masbhc
MARYLAND ASSEMBLY ON
SCHOOL-BASED HEALTH CARE
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Commission on Innovation and Excellence in Education
Public Hearing
November 12, 2019

The Maryland Assembly on School-Based Health Care welcomes the opportunity to provide comments on the recommendations supporting enhanced health services in schools with high concentrations of poverty, including school-based health centers.

There are currently 86 school-based health centers in Maryland, operating in 12 local school systems. They are staffed and supported by community health providers, primarily local health departments. By design, they are located in schools with high concentrations of poverty and act as a safety net provider, particularly for students who experience barriers to accessing health care services in the community. Through leveraging additional funding, including reimbursement from health insurers including Medicaid, school-based health centers have been able to improve access and quality of care for youth, particularly hard-to-reach and underserved populations and become a key component of the safety net. By providing health services on-site, students experience increased seat time and less absenteeism.

During the 2017-2018 school year, approximately two-thirds of visits provided in Maryland's school-based health centers were for somatic health services, with one-third being behavioral health. School-based health centers also reported providing oral health and case management services throughout the same year.[1]

In summer 2018, MASBHC had the opportunity to present before the full Commission as part of a panel discussing the benefits of on-site health and behavioral health services in schools. As you may recall, it was during this time that MASBHC discussed the history of funding for school-based health centers dating back to the late 1990s. Since the late 1990s, the State has awarded $2.5 million annually in grants to support school-based health centers. At the time funding was first awarded, the State was scheduled to phase-in $6 million in new funding over a three-year period. Unfortunately, only one installment was ever realized. As a result, local school systems have limited funding options from the State to establish or expand school-based health centers, even where there is an identified need.

We hear from local jurisdictions each year of their desire to establish new school-based health centers and/or expand existing ones to provide additional services, including behavioral health, oral health, and telehealth services. At this time, the biggest obstacle is funding. This is in part due to the

[1] Demonstrating the Value of School-Based Health Centers in Maryland: A Roadmap. Harbage Consulting. 2019.

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unique design of school-based health centers – to serve all students, regardless of their insurance status or ability to pay.

Earlier this year, we were very pleased to see the Commission include several recommendations in the January 2019 Interim Report to address the health needs of students. Among the recommendations is the inclusion of $6.5 million to restore, with an inflationary adjustment, the original promise made by the State to fund school-based health centers across the state those many years ago. In addition, over the past year MASBHC has supported the Commission's recommendation for the staffing of health care practitioners in schools with high concentrations of poverty.

In early October of this year, we provided the Commission with feedback on the implementation of SB 1030[2]. Based in part on that feedback, MASBHC would like to provide the following comments and recommendations for your consideration moving forward. We understand that many of these items may require statutory changes.

Areas of Focus

$6.5 million in Additional Funding for School-Based Health Centers: MASBHC's strongly supports the Commission's recommendation to increase funding for school-based health centers to $9 million, fulfilling a promise made by the State over two decades ago. As recommended under Element 4b, this categorical funding will ensure that grant dollars can be directed to schools with the greatest identified need and provide support to the 12 local school systems currently without school-based health centers. In addition, schools that have been unable to expand services to include behavioral health and oral health services will have the opportunity to provide these services on-site.

Strengthen Provisions for Dedicated Funding:

- ***Supplementing & Supplanting Funds for Health Care Staff: MASBHC recommends extending provisions prohibiting local school systems from supplanting funds to <u>all</u> health staff, including nursing aides.*** Under §5-203D(4) of the Education Article, eligible schools are prohibited from supplanting dollars currently spent on employing licensed health care staff such as physicians, physician assistants, and registered nurses. Many local school systems also employ nursing aides to provide certain health services. These individuals are critical, especially in large schools, in maintaining "coverage" in the nursing suite or school-based health center when the nurse is otherwise occupied with other case management functions or called to a health emergency elsewhere in the school building. Therefore, we would recommend extending the provisions prohibiting eligible schools from supplanting funding to include all school health staff, including nursing aides.

[2] Letter from MASBHC to the Commission dated October 4, 2019.

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- ***Excess Funding Provision: MASBHC believes dedicated funding for health care staffing should be reinvested in health care services.*** MASBHC is requesting that the Commission include in its recommendations an amendment to remove the existing flexibility for health "coverage" under §5-203D(3) of the Education Article. This change would ensure that funding designated for the provision of health care staffing is spent on this purpose.

  We understand that the intent of SB 1030 was to ensure that any unspent dollars could be used on wraparound services, which were not funded in FY 2020. However, the recommendations include separate dedicated funding streams beginning in FY 2022 for both health care practitioners and wraparound services (under the per pupil funding allocations). When this happens, the flexibility for health care staffing "coverage" should be eliminated so any unspent dollars can be reinvested to health care services.

- ***40 Schools Provision: MASBHC recommends allowing all eligible schools the same opportunity to receive and direct their own funding under the Concentration of Poverty Grants.*** §5-203C(1)(III) of the Education Article permits local school systems with at least 40 eligible schools to expend the grant funding on behalf of the eligible schools in their jurisdiction. While we understand the intent of this provision to address possible economies of scale, we have concerns regarding the implementation. This includes how the State and local school systems will track which services are being provided among the 40-plus eligible schools and how funds are spent.

Thank you for the opportunity to submit these comments to the Commission. If you have any questions or need any additional information, please contact Rachael Faulkner, our public policy and governmental affairs consultant. She can be reached at rfaulkner@policypartners.net or (410) 693-4000.