

CITY OF BALTIMORE  
ORDINANCE **25-016**  
Council Bill 25-0013

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Introduced by: Councilmember Porter

Cosponsors: Councilmembers Dorsey, Conway, Schleifer, Middleton, Torrence, Gray, Bullock, Jones, Ramos, and President Cohen

Introduced and read first time: January 27, 2025

Assigned to: Public Health and Environment Committee

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Committee Report: Favorable, with amendments

Council action: Adopted

Read second time: April 28, 2025

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AN ORDINANCE CONCERNING

**Child Health – Equitable Access to Health Services in City Schools**

FOR the purpose of addressing disparities in child health care by ~~expanding~~ allowing expanded access to comprehensive health services for children across Baltimore City, including well-child preventive care and vaccines, family planning services, and dental services; ~~providing~~ allowing for a referral to a vision or mental and behavioral health specialist at the written request of a specified individual; ~~requiring, without prior approval, mandatory~~ allowing follow-up care for any positive or abnormal health screening; defining certain terms; generally relating to ~~expanding~~ allowing expanded access to health care for City students in school health centers and health suites; and providing for a special effective date.

BY adding

Article - Health

Sections § 6-101 to § 6-104 and the new subtitle designation,

“Subtitle 6. City Schools”

Baltimore City Revised Code

(Edition 2000)

**SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE,** That the Laws of Baltimore City read as follows:

EXPLANATION: CAPITALS indicate matter added to existing law.

[Brackets] indicate matter deleted from existing law.

Underlining indicates matter added to the bill by amendment.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from existing law by amendment.

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**Baltimore City Revised Code**

**Article – Health**

**Title 3. Health Facilities**

***SUBTITLE 6. CITY SCHOOLS***

**§ 6-101. DEFINITIONS.**

**(A) IN GENERAL.**

(A) IN THIS SUBTITLE, THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED.

***(B) ABNORMAL EPSDT SCREENING.***

“ABNORMAL EPSDT SCREENING” MEANS A MEDICAL SCREENING DONE AS PART OF AN EPSDT REGIMEN THAT PRODUCES:

(1) INCONCLUSIVE RESULTS;

(2) AMBIGUOUS RESULTS; OR

(3) RESULTS THAT REQUIRE FURTHER TESTING.

***(C) BALTIMORE CITY PUBLIC SCHOOL SYSTEM.***

“BALTIMORE CITY PUBLIC SCHOOL SYSTEM” OR “BCPSS” MEANS THE PUBLIC SCHOOL DISTRICT OF THE CITY OF BALTIMORE.

***(D) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT.***

“EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT” OR “EPSDT” MEANS THE PROVISION OF PREVENTIVE HEALTH CARE UNDER 42 CFR SUBPART B {“EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) OF INDIVIDUALS UNDER AGE 21”}, INCLUDING MEDICAL AND DENTAL SERVICES TO ASSESS GROWTH AND DEVELOPMENT AND TO DETECT AND TREAT HEALTH PROBLEMS IN MEDICAID BENEFICIARIES UNDER 21 YEARS OLD.

***(E) FAMILY PLANNING.***

“FAMILY PLANING” MEANS PROVIDING INDIVIDUALS WITH THE INFORMATION AND MEANS TO PREVENT AN UNWANTED PREGNANCY AND TO MAINTAIN REPRODUCTIVE HEALTH.

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1 (F) *FOLLOW-UP CARE.*

2 "FOLLOW-UP CARE" MEANS:

3 (1) ANY TREATMENT OR PRACTICE RECOMMENDED AS MEDICALLY NECESSARY TO  
4 ADDRESS ABNORMAL OR POSITIVE RESULTS OF AN EPSDT SCREENING BY A  
5 LICENSED HEALTHCARE PROFESSIONAL; AND

6 ~~(2) THE PROCESS OF:~~

7 ~~(I) ASCERTAINING IF THE RECOMMENDED SERVICES HAVE BEEN OBTAINED; AND~~

8 ~~(II) EVALUATING THE PATIENT'S HEALTH OUTCOME TO DETERMINE IF ADDITIONAL~~  
9 ~~SERVICES ARE NECESSARY.~~

10 (2) THE PROCESS OF ATTEMPTING TO ASCERTAIN IF THE RECOMMENDED SERVICES  
11 HAVE BEEN OBTAINED.

12 (G) *MARYLAND HEALTHY KIDS PREVENTIVE HEALTH SCHEDULE.*

13 "MARYLAND HEALTHY KIDS PREVENTIVE HEALTH SCHEDULE" MEANS THE SCHEDULE  
14 SET BY THE STATE DEPARTMENT OF HEALTH'S HEALTHY KIDS PROGRAM AS A MINIMUM  
15 EPSDT PRACTICE FOR ALL MARYLAND MEDICAID RECIPIENTS UNDER 21 YEARS OF AGE,  
16 CONSISTING OF:

17 (1) STANDARD HEALTH SCREENINGS;

18 (2) PHYSICAL EXAMS;

19 (3) LABORATORY TESTS;

20 (4) IMMUNIZATIONS; AND

21 (5) HEALTH EDUCATION.

22 (H) *MEDICALLY NECESSARY.*

23 "MEDICALLY NECESSARY" MEANS THAT A HEALTH SERVICE IS:

24 (1) DIRECTLY RELATED TO DIAGNOSTIC, PREVENTIVE, CURATIVE, PALLIATIVE,  
25 REHABILITATIVE, OR AMELIORATIVE TREATMENT OF AN ILLNESS, INJURY,  
26 DISABILITY, OR HEALTH CONDITION;

27 (2) CONSISTENT WITH CURRENTLY ACCEPTED STANDARDS OF GOOD MEDICAL  
28 PRACTICE;

29 (3) THE MOST COST EFFICIENT SERVICE THAT CAN BE PROVIDED WITHOUT SACRIFICING  
30 EFFECTIVENESS OR ACCESS TO CARE; AND

31 (4) NOT PRIMARILY FOR THE CONVENIENCE OF THE CONSUMER, FAMILY, OR PROVIDER.

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1        (I) *POSITIVE EPSDT SCREENING.*

2            "POSITIVE EPSDT SCREENING" MEANS A MEDICAL SCREENING CONDUCTED BY A  
3            LICENSED HEALTH PROFESSIONAL AS PART OF AN EPSDT REGIMEN THAT PRODUCES  
4            POSITIVE RESULTS INDICATING THE PRESENCE OF THE TESTED-FOR CONDITION.

5        (J) *PREVENTIVE HEALTH SERVICES.*

6            "PREVENTIVE HEALTH SERVICES" MEANS PROACTIVE CARE TO DETECT POTENTIAL  
7            HEALTH PROBLEMS AND PROTECT AND MAINTAIN A PATIENT'S CURRENT HEALTH,  
8            INCLUDING:

- 9            (1) SCREENINGS FOR HEALTH CONDITIONS;  
10           (2) COUNSELING FOR CHRONIC CONDITIONS;  
11           (3) REGULAR HEALTH CHECKUPS; AND  
12           (4) IMMUNIZATIONS.

13       (K) *PRIMARY HEALTH SERVICES.*

14           "PRIMARY HEALTH SERVICES" MEANS A BASIC LEVEL OF HEALTH CARE, INCLUDING  
15           • DIAGNOSTIC, TREATMENT, CONSULTATIVE, REFERRAL, AND PREVENTIVE HEALTH  
16           SERVICES, GENERALLY RENDERED BY 1 OR MORE:

- 17           (1) GENERAL PRACTITIONERS;  
18           (2) FAMILY PRACTITIONERS;  
19           (3) INTERNISTS;  
20           ~~(4) OBSTETRICIANS;~~  
21           ~~(4) (5) GYNECOLOGISTS;~~  
22           ~~(5) (6) PEDIATRICIANS;~~  
23           ~~(6) (7) PHYSICIAN ASSISTANTS; AND~~  
24           ~~(7) (8) NURSE PRACTITIONERS.~~

25       ~~(L) *PUBLIC SCHOOL EMPLOYEE.*~~

26           ~~"PUBLIC SCHOOL EMPLOYEE" MEANS AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC~~  
27           ~~SCHOOL SYSTEM INCLUDED WITHIN THE DEFINITION OF "PUBLIC SCHOOL EMPLOYEE"~~  
28           ~~CONTAINED IN § 6-401(E)(1) OF THE STATE EDUCATION ARTICLE.~~

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1 ~~(L)~~ ~~(M)~~ *SCHOOL-BASED HEALTH CENTER.*

2 "SCHOOL-BASED HEALTH CENTER" MEANS A FACILITY PROVIDING MEDICAL CARE THAT:

3 (1) IS LOCATED ON THE GROUNDS OF A BCPSS FACILITY;

4 (2) PROVIDES ON-SITE PRIMARY AND PREVENTIVE HEALTH CARE, REFERRALS, AND  
5 FOLLOW-UP SERVICES;

6 (3) MAY PROVIDE ON-SITE DENTAL CARE OR BEHAVIORAL HEALTH CARE, REFERRALS,  
7 AND FOLLOW-UP SERVICES; AND

8 (4) HAS BEEN APPROVED BY THE MARYLAND DEPARTMENT OF HEALTH.

9 ~~(N)~~ ~~SCHOOL HEALTH PARTNER.~~

10 ~~"SCHOOL HEALTH PARTNER" MEANS ANY HEALTH CARE PROVIDER OR ORGANIZATION~~  
11 ~~OPERATING UNDER A CONTRACT WITH BCPSS OR THE BALTIMORE CITY HEALTH~~  
12 ~~DEPARTMENT TO PROVIDE MEDICAL SUPPORT TO BCPSS STUDENTS.~~

13 ~~(M)~~ ~~(O)~~ *SCHOOL HEALTH SERVICES PROFESSIONAL.*

14 "SCHOOL HEALTH SERVICES PROFESSIONAL" OR "SCHOOL HEALTH PROFESSIONAL" MEANS  
15 A PHYSICIAN, CERTIFIED NURSE PRACTITIONER, OR REGISTERED NURSE WITH EXPERIENCE,  
16 SPECIAL TRAINING, OR BOTH IN WORKING WITH CHILDREN AND FAMILIES IN COMMUNITY  
17 OR SCHOOL HEALTH PROGRAMS AND PRACTICES IN ACCORDANCE WITH THE CURRENT  
18 STATE MEDICAL AND NURSING STANDARDS OF CARE.

19 ~~(P)~~ ~~SCHOOL HEALTH SUITE.~~

20 ~~"SCHOOL HEALTH SUITE" MEANS AN OFFICE IN A BCPSS FACILITY FOR A SCHOOL HEALTH~~  
21 ~~PROFESSIONAL TO PROVIDE BASIC HEALTH SERVICES AND EDUCATION TO THE STUDENTS~~  
22 ~~OF THE SCHOOL, WITHOUT THE FULL CAPACITY FOR TREATMENT OF A SCHOOL-BASED~~  
23 ~~HEALTH CENTER.~~

24 **§ 6-102. CHILD HEALTH EQUITY SERVICES.**

25 (A) *IN GENERAL.*

26 THE FOLLOWING HEALTH SERVICES ~~SHALL~~ MAY BE PROVIDED AT ANY ~~SCHOOL HEALTH~~  
27 ~~SUITE OR SCHOOL-BASED HEALTH CENTER:~~

28 (1) COMPREHENSIVE PREVENTIVE AND PRIMARY HEALTH SERVICES, INCLUDING  
29 ADMINISTRATION OF VACCINES ACCORDING TO THE MARYLAND HEALTHY KIDS  
30 PREVENTATIVE HEALTH SCHEDULE;

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(2) ACCESS TO FAMILY PLANNING, DENTAL, AND MENTAL HEALTH SERVICES; AND

(3) ACCESS TO VISION CARE AT THE WRITTEN REQUEST OF A CHILD'S GUARDIAN,  
SCHOOL PROFESSIONAL, OR SCHOOL HEALTH PROFESSIONAL. GUARDIAN.

**(B) PROVIDER REQUIREMENTS:**

~~THE LISTED SERVICES SHALL THE SERVICES LISTED IN SUBSECTION (A) OF THIS SECTION  
MAY BE PROVIDED BY A PROVIDER CERTIFIED TO PERFORM EPSDT SERVICES OR SCHOOL  
HEALTH PRACTITIONERS AT A SCHOOL HEALTH SUITE OR SCHOOL-BASED HEALTH CENTER.~~

**§ 6-103. MANDATORY FOLLOW-UP FOLLOW-UP CARE.**

**(A) *IN GENERAL.***

~~FOR ANY POSITIVE OR ABNORMAL EPSDT SCREENING, ANY NECESSARY FOLLOW-UP CARE  
SHALL MAY BE PERFORMED BY A SCHOOL HEALTH PARTNER WITHOUT REQUIRING PRIOR  
APPROVAL FROM:~~

~~(1) THE STUDENT'S PRIMARY CARE PROVIDER; OR~~

~~(2) A SCHOOL HEALTH PROFESSIONAL WORKING AT A:~~

~~(i) SCHOOL HEALTH SUITE; OR~~

~~(ii) SCHOOL-BASED HEALTH CENTER.~~

FOR ANY POSITIVE OR ABNORMAL EPSDT SCREENING OF A STUDENT, THE SCHOOL  
HEALTH PROFESSIONAL THAT PERFORMED THE SCREENING SHALL COMMUNICATE THE  
NEED FOR FOLLOW-UP CARE, AS APPROPRIATE AND IN ACCORDANCE WITH ALL LAWS  
RELATED TO MINOR CONSENT, TO EITHER OR BOTH OF:

(1) THE STUDENT; OR

(2) THE STUDENT'S PARENT OR GUARDIAN.

**(B) *ADDITIONAL SCREENING.***

~~AT THE REQUEST OF A PUBLIC SCHOOL EMPLOYEE OR SCHOOL HEALTH SERVICES  
PROVIDER, A SCHOOL HEALTH PARTNER SHALL MAY PERFORM AN ADDITIONAL SCREENING  
OR STUDENT HEALTH CHECK-UP WITHOUT REQUIRING PRIOR APPROVAL FROM:~~

~~(1) THE STUDENT'S PRIMARY CARE PROVIDER; OR~~

~~(2) A SCHOOL HEALTH PROFESSIONAL WORKING AT A:~~

~~(i) SCHOOL HEALTH SUITE; OR~~

~~(ii) SCHOOL-BASED HEALTH CENTER.~~

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1 IF A SCHOOL HEALTH SERVICES PROFESSIONAL DETERMINES THAT AN ADDITIONAL  
2 SCREENING OR HEALTH CHECK-UP IS NECESSARY FOR A STUDENT, THE PROFESSIONAL  
3 SHALL MAKE A RECOMMENDATION FOR AN ADDITIONAL SCREENING OR HEALTH CHECK-UP  
4 TO THE STUDENT OR THE STUDENT'S PARENT OR GUARDIAN, AS APPROPRIATE.

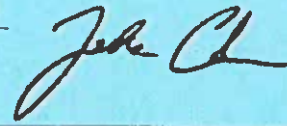
5 **§ 6-104. RULES AND REGULATIONS.**

6 SUBJECT TO TITLE 4 {"ADMINISTRATIVE PROCEDURE ACT – REGULATIONS"} OF THE CITY  
7 GENERAL PROVISIONS ARTICLE, THE COMMISSIONER OF THE BALTIMORE CITY HEALTH  
8 DEPARTMENT OF HEALTH IS EMPOWERED TO ADOPT AND PROMULGATE REASONABLE RULES  
9 AND REGULATIONS FOR THE IMPLEMENTATION OF MAY ADOPT RULES AND REGULATIONS TO  
10 CARRY OUT THIS SUBTITLE.

11 **SECTION 2. AND BE IT FURTHER ORDAINED,** That this Ordinance takes effect on August 25,  
12 2025.

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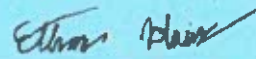
Certified as duly passed this 12th day of May, 2025



\_\_\_\_\_  
President, Baltimore City Council

Certified as duly delivered to His Honor, the Mayor,

this 13th day of May, 2025



\_\_\_\_\_  
Chief Clerk

Approved this 9th day of June, 2025



\_\_\_\_\_  
Mayor, Baltimore City

**A TRUE COPY**  
**Director of Finance**

Approved for Form and Legal Sufficiency,

this 13th day of May, 2025



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Chief Solicitor