

Chapter 417

(House Bill 375)

AN ACT concerning

Education – Maryland Council on Advancement of School–Based Health Centers

FOR the purpose of repealing the Maryland School Board Health Center Policy Advising Committee and establishing the Maryland Council on Advancement of School–Based Health Centers; specifying the duties of the Council; providing for the composition, chair, and staffing of the Council; authorizing the State Department of Education to seek the assistance of certain organizations to provide certain staffing resources; prohibiting a member of the Council from receiving certain compensation, but authorizing the reimbursement of certain expenses; requiring the Council to study and make recommendations regarding certain matters; requiring the Council to report its findings and recommendations to certain State agencies and the General Assembly on or before a certain date each year; requiring the Council to include certain *information and* recommendations in a certain report that is due on a certain date; repealing obsolete provisions of law; specifying the terms of the initial members of the Council; requiring the Department to formalize certain duties in writing under certain circumstances; and generally relating to the Maryland Council on Advancement of School–Based Health Centers.

BY repealing

Article – Education

Section 7–4A–01 and 7–4A–05

Annotated Code of Maryland

(2014 Replacement Volume and 2014 Supplement)

BY adding to

Article – Education

Section 7–4A–01 and 7–4A–05

Annotated Code of Maryland

(2014 Replacement Volume and 2014 Supplement)

BY repealing and reenacting, with amendments,

Article – Education

Section 7–4A–02, 7–4A–03, and 7–4A–04

Annotated Code of Maryland

(2014 Replacement Volume and 2014 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Education

[7-4A-01.

In this subtitle, “Council” means the Maryland School–Based Health Center Policy Advisory Council.]

7-4A-01.

IN THIS SUBTITLE, “COUNCIL” MEANS THE MARYLAND COUNCIL ON ADVANCEMENT OF SCHOOL–BASED HEALTH CENTERS.

7-4A-02.

(a) There is a Maryland [School–Based Health Center Policy Advisory] Council **ON ADVANCEMENT OF SCHOOL–BASED HEALTH CENTERS** in the Department.

(B) THE PURPOSE OF THE COUNCIL IS TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS WHO RECEIVE SERVICES FROM SCHOOL–BASED HEALTH CENTERS BY ADVANCING THE INTEGRATION OF SCHOOL–BASED HEALTH CENTERS INTO:

(1) THE HEALTH CARE SYSTEM AT THE STATE AND LOCAL LEVELS;
AND

(2) THE EDUCATIONAL SYSTEM AT THE STATE AND LOCAL LEVELS.

[(b)] (C) (1) Staff support for the Council shall be provided by the Department.

(2) THE DEPARTMENT MAY SEEK THE ASSISTANCE OF ORGANIZATIONS WITH EXPERTISE IN SCHOOL–BASED HEALTH CARE OR OTHER MATTERS WITHIN THE DUTIES OF THE COUNCIL PROVIDED IN § 7-4A-05 OF THIS SUBTITLE TO PROVIDE ADDITIONAL STAFFING RESOURCES TO THE DEPARTMENT AND THE COUNCIL.

7-4A-03.

[(a)] The Council consists of the following 25 members:

(1) The Special Secretary of the Office for Children, Youth, and Families or the Special Secretary’s designee;

(2) The State Superintendent of Schools or the State Superintendent’s designee;

- (3) The Secretary of Health and Mental Hygiene or the Secretary's designee;
- (4) The Secretary of Juvenile Services or the Secretary's designee;
- (5) The Secretary of Human Resources or the Secretary's designee;
- (6) The Secretary of Budget and Management or the Secretary's designee;
- (7) One member of the Senate of Maryland appointed by the President of the Senate;
- (8) One member of the House of Delegates of Maryland appointed by the Speaker of the House;
- (9) The following members appointed by the Governor:
- (i) One individual with experience or expertise with the Maryland Medical Assistance Program;
 - (ii) One local health officer;
 - (iii) One local superintendent of schools;
 - (iv) Three individuals from local jurisdictions, including at least one representative of a local management board;
 - (v) Three individuals who represent community leaders from organizations and faith communities that have experience or expertise with the services offered in school-based health centers;
 - (vi) Three consumers of school-based health care including students and their parents;
 - (vii) A pediatrician;
 - (viii) A nurse practitioner who serves children in a school-based health center;
 - (ix) A member of the Maryland Assembly of School-Based Health Centers;
 - (x) A dental health professional; and
 - (xi) A representative of the Behavioral Health Administration or a core service agency.]

(A) THE COUNCIL CONSISTS OF THE FOLLOWING ~~13~~ 14 15 VOTING MEMBERS AND ~~5~~ 6 EX OFFICIO MEMBERS:

(1) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE, AS AN EX OFFICIO MEMBER;

(2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE, AS AN EX OFFICIO MEMBER;

(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR A DESIGNEE OF THE SECRETARY, AS AN EX OFFICIO MEMBER;

(4) THE STATE SUPERINTENDENT OF SCHOOLS AS AN EX OFFICIO MEMBER;

(5) THE EXECUTIVE DIRECTOR OF THE MARYLAND HEALTH BENEFIT EXCHANGE AS AN EX OFFICIO MEMBER; ~~AND~~

(6) THE CHAIRMAN OF THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION, OR A DESIGNEE OF THE CHAIRMAN, AS AN EX OFFICIO MEMBER; AND

~~(6)~~ (7) THE FOLLOWING ~~13~~ 14 15 MEMBERS, APPOINTED BY THE GOVERNOR:

(I) THE PRESIDENT OF THE MARYLAND ASSEMBLY ON SCHOOL-BASED HEALTH CARE, OR A DESIGNEE OF THE PRESIDENT;

(II) THREE REPRESENTATIVES OF SCHOOL-BASED HEALTH CENTERS, NOMINATED BY THE MARYLAND ASSEMBLY ON SCHOOL-BASED HEALTH CARE:

1. FROM A DIVERSE ARRAY OF SPONSORING ORGANIZATIONS; AND

2. FOR AT LEAST ONE OF THE REPRESENTATIVES, FROM A NURSING BACKGROUND;

(III) ONE REPRESENTATIVE OF THE PUBLIC SCHOOLS SUPERINTENDENTS ASSOCIATION OF MARYLAND;

(IV) ONE REPRESENTATIVE OF THE MARYLAND ASSOCIATION OF BOARDS OF EDUCATION;

~~(IV)~~ (V) ONE ELEMENTARY SCHOOL PRINCIPAL OF A SCHOOL THAT HAS A SCHOOL-BASED HEALTH CENTER;

~~(V)~~ (VI) ONE SECONDARY SCHOOL PRINCIPAL OF A SCHOOL THAT HAS A SCHOOL-BASED HEALTH CENTER;

~~(VI)~~ (VII) ONE REPRESENTATIVE OF THE MARYLAND HOSPITAL ASSOCIATION;

~~(VII)~~ (VIII) ONE REPRESENTATIVE OF THE MARYLAND ASSOCIATION OF COUNTY HEALTH OFFICERS;

~~(VIII)~~ (IX) ONE REPRESENTATIVE OF A FEDERALLY QUALIFIED HEALTH CENTER, NOMINATED BY THE MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS;

~~(IX)~~ (X) ONE REPRESENTATIVE OF A MANAGED CARE ORGANIZATION;

~~(X)~~ (XI) ONE REPRESENTATIVE OF A COMMERCIAL HEALTH INSURANCE CARRIER; ~~AND~~

(XII) ONE PEDIATRICIAN, NOMINATED BY THE MARYLAND CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS; AND

~~(XI)~~ (XIII) ONE PARENT OR GUARDIAN OF A STUDENT WHO UTILIZES SERVICES AT A SCHOOL-BASED HEALTH CENTER; ~~AND~~

~~(XII) ONE PEDIATRICIAN.~~

(b) In making the appointments required under this section, the Governor shall ensure that the Council is representative of:

- (1) The geographic regions of the State; and
- (2) Minority populations of the State.

(c) (1) The term of a member appointed under subsection (a) of this section is 3 years.

(2) The terms of VOTING members are staggered as required by the terms provided for members of the Council on October 1, [2002] 2015.

(3) At the end of a term, a member shall continue to serve until a successor is appointed and qualifies.

(4) A member who is appointed after a term has begun shall serve for the rest of the term or until a successor is appointed and qualifies.

(d) The Governor shall appoint a successor in the event of a vacancy on the Council.

(e) From among the members of the Council, the [Governor] **VOTING MEMBERS OF THE COUNCIL** shall [designate] **ELECT** a [chairman] **CHAIR** for a 2-year term.

(f) A member of the Council may not receive compensation but is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

7-4A-04.

(a) A majority of the members then serving on the Council is a quorum.

(b) The Council shall determine the times and places of its meetings and any other necessary operating procedures [which may include the establishment of subcommittees, consultant panels, or work groups utilizing the expertise of noncouncil and nonpanel members] **IN ACCORDANCE WITH THE OPEN MEETINGS ACT.**

(C) (1) THE COUNCIL MAY ESTABLISH WORKGROUPS TO ADVISE THE COUNCIL ON SPECIFIC ISSUES, INCLUDING BEHAVIORAL HEALTH, ORAL HEALTH, AND PRIMARY CARE.

(2) (I) THE CHAIR OF THE COUNCIL SHALL APPOINT THE MEMBERS OF A WORKGROUP ESTABLISHED BY THE COUNCIL UNDER PARAGRAPH (1) OF THIS SUBSECTION.

(II) THE CHAIR OF THE COUNCIL MAY APPOINT THE FOLLOWING INDIVIDUALS TO A WORKGROUP:

1. MEMBERS OF THE COUNCIL WITH EXPERTISE IN THE ISSUE TO BE STUDIED; AND

2. MEMBERS OF THE PUBLIC, INCLUDING CONSUMERS AND STAKEHOLDER GROUP REPRESENTATIVES, WITH EXPERTISE IN THE AREA TO BE STUDIED.

[7-4A-05.

(a) The purpose of the Council is to coordinate the interagency effort to develop, sustain, and promote quality school-based health centers in Maryland.

(b) In consultation with appropriate State agencies and other interested organizations, including representatives from academic institutions, health care providers, and payors, the Council shall:

- (1) Monitor the activities and range of services of the school-based health centers;
- (2) Recommend legislative initiatives;
- (3) Develop and update a compendium of technical assistance experts that will be used as a reference when local requests for assistance come to the State;
- (4) Monitor the development of notifications of available funds;
- (5) Participate in the review of grants to local jurisdictions for the development of school-based health care programs;
- (6) Develop strategies for funding and reimbursement of care delivered in school-based health centers;
- (7) Develop a consistent outcome measurement tool to be used by all school-based health centers in the State and assess the progress of all school-based health centers based on the information collected;
- (8) Establish standards of practice within school-based health centers;
- (9) Encourage the development of models of excellence in school-based health centers;
- (10) Prepare an annual report to the State Department of Education and the Department of Health and Mental Hygiene; and
- (11) Perform other activities identified that impact on the development, sustainability, or quality of school-based health care in Maryland.]

7-4A-05.

(A) THE COUNCIL SHALL DEVELOP POLICY RECOMMENDATIONS TO IMPROVE THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS WHO RECEIVE SERVICES FROM SCHOOL-BASED HEALTH CENTERS BY:

(1) SUPPORTING LOCAL COMMUNITY EFFORTS TO ESTABLISH OR EXPAND SCHOOL-BASED HEALTH CENTER CAPACITY IN PRIMARY CARE, BEHAVIORAL HEALTH, AND ORAL HEALTH;

(2) INTEGRATING SCHOOL-BASED HEALTH CENTERS INTO EXISTING AND EMERGING PATIENT-CENTERED MODELS OF CARE;

(3) PROMOTING THE INCLUSION OF SCHOOL-BASED HEALTH CENTERS IN NETWORKS OF MANAGED CARE ORGANIZATIONS AND COMMERCIAL HEALTH INSURANCE CARRIERS;

(4) ADVANCING THE PUBLIC HEALTH GOALS OF STATE AND LOCAL HEALTH OFFICIALS;

(5) PROMOTING THE INCLUSION OF SCHOOL-BASED HEALTH CENTERS INTO NETWORKS OF SCHOOL HEALTH SERVICES AND COORDINATED STUDENT SERVICE MODELS FOR THE RANGE OF SERVICES OFFERED IN SCHOOL SETTINGS;

(6) SUPPORTING STATE AND LOCAL INITIATIVES TO PROMOTE STUDENT SUCCESS;

(7) REVIEWING AND REVISING BEST PRACTICE GUIDELINES; AND

(8) SUPPORTING THE LONG-TERM SUSTAINABILITY OF SCHOOL-BASED HEALTH CENTERS.

(B) THE COUNCIL SHALL REVIEW THE COLLECTION AND ANALYSIS OF SCHOOL-BASED HEALTH CENTER DATA COLLECTED BY THE DEPARTMENT TO:

(1) MAKE RECOMMENDATIONS ON BEST PRACTICES FOR THE COLLECTION AND ANALYSIS OF THE DATA; AND

(2) PROVIDE GUIDANCE ON THE DEVELOPMENT OF FINDINGS AND RECOMMENDATIONS BASED ON THE DATA.

(C) THE COUNCIL SHALL CONDUCT OTHER ACTIVITIES THE COUNCIL CONSIDERS APPROPRIATE TO MEET THE PURPOSE OF THE COUNCIL.

(D) ON OR BEFORE DECEMBER 31 OF EACH YEAR, THE COUNCIL SHALL REPORT THE FINDINGS AND RECOMMENDATIONS OF THE COUNCIL TO THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE STATE DEPARTMENT OF EDUCATION, AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT

ARTICLE, THE GENERAL ASSEMBLY ON IMPROVING THE HEALTH AND EDUCATIONAL OUTCOMES OF STUDENTS WHO RECEIVE SERVICES FROM SCHOOL-BASED HEALTH CENTERS.

SECTION 2. AND BE IT FURTHER ENACTED, That, the Maryland Council on Advancement of School-Based Health Centers shall include in its annual report that is due on or before December 31, 2016, as required under Section 1 of this Act, information on the number and location of school-based health centers that are colocated with behavioral health services and recommendations on:

(a) ~~The establishment of a~~ streamlining of the existing process for the review and approval of new school-based health centers, including the Maryland Medical Assistance Program enrollment process for school-based health centers, and the expansion of the scope of existing school-based health centers by the State Department of Education and the Department of Health and Mental Hygiene;

(b) The identification and elimination of barriers for managed care organizations to reimburse for services provided by school-based health centers by managed care organizations; and

(c) Health reform initiatives under the Maryland Medicare Waiver and patient-centered medical home initiatives.

SECTION 3. AND BE IT FURTHER ENACTED, That the terms of the initial voting members of the Maryland Council on Advancement of School-Based Health Centers shall expire as follows:

- (1) ~~four~~ five members in 2016;
- (2) five members in 2017; and
- (3) ~~four~~ five members in 2018.

SECTION 4. AND BE IT FURTHER ENACTED, That if the State Department of Education uses the staffing resources of other organizations under § 7-4A-02 of the Education Article, as enacted by Section 1 of this Act, the Department shall formalize the duties to be performed by the organization in writing.

SECTION ~~4~~ 5. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2015.

Approved by the Governor, May 12, 2015.