

BONNIE CULLISON  
Legislative District 19  
Montgomery County

Health and Government  
Operations Committee



The Maryland House of Delegates  
6 Bladen Street, Room 312  
Annapolis, Maryland 21401  
410-841-3883 · 301-858-3883  
800-492-7122 Ext. 3883  
Fax 410-841-3882 · 301-858-3882  
Bonnie.Cullison@house.state.md.us

Chair, Insurance and Pharmaceuticals  
Subcommittee

## THE MARYLAND HOUSE OF DELEGATES

ANNAPOLIS, MARYLAND 21401

### Testimony in Support of HB 975 State Department of Education and Maryland Department of Health – School-Based Health Centers – Ombudsman

Good afternoon, Chairman Pendergrass, Vice Chairman Peña-Melnyk and honorable members of the committee. Thank you for this opportunity to present HB 975, **State Department of Education (MSDE) and Maryland Department of Health (MDH) – School-Based Health Centers – Ombudsman**. Passage of this bill would lay the foundation for the infrastructure needed and provide resources for the achievement of a needs assessment that will guide policy decisions by MSDE and MDH to build a robust network of school-based health centers in the state.

The Council for the Advancement of School-Based Health Centers (CASBHC) was created by the legislature in 2015 to work to improve the health and educational outcomes of students who have access to school-based health centers (SBHC) and to integrate these centers into the health care networks in the state. There is broad representation on the Council, including SBHC administrators, state Board of Education, public schools—system level administrators and principals, commercial health insurance, physicians, managed care organizations, county health officers, federally qualified health centers and parents. Ex-officio members include myself and Senator Clarence Lam, representatives from MSDE and MDH, Maryland Health Benefit Exchange and the Executive Director of the Maryland Community Health Resources Commission (MCHRC). MCHRC actually staffs the Council. It is important to understand that this is diverse group, who has dedicated significant time, both in Council and subgroup meetings, takes the charge and the mission of the Council very seriously and is committed to the achievement of the goals. **It is even more important to understand the role of the Council is to make policy recommendations on best practices, it is not a governance structure for the administration of SBHCs. It was created to improve health and education outcomes for students, especially those affected by poverty, and expand our community health safety net. If SBHCs are successful and thrive, we have a better chance of meeting our requirements of the Total Cost of Care waiver.**

Over the last two years, the subgroups have made significant progress on goals relating to the identification of needs and issues with respect to data collection and analysis, systems integration and funding and quality and best practices. As a result of this work, there has been a major revision on the data collection tools being used by MSDE, work is continuing on the revision of SBHC standards, and recommendations were made to the Kirwan Commission on Innovation and Excellence in Education with respect to how SBHCs could be integral to the goals of the commission.

The Council discovered quickly that while it is charged with data analysis on which to base recommendations, there was no real data which could be used to analyze outcomes of any kind for SBHCs. The data that was collected annually by MSDE was simply identifying information, with no data points regarding numbers of students served or reasons and outcomes for visits, reimbursements for services, resources or needs. In addition to lack of data, the processes for initiating and setting up a SBHC by an approved sponsor was—and continues

to be—unclear, burdensome and lengthy, which deters sponsors from even trying to create a new center. In spite of student needs, it is difficult to expand.

In 2018 the Council decided that it needed an objective examination of the as-is state of SBHCs and with the gracious support of MCHRC commissioned such a study by Harbage Consulting, LLC, which was completed by Tanya Schwartz and Megan Thomas, both of which have backgrounds in health policy and Medicaid. The study included a review of all publically available information, a series of over 20 stakeholder interviews and review of studies on the impact of SBHCs on health outcomes, education outcomes and cost saving in other states.

The study was comprehensive and resulted in a set of over 30 recommendations that fell into three phases:

- Develop a reporting plan and performance measure collection
- Develop a plan for data analysis and dissemination
- Develop a plan for data-driven decision-making and technical assistance

Currently the infrastructure to even begin to address this process does not exist. MSDE administers SBHCs, including overseeing the \$2.6 million in state grant funding to the 84 centers, reviewing application budgets and financial reports, responding to questions, conducting visits, providing technical assistance and reviewing proposals for new sites. All of these responsibilities fall to one person, for whom this is only part of her job. MDH does support some of this work, particularly with clinical and subject matter expertise and Medicaid billing, but there is no real coordination between the departments. Essentially each SBHC is an island, run basically by its sponsoring agent, with very little connection—or support from—MSDE and MDH except for minor oversight and information gathering.

The issue is not the lack of commitment on the part of either department—it is the lack of infrastructure to support—or even identify—the needs of SBHCs. This bill would lay the foundation for that infrastructure with two new positions, one in each of the department, whose sole responsibility would be to support SBHCs, including data collection, analysis, dissemination and working with the departments and the Council to assure that effective practices are in place and the value of SBHCs is maximized. Perhaps, most importantly, they will coordinate with each other in these efforts.

The fiscal note for this bill is not insubstantial, but as in many cases this is one of those opportunities to save future funds by spending the money now. When students can be served in SBHCs and not emergency departments, the state saves money. At this point, HB 1330 Blueprint for Maryland's Future has included an additional \$6.5 M in funding for SBHCs. I am working with colleagues in Ways and Means and Appropriations to determine if some of that could be dedicated to the infrastructure we are recommending in this bill. There will be a more significant return on investment of those funds if the two agencies have the capacity to maximize their impact.

This General Assembly is looking at every option to provide health care to all of our residents—let's build on a terrific resource we already have in our School-Based Health Centers. Thank you for your consideration of this bill and I respectfully request your favorable report.