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TO: The Honorable Peter A. Hammen, Chair

Members, House Health & Government Operations Committee

The Honorable Bonnie Cullison

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DATE: February 25, 2014

RE: SUPPORT WITH AMENDMENT – House Bill 783 – Task Force to

Study School-Based Health Centers

On behalf of MedChi, the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we support House Bill 783 with amendment.

House Bill 783 creates a Task Force to Study School Based Health Centers (SBHC). The Task Force is charged to study and make recommendations on a broad range of objectives including, but not limited to: how to enhance SBHC clinical capacity to support efforts to improve access to essential health care services, especially in the areas of primary care, behavioral health, and oral health services; enhance SBHC facility capacity through local partnerships; assist the State in meeting network adequacy standards for managed care organizations and qualified health plans; advance State and local education policies and goals for ensuring all Maryland students are in school and ready to learn; and how to ensure the long—term sustainability of SBHCs.

Both MedChi and MDAAP are supportive of the concept of school-based health centers and believe they can play an important role in assuring access, especially to students in underserved areas where often students do not have family support systems that understand and/or are able to establish medical homes for these children. Adolescence in particular is often a challenging time for students to receive recommended health care services and school based health centers are one approach to addressing those access challenges.

That being said, it is critical that school based health centers also integrate their services with community based health care practitioners, especially when existing

The Honorable Peter A. Hammen, Chair House Bill 783 Page Two

relationships have been established. Communication between these centers and practicing physicians who may otherwise care for these children is essential if we are to ensure comprehensive coordinated care as opposed to further fragmentation of our delivery system. MedChi and MDAAP would request that the Task Force be amended to include a representative from each organization to ensure the deliberations take into consideration the need for integration and communication with community providers. With their amendments noted, a favorable report is requested.

For more information call:

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