

**Department of Legislative Services**  
Maryland General Assembly  
2017 Session

**FISCAL AND POLICY NOTE**  
**Third Reader**

Senate Bill 233

(Senator Madaleno)

Education, Health, and Environmental Affairs  
and Finance

Health and Government Operations

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**Maryland Council on Advancement of School-Based Health Centers**

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This bill transfers the Maryland Council on Advancement of School-Based Health Centers from the Maryland State Department of Education (MSDE) to the Department of Health and Mental Hygiene (DHMH). The bill requires the Maryland Community Health Resources Commission (MCHRC), rather than MSDE, to provide staff for the council and authorizes MCHRC to seek the assistance of organizations with expertise in school-based health care or other matters within the duties of the council to provide additional staffing resources to MCHRC and the council. The council must report specified findings and recommendations to MCHRC, in addition to other specified entities, by December 31 of each year.

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**Fiscal Summary**

**State Effect:** MCHRC can likely provide staff for the council with existing resources, as discussed below; otherwise, MCHRC special fund expenditures increase minimally beginning in FY 2018. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

### **Current Law/Background:**

#### *Maryland Council on Advancement of School-Based Health Centers*

Established by Chapter 417 of 2015, the purpose of the council is to improve the health and educational outcomes of students who receive services from school-based health centers (SBHCs) by advancing their integration into (1) the health care system at the State and local levels and (2) the educational system at the State and local levels. The council must develop specified policy recommendations to improve the health and educational outcomes of students who receive services from SBHCs.

The council consists of 15 voting members and 6 *ex officio* members, and it includes representatives of specified State agencies and other organizations, as well as parents, principals, and SBHC clinicians. The voting members of the council must elect a chair for a two-year term. Members serve for staggered three-year terms. A member of the council may not receive compensation but is entitled to reimbursement for travel expenses, as provided in the State budget.

MSDE must provide staff support for the council but may seek the assistance of organizations with relevant expertise to provide additional staffing to MSDE and the council. If MSDE uses the staffing resources of other organizations, MSDE must formalize the duties to be performed by the organization in writing.

#### *Maryland Assembly on School-Based Health Care*

The Maryland Assembly on School-Based Health Care (MASBHC) is an advocacy organization that promotes school-based health care in the State. In 2016, MSDE entered into a memorandum of understanding (MOU) with MASBHC to provide staffing support to the council. The MOU commenced in May 2016 and automatically terminates after one year, though the parties may agree to additional one-year extensions at any time prior to the MOU's termination. Under the MOU, MASBHC agrees to:

- schedule meetings, arrange meeting locations, communicate with council members regarding meetings, provide public notice of meetings, and perform other administrative tasks;
- develop meeting agendas with input from MSDE and council members, including conducting conference calls;
- record minutes and compile minutes for the approval of the council;
- provide administrative support to the council and any related workgroups;

- gather relevant background information from DHMH, MSDE, and other agencies or organizations as requested by council members;
- assist with the orientation of new council members;
- contribute to the preparation of the annual report;
- prepare presentations for the council and various committees or workgroups;
- assist with the development of the strategic plan; and
- gather specified data and create presentations for the council.

The MOU establishes that no funds are to be exchanged as part of the agreement, but that the agreement is subject to the ability of MASBHC to secure funding for its responsibilities.

### *School-based Health Centers*

SBHCs are health centers located in a school or on a school campus that provide on-site comprehensive preventive and primary health services. Services may also include behavioral health, oral health, ancillary, and supportive services. SBHCs were started in Maryland in 1985 to increase children's access to health care. They have proven effective in diagnosing and treating illness, managing chronic health conditions, and increasing school attendance for children at risk of missing school due to health issues. In some parts of the United States where SBHCs have been studied, an increase in student achievement has been noted in schools with SBHCs.

According to MSDE, during the 2015-2016 school year, 85 SBHCs operated across 13 local school systems in Maryland. During the same year, 34,157 students were enrolled in SBHCs by their parents or guardians and 49,083 visits occurred.

### *Maryland Community Health Resources Commission*

MCHRC was established as an independent commission in 2005 to expand access to health care services in underserved communities in the State. MCHRC is composed of 11 members appointed by the Governor. The commission supports the development of community health care resources by (1) awarding grants to expand access in underserved areas and support public health priorities and (2) supporting local health improvement coalitions and efforts to promote population health initiatives. The chair of MCHRC is an *ex officio* member of the council.

MCHRC is entirely special funded. The MCHRC Fund receives a portion of the premium tax exemption subsidy provided by CareFirst, and the Insurance Article prohibits the amount that MCHRC receives from being less than \$8.0 million annually. The fund may be used to cover the administrative costs of the commission, as well as to fulfill the commission's duties and purposes. Since its inception, MCHRC has awarded

approximately 170 grants totaling \$55.8 million. MCHRC advises that administrative costs account for approximately 9% of its budget.

**State Expenditures:** MCHRC advises that, in order to provide staff for the council, it needs to hire one half-time contractual special assistant to provide administrative and policy support to the council at a cost of approximately \$23,000 annually beginning in fiscal 2018. However, the Department of Legislative Services (DLS) notes that the current MOU between MSDE and MASBHC delegates the majority of the duties that the half-time contractual employee would perform to MASBHC. As a result, DLS advises that MCHRC may be able to provide staff for the council, in combination with MASBHC, with existing resources. This estimate assumes that MASBHC agrees to extend its existing MOU with MSDE beyond the May 1, 2017 termination date and that it enters into a similar agreement with MCHRC by the bill's October 1, 2017 effective date. Should MASBHC decline to extend the MOU, additional personnel or resources may be required to provide staff for the council, and MCHRC special fund expenditures may increase minimally beginning in fiscal 2018.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** HB 221 (Delegate Cullison) - Health and Government Operations.

**Information Source(s):** Maryland State Department of Education; Department of Health and Mental Hygiene; Maryland Assembly on School-Based Health Care; Department of Legislative Services

**Fiscal Note History:** First Reader - January 30, 2017  
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