The Maryland Association of Boards of Education (MABE) opposes House Bill 878 because it would set new legal standards and requirements for the provision of telehealth services in the school setting, by outside providers, during the school day, without the essential foundation of adopted school health services guidelines.

Local boards of education and school system employees recognize the importance of adopting and implementing policies and procedures to facilitate student access to health services. School health policy matters are inherently complex, involving the medical expertise of school health and other medical professionals, and the input of school administrators responsible for school operations. Therefore, MABE consistently advocates that school health policy matters are most appropriately reflected in state and local policies based on the school health guidelines issued by the Maryland State Department of Education (MSDE) and Maryland Department of Health (MDH), rather than through legislation. MABE has a long track record of supporting legislation which directs MSDE and MDH to develop school health guidelines which must be developed through a stakeholder process and adopted by the State Board of Education prior to any expectation or requirement that local school systems adopt new policies and procedures.

Unfortunately, House Bill 878 would mandate school system staff involvement, the provision of space, and scheduling of time, for telehealth services provided to public school students on school premises during the school day without any of the benefits of input from health care providers, school nurses, parents, and other stakeholders in the development and adoption of state guidelines. For these reasons, MABE strongly opposes House Bill 878.

By contrast to House Bill 878, MABE has supported legislation in recent years to ensure that school health guidelines are updated and strengthened, including bills to ensure that school health plans adequately address students with diabetes, sickle cell disease, and asthma, anaphylactic allergies, and seizure disorders. These bills were crafted to ensure a high degree of care and heightened awareness among school personnel regarding the health needs of students. A key facet of student health services is the role of the student health plan. These plans ensure the involvement of parents, health care providers, and school health staff, in developing and clearly understanding the student’s health condition, any prescribed medications, and other contents of the individual student’s health plan. House Bill 878 would mandate that schools accommodate student access to receiving telehealth services without the assurances provided by student health plans. Similarly, when outside health providers are providing services in the school setting, legal and liability issues are addressed in memoranda of understanding. House Bill 8778 would not tether the mandate to provide space for students to access telehealth services to standards regarding the identification, qualifications, or legal responsibilities of the telehealth provider. School system staff are extremely concerned about these issues and the unintended negative consequences of providing student access to telehealth services during the school day.

Local boards of education place a very high priority on student health by ensuring that schools are operating in accordance with adopted state school health guidelines and local policies and procedures intended to provide a health and safe school environment conducive to student learning. MABE firmly believes that the well-intended desire to expand student access to telehealth services during the school day, which is an extraordinarily complex issue, should be reflected in school health guidelines. For these reasons, MABE urges an unfavorable report on House Bill 878.