



Policy Statement

A Call to Remove Outdated Restrictions on the Use of Telehealth by School-Based Health Centers in Maryland

Maryland Assembly on School-Based Health Care (MASBHC) recommends school-based health centers be allowed to provide telehealth services to enrolled students. Additionally, MASBHC recommends school systems allow school-based health centers (SBHCs) to be open or allow a limited number of SBHCs to be open on a rotating basis during the COVID-19 pandemic.

Background

SBHCs are a significant component of Maryland's strategy to improve health equity and the needs of students during the COVID-19 crisis. Maryland State Department of Education (MSDE) recommends the use of telehealth in "Maryland Together: Maryland's Recovery Plan for Education: COVID-19 Response and the Path Forward."ⁱ

MSDE has broad authority over SBHCs. To communicate with students through telehealth, SBHCs must apply for approval from MSDE. The application process requires extensive paperwork and an on-site visit from MSDE.ⁱⁱ The application and approval requirements are unnecessary and duplicative because Maryland law already provides express authority and guidelines for all health care professionals to provide telehealth health services.ⁱⁱⁱ In terms of reimbursement, Medicaid no longer requires Medicaid providers to obtain a special designation to provide telehealth services. It is important to note that MSDE does not restrict the use of telehealth by another health care program—community-partnered school behavioral health service programs—in schools. The restrictions are just on school-based health centers.

Currently, no legal or legislative barriers exist to prevent use of telehealth by SBHC licensed providers. In the State of Maryland, physicians and advance practice nurses have full practice authority and are therefore qualified to provide telehealth services. SBHCs have the needed hardware required for initiation of a successful telehealth service. The only barrier is the MSDE policy.

Impact

SBHCs are currently underutilized due to an outdated restrictive policy developed by MSDE on the use of telehealth in SBHCs. At the beginning of the global COVID-19 pandemic, the MSDE policies resulted in SBHC health care providers being unable to offer telehealth services for their enrolled students when school buildings closed, with many SBHCs offering limited amount of non-reimbursable contact through telephone.

Additionally, even after school buildings reopened, policies continue to restrict access to care of safety net resources. These restrictions contrast with the statewide medical and Medicaid regulatory response to the pandemic, which have allowed health care providers to quickly pivot to the flexible use of telehealth services to continue care for patients.

The accelerated adoption of widely available and acceptable platforms for providing telehealth services by both private providers and community-based clinics and their patients was successful. Unfortunately, this was not the case for health care providers in SBHCs.

Opposing Argument

The current argument for not removing the outdated MSDE policy is that students can access their primary care provider (PCP) in lieu of SBHC care. Ideally, all students would seek care from their PCP when SBHCs are closed due to a pandemic or for the weekend.

Health Equity Includes Access to Care

Data show that approximately 50% of Maryland children do not receive coordinated, ongoing, comprehensive care within a medical home and 23.3% of current medical insurance for Maryland children is inadequate to meet their needs.^{iv} As a result, many students served by SBHCs may lack a connection to a PCP and therefore are unable to make a transition to a PCP for care. Additionally, COVID-19 has resulted in an economic downturn and widespread job losses. With the loss of jobs, many families also have lost their employer-based health care coverage, increasing the number of children and teens without insurance coverage.

SBHCs have a decades-long record of providing care to students, particularly the vulnerable, underinsured, and underserved. SBHCs have been on the front line in identifying needs and working to remediate social determinants of health, providing medical and mental health services and connecting children to community-based care. The population served by SBHCs are especially vulnerable given the COVID-19 pandemic. According to a recent paper published by Children's National Hospital in Washington, DC, racial/ethnic minorities and socioeconomically disadvantaged children carry the highest burden of infection.^v

SBHC Telehealth Pivot Landscape During COVID-19 from Other States

MASBHC investigated how other states (NY, CO, DE, MI) made a successful transition to use of telehealth services in their SBHCs. We learned providing medical and behavioral care through telehealth is working well for their students. Acutely ill students are being screened via telehealth and either treated or referred for in-person care as needed. Visits are being conducted in two phases: medical history taken via telehealth visit and the physical exam provided on-site if indicated. Immunizations, especially the influenza vaccine, and blood draws are being done either in a SBHC or provided in outside spaces such as school parking lots. Medications can be dispensed from the SBHCs to an adult family member curbside. Overall, other states have found that SBHCs function best when partially open with a hybrid model of both telehealth and in-person visits as needed.

Action Steps

1. **Eliminating Checklists as an Unnecessary Barrier to Care:** MSDE's requirements are not necessary because health care practitioners must already meet the requirements of their licensure laws and regulations. By requiring an extra layer of review, including an on-site inspection visit, the MSDE requirement has severely hindered adoption of telehealth.
2. **Implementing Telehealth Strategies to Address Provider Shortages, Particularly in Behavioral Health:** SBHCs can use telehealth to bring health care services into schools, even when there are provider shortages. Telehealth offers the best option to connect behavioral health providers and even dentists into the school setting.

ⁱ Maryland State Department of Education. "Maryland Together: Maryland's Recovery Plan for Education: COVID-19 Response and the Path Forward," 37, 50.<http://marylandpublicschools.org/newsroom/Documents/MSDERecoveryPlan.pdf>

ⁱⁱ Maryland State Department of Education. "Chart B2: Telehealth Checklist." <http://marylandpublicschools.org/about/Pages/DSFSS/SSSP/SBHC/index.aspx>

ⁱⁱⁱ Maryland General Assembly. SB 402/HB 448—Telehealth of the Maryland General Assembly's 2020 Session. Sponsors: Senator Cheryl Kagan and Delegate Rosenberg. <http://mgaleg.maryland.gov/2020RS/bills/sb/sb0402E.pdf>

^{iv} Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/11/2020] from [www.childhealthdata.org].

^v Goyal MK, Simpson JN, Boyle MD, et al. Racial/ethnic and socioeconomic disparities of SARS-CoV-2 infection among children. *Pediatrics*. 2020; doi: 10.1542/peds.2020-009951