph.D.

### ***Past President***

Brian Corrado, Psy.D.

### ***Secretary***

Meghan Mattos, Psy.D.

### ***Treasurer***

Andrea Chisolm, Ph.D.

### ***Representatives-at-large***

Rachel Singer, Ph.D.

Deborah Williams, Psy.D.

### ***Representative to APA Council***

Peter Smith, Psy.D.

## **COMMITTEE CHAIRS**

### ***Communications***

Robyn Waxman, Ph.D.

### ***Diversity***

Mindy Milstein, Ph.D.

### ***Early Career Psychologist***

Alayna Berkowitz, Ph.D.

### ***Educational Affairs***

Sarah Crawley, Ph.D.

### ***Ethics***

LaShaun Williams, Psy.D.

### ***Legislative***

Stephanie Wolf, JD, Ph.D.

### ***Professional Practice***

Karin Cleary, Ph.D.

## **PROFESSIONAL AFFAIRS**

### **OFFICER**

Paul C. Berman, Ph.D.

## **EXECUTIVE DIRECTOR**

Taylor Dickerson

February 7, 2025

Senator Pamela Beidle, Chair  
Senator Antonio Hayes, Vice Chair  
Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

### **Bill: Senate Bill 486: School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers**

### **Position: Support with Amendment**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists throughout the state, is writing in SUPPORT with an amendment of Senate Bill 486: School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers.

Maryland's schools are facing an increasingly serious shortage of qualified behavioral and physical health care providers – at a time when their need is becoming ever more apparent. Students cannot effectively meet the academic demands of school if these needs are not addressed. Recognizing this fact, Maryland's school systems have for many years employed school nurses, counselors, social workers, psychologists and other related service providers, and their services make a big difference. But today schools are having a harder and harder time finding enough professionals to fill all these positions, and across the state many remain unfilled.

To address these shortages, it's essential to have good data. SB 486 will generate regular assessments of the adequacy of our school health and wellness workforce, enabling planners at every level to understand the extent of the problem and to develop effective long-term solutions to the identified shortages.

Noting that the bill adds a "School Health Nurse" as a member of the Maryland Assembly on School-Based Health Care, we think that it is very important for a qualified mental health professional to be included as well. We propose the following amendment at page 3, line 19: "... SCHOOL HEALTH NURSES; AND ... (XV) ONE SCHOOL PSYCHOLOGIST, NOMINATED BY THE MARYLAND SCHOOL PSYCHOLOGISTS' ASSOCIATION."

Thank you for considering our comments on SB 486, with the proposed amendment. If we can provide any additional information or be of any assistance, please do not hesitate to contact the Chair of MPA's Legislative Committee, Dr. Stephanie Wolf, at [mpalegislativcommittee@gmail.com](mailto:mpalegislativcommittee@gmail.com).

Respectfully submitted,

*David Goode-Cross, Ph.D.*  
David Goode-Cross, Ph.D.  
President

*Stephanie Wolf, JD, Ph.D.*  
Stephanie Wolf, JD, Ph.D.  
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association  
Barbara Brocato & Dan Shattuck, MPA Government Affairs

# **2025 SB486 Opp School Based Health Centers.pdf**

Uploaded by: Deborah Brocato

Position: UNF



### **Opposition Statement SB486**

School Health and Wellness Personnel Assessment  
and Maryland Council on Advancement of School-Based Health Centers  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We oppose SB486**

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion violence. The personnel named in the bill could be used to promote abortion and abortion services. School-based health centers (SBHC) in California have links to the abortion industry (<https://www.washingtonexaminer.com/opinion/planned-parenthood-plans-to-infiltrate-high-schools>). We oppose the abortion industry using the public school system to bypass parental rights to gain access to minor children and the use of public money for this purpose. **Maryland Right to Life requests an amendment to exclude abortion purposes from the application of this bill.**

**Maryland is a state sponsor of abortion.** This bill would allow the public school system to be used as a conduit into the abortion industry and use taxpayer money to do so. The state of Maryland including the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development programs, training and school health services 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**. They are pushing a radical sexuality agenda beginning as early as pre-kindergarten, that includes a medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to "prevent pregnancy". This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization. Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School-Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see Washington Examiner article).

**Abortion always kills a human child** and often causes physical and psychological injury to women and girls. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization.

**Pregnancy is not a disease** and abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state



that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or abortion. **These medical interventions do not constitute intentional abortion and are performed in hospitals, not in abortion clinics.**

Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of "healthcare". Because of the Abortion Care Access Act of 2022, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical "Do-It-Yourself" abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. When women experience complications from abortion, they are typically refused care by the abortionist and referred to hospital emergency rooms where medical providers are often coerced into completing abortions against their rights of conscience. Amber Thurman of Georgia died from sepsis caused by the incomplete abortion initiated by the deadly abortion pills. Abortion pills are promoted as safe and easy. This young girl had no idea how serious her condition was until it was too late.

In addition to the lowered safety standards imposed by the General Assembly, this body, under the guise of "patient privacy", enacted shield laws to protect abortion businesses from criminal and civil litigation. Maryland does not require the reporting of abortion statistics, including adverse events, to the Centers for Disease Control. We do not have records of all the women and girls in Maryland who have been harmed by chemical and surgical abortions. Why is abortion NOT treated like other procedures that are considered healthcare? Why are abortion businesses NOT required to report in the same way a dialysis clinic is required to report their statistics? **Maryland is not looking out for the safety and well-being of women and girls.**

#### **Public Funding**

**Maryland is one of only 4 states that forces taxpayers to fund abortions.** Regardless of how one feels about the legality of abortion, there is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion. 67% of Americans in that same poll support legal limits on abortion, particularly after the first trimester.

**Abortion is big business in Maryland.** Maryland taxpayers are forced to subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.



**Maryland must stop subsidizing corporate abortion. Maryland taxpayers do not want their state to be an abortion destination with abortion for all. Certainly, Marylanders do not want public schools used to give open access to the abortion industry to prey on Maryland's children.**

**Parental notice and consent provide better outcomes for youth.** State law needs to recognize the natural and legal right of parents to provide consent for their children's medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to "opt in". Parents now have the obligation to "opt out" if they are provided notice at all.

Maryland Right to Life opposes the promotion of the abortion industry via the public school system. We ask for an amendment excluding abortion and abortion purposes from this bill. **Without an amendment, we respectfully ask you to give an unfavorable report on SB486.**



# **Breitbart PP and High Schools.pdf**

Uploaded by: Deborah Brocato

Position: UNF

## **Schools Across America Promote Planned Parenthood Services and Curriculum**

SPENCER LINDQUIST 13 May 2022

Schools across America are partnering with the nation's largest abortion provider, Planned Parenthood, turning to them for sex education curriculum starting in elementary school, listing them as "community health partners," and promoting their services to students.

Planned Parenthood partners directly with schools in the Los Angeles Unified School District, the second most populous school district in the United States. The LAUSD website lists Planned Parenthood as a "Student Wellbeing Center."

Los Angeles' Van Nuys High School promoted abortion resources to teens on their website, even telling students that parental permission is not required for the lethal procedure, Breitbart News previously reported.

Planned Parenthood has a foothold in other California school districts as well. The San Bernardino City Unified School District, San Juan Unified School District, and the Escondido Union School District advertise Planned Parenthood on their website, while the San Francisco Unified School District uses curriculum from the abortion provider to teach elementary school children.

Planned Parenthood's influence in schools is not only relegated to California. Texas's La Feira School District, along with Colorado's Vantage Point High School, provides Planned Parenthood's contact information to students. Utah's Granite School District in South Salt Lake City also lists a Planned Parenthood representative on their health and sex education page.

Chicago Public Schools partners directly with Planned Parenthood of Illinois, who they refer to as a "school-based health center."

Planned Parenthood, which also provides hormone treatment for minors who wish to transition, is listed 14 times on Oregon's Multnomah County's Sexual Health Curriculum page. The county's page also features videos about destroying the "gender binary."

Missouri's Kirkwood Early Childhood Center, which instructs preschool-aged children, lists Planned Parenthood as a resource, along with a favorable description, while the Poughkeepsie City School District in New York held a workshop with the abortion provider for their Parent Empowerment Center.

In addition to formal partnerships between government schools and the nation's largest abortion provider, nonprofits like Advocates for Youth and their project Youth Abortion Support promote abortion, specifically for young women.

The organization seeks to "end abortion stigma and strengthen support for young people's access to abortion" as their activists "work with campus and local officials to strengthen young people's access to abortion services."

Spencer Lindquist is a reporter for Breitbart News. Follow him on Twitter @SpencerLndqst and reach out at [slindquist@breitbart.com](mailto:slindquist@breitbart.com).

Copyright © 2023 Breitbart

## **Sample Amendment Language - No abortion funding (1**

Uploaded by: Deborah Brocato

Position: UNF

**SAMPLE AMENDMENT LANGUAGE: No state funding for elective abortion or abortion providers**

“Nothing in this [Act, Section, Chapter] shall be construed to authorize the use of state taxpayer funds, including those appropriated by State law or in any trust fund to which funds are authorized or appropriated by State law, for abortion promotion, training, or certification, or for the distribution of abortion inducing drugs, or for the procurement, compensation, subsidization, reimbursement or other financial support of abortion providers or their affiliates. This limitation does not apply to an abortion if the pregnant woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in imminent danger of death unless an early termination of the pregnancy is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, nor does it apply to medical treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of an abortion.”

# **Washington Examiner, PP and High Schools (1).pdf**

Uploaded by: Deborah Brocato

Position: UNF

## **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.

## **SB0486- State Board- LOI.pdf**

Uploaded by: Madeline Houck

Position: INFO

TO: Senate Committee on Finance

BILL: SENATE BILL 486 – School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers

DATE: February 11, 2025

POSITION: Information

---

The Maryland State Department of Education (MSDE) is providing this information regarding **Senate Bill (SB) 486 – School Health and Wellness Personnel Assessment and Maryland Council on Advancement of School-Based Health Centers**.

### **SB 486 Summary**

SB 486 mandates annual assessments of the school health and wellness workforce by the State Department of Education and the Maryland Department of Health (MDH), requiring an annual report to the General Assembly on workforce needs and strategies for recruitment and retention of personnel. The assessment will examine student-to-personnel ratios and vacancy rates.

### **Information**

Under SB 486, MSDE and MDH will jointly conduct an annual assessment of school health and wellness personnel. This assessment requires the departments to:

- Identify the ratio of school health and wellness personnel to students and schools by jurisdiction.
- Obtain information from each local school system and local health department regarding vacancy rates for each type of provider of school health and wellness services.
- Obtain feedback from each local school system, each local health department, and other stakeholders on strategies to improve the recruitment and retention of school health and wellness personnel.

MSDE collects some data related to staffing at the school and LEA level which is included in the Maryland Report Card. Vacancy rates are not currently tracked. Under SB 486, reporting would also include information regarding vacancy rates and feedback from LEAs and local health departments on recruitment and retention of school wellness personnel.

MSDE would need to hire an Education Program Specialist with a PIN at 50% in Fiscal Year 2026. MSDE estimates costs of \$64,216 in FY 2026. This includes salary, fringe benefits, communications, one-time start-up equipment, materials, and supplies.

The responsibilities of this position will include coordination with MDH, data collection, analysis, and report writing. This would help ensure that MSDE has the dedicated capacity needed to meet this bill's requirements.

The bill requires MSDE to obtain information from each LEA, which means that they will need to gather and provide the necessary data on staffing, vacancies, and recruitment strategies

The bill defines "school health and wellness personnel" to include counselors, dental hygienists, occupational therapists, occupational therapy assistants, physical therapists, school counselors, school nurses, school



psychologists, school social workers, and speech-language pathologists. Local education agencies may need to allocate resources to track and report on these specific roles, as defined by the bill, for the purposes of the assessment. It is important to note that LEAs contract out many of these services.

MSDE respectfully requests consideration of these comments as SB 486 is discussed and deliberated.

For further information, please contact Dr. Akilah Alleyne at 410-767-0504, or [Akilah.alleyne@maryland.gov](mailto:Akilah.alleyne@maryland.gov)