

Department of Legislative Services
 Maryland General Assembly
 2020 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 1557 (Delegate Hill)
 Ways and Means

Public Schools - Health Services - County Boards of Education and Health
 Departments

This bill gives local health departments (LHDs) primary responsibility for providing adequate health services in public schools, authorizes LHDs or the Maryland Department of Health (MDH) to designate responsibility for providing health services to local school boards under specified circumstances, and makes conforming changes. The bill also creates a health specialist position in both the Maryland State Department of Education (MSDE) and MDH to ensure that public schools provide quality and effective school health services. **The bill takes effect July 1, 2020.**

Fiscal Summary

State Effect: General fund expenditures increase by at least \$204,600 in FY 2021 for the two new positions; out-year expenditures reflect annual increases and termination of one-time costs. General fund expenditures for the positions may not be needed to the extent other funding is available, as discussed below. General fund expenditures may increase further, potentially significantly, to the extent that the bill expands health services for public school students, as discussed below. Revenues are not affected.

(in dollars)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	204,600	187,600	192,100	198,600	205,300
Net Effect	(\$204,600)	(\$187,600)	(\$192,100)	(\$198,600)	(\$205,300)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local expenditures may increase significantly to maintain current student health service levels, as discussed below. Revenues are not affected. **This bill may impose a mandate on a unit of local government.**

Small Business Effect: None.

Analysis

Bill Summary:

Authority of Local Health Departments

MDH may authorize a local school board rather than the LHD to provide school health services if the local school board demonstrates that the school health services it will provide adequately meet the requirements of any applicable law. If a local school board receives State funding to provide school health services, the local school board must provide the LHD with its *pro rata* share of the funding.

The bill generally transfers, beginning with the 2021-2022 school year, primary responsibility for administering and overseeing school health services from local school boards to LHDs related to (1) student self-administration of medication; (2) automatic external defibrillators; (3) policies on anaphylactic allergies; (4) administration of auto-injectable epinephrine; and (5) administration of naloxone or similar medications.

LHDs must keep and maintain public school students' health data, but they may delegate that responsibility to local school boards. Before the 2021-2022 school year, local school boards and LHDs must develop a policy and procedures for the collection and sharing of student data, including specified items, which comply with federal requirements.

Health Specialists

The health specialists in MSDE and MDH must (1) develop the infrastructure for and collect, analyze, and respond to data trends concerning student health services in public schools; (2) ensure that students receive necessary vision and auditory examinations, eyeglasses, and hearing aids; and (3) ensure that quality and effective school health services are delivered throughout the State.

Funding for the positions must be from (1) funds allocated based on the recommendations of the Commission on Innovation and Excellence in Education (better known as the Kirwan Commission); (2) new federal revenues; or (3) non-State grants.

Current Law/Background:

Authority for School Health Services

With the assistance of an LHD, a local school system must provide adequate health services, instruction in health education, and a healthful school environment. MSDE and MDH must develop public standards and guidelines for school health programs and offer

assistance to local school boards and LHDs in their implementation. Each local school system must designate a school health services program coordinator, but it may authorize the LHD to designate a coordinator.

According to the Maryland Association of County Health Officers (MACHO), LHDs are not involved in providing school health services in 12 of the State's 24 local school systems. MACHO also advises that State funds account for only a portion of the cost of providing school health services in most local school systems.

Required Hearing and Vision Screenings

Each local board of education or LHD must provide hearing and vision screenings for all students in local public schools, and each LHD must provide and fund the screenings for private and nonpublic schools in the jurisdiction. Unless evidence is presented that a student has been tested within the past year, the screenings must take place in the years that a child enters a school system, enters the 1st grade, and enters the 8th or 9th grade. Further screenings must be done in accordance with the bylaws adopted by the State Board of Education or policies adopted by a local board of education or LHD. A student whose parent or guardian objects in writing to a hearing or vision screening on religious grounds may not be required to take the screening.

Results of screenings go in each child's permanent record and are reported to the local board of education or LHD. Additionally, the parents or guardians of each student must be provided with the results of the hearing and vision screenings, regardless of whether the student passes or fails the screenings, as well as educational materials that include (1) a disclaimer that a vision screening is not a substitute for a comprehensive eye examination; (2) an overview of visual impairments and an explanation of the potential educational impact of untreated visual impairments; and (3) a list of at-risk groups that are encouraged to have a comprehensive eye examination.

Additional information must be provided to the parents or guardians of a student who fails the vision screening that includes (1) notice that the results of the screening indicate that the student may have a vision disorder; (2) a recommendation that the student be tested by an optometrist or an ophthalmologist; (3) a description of the warning signs, symptoms, risk factors, and behavioral problems associated with vision disorders or eye conditions; (4) a description of the difference between eye examinations and vision screenings; (5) information on how to enroll in Medicaid; and (6) information on locally available free or low-cost programs that provide eye examinations and eyeglasses for children, if any.

The parent or guardian of a student who does not pass a screening must report on the recommended services received by the student, and the report must be submitted on a form

provided by the local board of education or LHD. The local board of education or LHD must report the results of screenings and the number of students receiving recommended services to MDH. MDH is required to (1) review hearing and vision screening reports from local boards of education and LHDs and (2) in counties where fewer than 50% of students who have failed the screenings are receiving recommended services, coordinate with the local board of education or LHD to implement measures to improve the number of students receiving the recommended services.

Vision screenings are provided by either the local board of education or LHD, depending on the jurisdiction. LHDs conduct screenings in all but four jurisdictions. In one jurisdiction, the local school system contracts with a local hospital to perform the screenings. Vision screenings test for myopia, color vision, and depth perception. These routine screenings do not test all visual skills or for symptoms of visual disorders.

Commission on Innovation and Excellence in Education

The Commission on Innovation and Excellence in Education, chaired by former University of Maryland Chancellor Dr. William “Brit” Kirwan, was established by Chapters 701 and 702 of 2016 to (1) review and recommend any needed changes to update the current education funding formulas (known as the Thornton formulas) and (2) make policy recommendations that would enable Maryland’s preK-12 system to perform at the level of the best-performing systems in the world. The commission’s final recommendations, including proposed funding formulas, were delivered in January 2020 and are known as the Blueprint for Maryland’s Schools.

Legislation has been introduced in the 2020 session (Senate Bill 1000/ House Bill 1300) to implement the full set of policy and funding recommendations of the commission that will encompass the Blueprint for Maryland’s Future (the Blueprint). Under the proposed legislation, the Blueprint would, beginning in fiscal 2022, substantially alter State aid and State policy for public schools. However, the proposed legislation does not include dedicated funding for new health specialist positions in MSDE or MDH.

State Expenditures: The bill does not affect overall State expenditures that are provided to local governments for school health services, but it does require in some instances that local school boards distribute those funds to LHDs in proportion to their provision of school health services.

The bill requires the two health specialist positions to be funded with funds allocated under the Blueprint or with other specified federal or non-State funds. As there are no funds provided in the Blueprint legislation as introduced, and it is not known what other fund sources might be available, this analysis assumes that the two positions are initially funded

with general funds. To the extent that other funds become available, general fund expenditures may be less.

Maryland Department of Health Expenditures

General fund expenditures for MDH increase by \$102,308 in fiscal 2021, which accounts for the bill's July 1, 2020 effective date. This estimate reflects the cost of hiring one health specialist for MDH to coordinate with MSDE's health specialist as required by the bill. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1
Salary and Fringe Benefits	\$94,783
Other Operating Expenses	<u>7,525</u>
Total MDH FY 2021 Expenditures	\$102,308

Future year expenditures reflect annual increases and employee turnover and ongoing operating expenses.

The responsibilities assigned to the health specialist (in coordination with the health specialist in MSDE) suggest, but do not necessarily require, an expansion in the health, vision, and hearing services that are currently available to students in public schools. For instance, the specialist must *ensure* that students receive necessary vision and auditory *examinations*, eyeglasses, and hearing aids. Currently, students receive vision and auditory *screenings*, not examinations; as noted above, screenings do not test for all visual skills or for symptoms of visual disorders. School health staff also do not currently have to provide, or ensure that children receive, eyeglasses and hearing aids. Similarly, the requirement that health specialists ensure that quality and effective school health services are delivered is not a function that the State or LHDs currently perform; they generally ensure that services are provided, but they have no means to assess their quality.

MDH advises that additional staff and resources are necessary to comply with the bill's requirements. Specifically, MDH advises that it needs a total of five new positions and additional funding for contractual information technology support. The Department of Legislative Services notes that the bill does not establish a requirement, framework, or funding for LHDs to provide expanded services to public school students as described above, so it is not clear if MDH requires the additional resources. To the extent that the bill's intent is to require LHDs to provide expanded health services to students, MDH may require additional staffing and other resources to oversee and enforce that requirement. If the bill's intent is merely to transfer the provision of existing services from local school systems to LHDs with MDH providing general oversight, MDH likely does not require additional resources beyond the health specialist described above.

Maryland State Department of Education Expenditures

General fund expenditures for MSDE similarly increase by \$102,308 in fiscal 2021, which accounts for the bill's July 1, 2020 effective date. This estimate reflects the cost of hiring one health specialist to coordinate with MDH's health specialist as required by the bill. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1
Salary and Fringe Benefits	\$94,783
Operating Expenses	<u>7,525</u>
Total MSDE FY 2021 Expenditures	\$102,308

Future year expenditures reflect annual increases and employee turnover and ongoing operating expenses.

Local Expenditures: As noted above, State funding is only a portion of funding used for the provision of school health services, but the bill requires that only those funds be distributed to LHDs in proportion to their provision of school health services. To the extent that other local or grant funds are also used currently to provide services, it is not clear under the bill whether those funds also are distributed to LHDs. To the extent that those funds are not made available, local expenditures for the provision of school health services may increase significantly, potentially by millions of dollars to fill any funding gaps so that services for students can be maintained at required levels. Any such effect is likely felt most acutely in the 12 counties where LHDs currently do not provide any school health services. To the extent that MDH or LHDs designate local school systems as the provider of school health services (as they are under current law), any such effect is mitigated. For these reasons, a reliable estimate of any increase in local expenditures for school health services is not feasible.

Additional Information

Prior Introductions: None.

Designated Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Maryland State Department of Education; Maryland Department of Health; Baltimore City Public Schools; Montgomery County Public Schools; Department of Legislative Services

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