

**For Internal Use Only**

**BALTIMORE CITY COUNCIL  
PUBLIC HEALTH AND ENVIRONMENT  
COMMITTEE**

*Mission Statement*

On behalf of the Citizens of Baltimore City, the mission of the **Public Health and Environment Committee** is dedicated to safeguarding the well-being of Baltimore's residents by advancing policies that promote health equity, environmental justice, and sustainability. Recognizing the deep connection between public health and the environment, the committee works to reduce health disparities, improve access to essential services, and address climate-related challenges that impact communities.

**The Honorable Phylicia Porter  
Chair**

**PUBLIC HEARING**

**WEDNESDAY, MARCH 12, 2025  
10:00 AM**

**COUNCIL CHAMBERS**

*Council Bill 25-0013*

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

## CITY COUNCIL COMMITTEES

### **BUDGET AND APPROPRIATIONS (BA)**

Danielle McCray - Chair  
Isaac "Yitzy" Schleifer – Vice Chair  
Sharon Green Middleton  
Paris Gray  
Antonio Glover  
*Staff: Marguerite Currin (443-984-3485)*

### **PUBLIC SAFETY (PS)**

Mark Conway - Chair  
Zac Blanchard – Vice Chair  
Danielle McCray  
Isaac "Yitzy" Schleifer  
Paris Gray  
Phylicia Porter  
Antonio Glover  
*Staff: Anthony Leva (410-396-1091)*

### **HOUSING AND ECONOMIC DEVELOPMENT (HCD)**

James Torrence – Chair  
Odette Ramos – Vice Chair  
Zac Blanchard  
Jermaine Jones  
Danielle McCray  
Antonio Glover  
*Staff: Anthony Leva (410-396-1091)*

### **PUBLIC HEALTH AND ENVIRONMENT (PHE)**

Phylicia Porter - Chair  
Mark Conway - Vice Chair  
Mark Parker  
Ryan Dorsey  
James Torrence  
John Bullock  
Odette Ramos  
*Staff: Deontre Hayes (410-396-1260)*

### **LABOR AND WORKFORCE (LW)**

Jermaine Jones – Chair  
James Torrence – Vice Chair  
Danielle McCray  
Ryan Dorsey  
Phylicia Porter  
*Staff: Deontre Hayes (410-396-1260)*

### **LAND USE AND TRANSPORTATION**

Ryan Dorsey – Chair  
Sharon Green Middleton – Vice Chair  
Mark Parker  
Paris Gray  
John Bullock  
Phylicia Porter  
Zac Blanchard  
*Staff: Anthony Leva (410-396-1091)*

### **EDUCATION, YOUTH AND OLDER ADULT (EYOA)**

John Bullock – Chair  
Mark Parker – Vice Chair  
Sharon Green Middleton  
James Torrence  
Zac Blanchard  
Jermaine Jones  
Odette Ramos  
*Staff: Deontre Hayes (410-396-1260)*

### **LEGISLATIVE INVESTIGATIONS (LI)**

Isaac "Yitzy" Schleifer - Chair  
Antonio Glover – Vice Chair  
Ryan Dorsey  
Sharon Green Middleton  
Paris Gray  
*Staff: Marguerite Currin (443-984-3485)*



## BILL SYNOPSIS

**Committee: Public Health and Environment**

**Council Bill: 25-0013**

---

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

---

**Sponsor:** Councilmember Porter

**Introduced:** January 27, 2025

**Purpose:**

For the purpose of addressing disparities in child health care by expanding access to comprehensive health services for children across Baltimore City, including well-child preventive care and vaccines, family planning services, and dental services; providing 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 follow-up care for any positive or abnormal health screening; defining certain terms; generally relating to expanding access to health care for City students in school health centers and health suites; and providing for a special effective date

**Effective:**

---

### Agency Reports

City Solicitor	Unfavorable with comment
Baltimore City Health Department	None as of writing
Baltimore City Schools	None as of writing
Department of Finance	None as of writing

---

## Analysis

Council Bill 25-0013, as introduced, sought to mandate comprehensive health services in Baltimore City public schools, including preventive care, vaccinations, family planning, dental, mental health, and vision services, with automatic follow-up care for abnormal screenings. However, following concerns from the City Solicitor about potential conflicts with state law — particularly around preemption of local authority over school health systems — amendments were introduced to make these services permissive rather than mandatory. The amendments ensure that schools may provide expanded health services, aligning the bill with state law requirements. This shift addresses legal concerns while preserving the opportunity for schools to improve health care access.

By enabling rather than requiring schools to offer expanded health services, the bill positions Baltimore to better support students' health needs without violating state law. This flexibility allows schools and health partners to implement services based on available resources and student needs, potentially improving preventive care, reducing untreated health issues, and supporting overall student well-being. Importantly, the amendments directly respond to concerns from the City Solicitor, thus safeguarding the bill's legal standing and preventing potential litigation or conflict with the state.

---

## Additional Information

**Fiscal Note:** At this time, a complete fiscal analysis of Council Bill 25-0013 is not available due to the absence of a formal report from Baltimore City Public Schools (BCPSS), which would detail the expected costs and logistical needs for implementing expanded health services. However, based on the bill's content, if fully utilized, costs could be associated with staffing additional health professionals (nurses, nurse practitioners, and school health partners), procuring medical and dental equipment, providing vaccines and screenings, and coordinating follow-up care services. The amended version of the bill, which makes these services permissive rather than mandatory, may mitigate some of the fiscal burden by allowing schools to expand services based on available funding and partnerships rather than requiring universal implementation.

**Information Source(s):** Reporting Agencies, 25-0013.

---

*Deontre Hayes*

Analysis by: Deontre Hayes  
Analysis Date: March 10, 2025

Direct Inquiries to: (410) 396-1260

**PUBLIC HEALTH AND  
ENVIORNMENT COMMITTEE**

**AGENCY REPORTS**

**SEE ATTACHED**

---

CITY OF BALTIMORE

BRANDON M. SCOTT  
Mayor



DEPARTMENT OF LAW  
EBONY M. THOMPSON, CITY SOLICITOR  
100 N. HOLLIDAY STREET  
SUITE 101, CITY HALL  
BALTIMORE, MD 21202

---

February 5, 2025

The Honorable President and Members  
of the Baltimore City Council  
Attn: Executive Secretary  
Room 409, City Hall  
100 N. Holliday Street  
Baltimore, Maryland 21202

Re: City Council Bill 25-0013 – Child Health – Equitable Access to Health Services in City  
Scholls

Dear President and City Council Members:

The Law Department has reviewed City Council Bill 25-0013 for form and legal sufficiency. The bill would require that the City School System use the federal Early and Periodic Screening, Diagnosis and Treatment (“EPSDT”) method in federal regulations for those under 21 eligible for Medicaid as standards for screening children in City public schools to provide preventative health care. 42 CFR 441.50. The First Reader version of City Council Bill 25-0013 requires that both School based Health Suites and Health Centers give preventative and primary health care services, access to family planning, dental, mental health and vision care, with mandatory follow-ups for that care.

The City no longer has plenary express power to legislate over the school system. Rather, in 1997, the General Assembly required the City Schools to follow the Education Article of the Maryland Code. 1997 Laws of Md., ch. 105; City Charter, Art. II, § (30). Subtitle 4 of Title 7 of the state’s Education Article has detailed provisions for school health services, which must be developed by the State Department of Health in conjunction with the State Department of Education and implemented by the local school boards. Md. Code, Educ., §§ 7-401(b); 7-402; 7-403; 7-404; 7-415(b); 7-440; Md. Code, Health-Gen, 19-22a-01, *et. seq.* (formerly codified in Md. Code, Educ., §7-4a-01, *et. seq.*); COMAR 13A.05.05.05; COMAR 13A.05.05.05.

This detailed and expansive state law on the operation of the school system has been regarded by Maryland courts as creating field preemption of local legislation, evidencing the General Assembly’s intent to occupy the legislative field in this subject. *See, e.g., McCarthy v. Bd. of Educ. of Anne Arundel Cnty.*, 280 Md. 634, 651 (1977) (“Our recital of legislation by the State in the field of education demonstrates the occupation of that field by the State. We conclude, therefore, that the County Council of Anne Arundel County was without power to legislate in this field and to place additional duties upon a State agency, the Board of Education of Anne Arundel County.”).

The Law Department cannot approve the First Reader version of this bill for form and legal sufficiency. However, it is the Law Department’s understanding that there will be amendments to the First Reader version of the bill that make use of EPSDT in school health settings permissive

instead of mandatory. Assuming the bill is amended in accordance with state law, the Law Department could approve the bill for form and legal sufficiency.

Very truly yours,



Hilary Ruley  
Chief Solicitor

cc: Ebony M. Thompson, City Solicitor  
Ty'lor Schnella, Mayor's Office of Government Relations  
Ashlea Brown, Chief Solicitor  
Michelle Toth, Assistant Solicitor  
Desiree Lucky, Assistant Solicitor

**PUBLIC HEALTH AND  
ENVIORNMENT COMMITTEE**

**PUBLIC TESTIMONY**

**SEE ATTACHED**



**CITY OF BALTIMORE  
COUNCIL BILL 25-0013  
(First Reader)**

---

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

---

REFERRED TO THE FOLLOWING AGENCIES: City Solicitor, Baltimore City Public School System,  
Health Department, Department of Finance

---

A BILL ENTITLED

1 AN ORDINANCE concerning

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

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

11 BY adding

12 Article - Health  
13 Sections § 6-101 to § 6-104 and the new subtitle designation,  
14 “Subtitle 6. City Schools”  
15 Baltimore City Revised Code  
16 (Edition 2000)

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

EXPLANATION: CAPITALS indicate matter added to existing law.  
[Brackets] indicate matter deleted from existing law.

**Council Bill 25-0013**

**Baltimore City Revised Code**

**Article – Health**

**Title 3. Health Facilities**

***SUBTITLE 6. CITY SCHOOLS***

**§ 6-101. DEFINITIONS.**

(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.

(F) *FOLLOW-UP CARE.*

“FOLLOW-UP CARE” MEANS:

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

(2) THE PROCESS OF:

**Council Bill 25-0013**

- 1 (I) ASCERTAINING IF THE RECOMMENDED SERVICES HAVE BEEN OBTAINED; AND  
2 (II) EVALUATING THE PATIENT’S HEALTH OUTCOME TO DETERMINE IF ADDITIONAL  
3 SERVICES ARE NECESSARY.

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

5 “MARYLAND HEALTHY KIDS PREVENTIVE HEALTH SCHEDULE” MEANS THE SCHEDULE  
6 SET BY THE STATE DEPARTMENT OF HEALTH’S HEALTHY KIDS PROGRAM AS A MINIMUM  
7 EPSDT PRACTICE FOR ALL MARYLAND MEDICAID RECIPIENTS UNDER 21 YEARS OF AGE,  
8 CONSISTING OF:

- 9 (1) STANDARD HEALTH SCREENINGS;  
10 (2) PHYSICAL EXAMS;  
11 (3) LABORATORY TESTS;  
12 (4) IMMUNIZATIONS; AND  
13 (5) HEALTH EDUCATION.

14 (H) *MEDICALLY NECESSARY.*

15 “MEDICALLY NECESSARY” MEANS THAT A HEALTH SERVICE IS:

- 16 (1) DIRECTLY RELATED TO DIAGNOSTIC, PREVENTIVE, CURATIVE, PALLIATIVE,  
17 REHABILITATIVE, OR AMELIORATIVE TREATMENT OF AN ILLNESS, INJURY,  
18 DISABILITY, OR HEALTH CONDITION;  
19 (2) CONSISTENT WITH CURRENTLY ACCEPTED STANDARDS OF GOOD MEDICAL  
20 PRACTICE;  
21 (3) THE MOST COST EFFICIENT SERVICE THAT CAN BE PROVIDED WITHOUT SACRIFICING  
22 EFFECTIVENESS OR ACCESS TO CARE; AND  
23 (4) NOT PRIMARILY FOR THE CONVENIENCE OF THE CONSUMER, FAMILY, OR PROVIDER.

24 (I) *POSITIVE EPSDT SCREENING.*

25 “POSITIVE EPSDT SCREENING” MEANS A MEDICAL SCREENING CONDUCTED BY A  
26 LICENSED HEALTH PROFESSIONAL AS PART OF AN EPSDT REGIMEN THAT PRODUCES  
27 POSITIVE RESULTS INDICATING THE PRESENCE OF THE TESTED-FOR CONDITION.

**Council Bill 25-0013**

1           (J) *PREVENTIVE HEALTH SERVICES.*

2           “PREVENTIVE HEALTH SERVICES” MEANS PROACTIVE CARE TO DETECT POTENTIAL  
3           HEALTH PROBLEMS AND PROTECT AND MAINTAIN A PATIENT’S CURRENT HEALTH,  
4           INCLUDING:

- 5           (1) SCREENINGS FOR HEALTH CONDITIONS;
- 6           (2) COUNSELING FOR CHRONIC CONDITIONS;
- 7           (3) REGULAR HEALTH CHECKUPS; AND
- 8           (4) IMMUNIZATIONS.

9           (K) *PRIMARY HEALTH SERVICES.*

10          “PRIMARY HEALTH SERVICES” MEANS A BASIC LEVEL OF HEALTH CARE, INCLUDING  
11          DIAGNOSTIC, TREATMENT, CONSULTATIVE, REFERRAL, AND PREVENTIVE HEALTH  
12          SERVICES, GENERALLY RENDERED BY 1 OR MORE:

- 13          (1) GENERAL PRACTITIONERS;
- 14          (2) FAMILY PRACTITIONERS;
- 15          (3) INTERNISTS;
- 16          (4) OBSTETRICIANS;
- 17          (5) GYNECOLOGISTS;
- 18          (6) PEDIATRICIANS;
- 19          (7) PHYSICIAN ASSISTANTS; AND
- 20          (8) NURSE PRACTITIONERS.

21          (L) *PUBLIC SCHOOL EMPLOYEE.*

22          “PUBLIC SCHOOL EMPLOYEE” MEANS AN EMPLOYEE OF THE BALTIMORE CITY PUBLIC  
23          SCHOOL SYSTEM INCLUDED WITHIN THE DEFINITION OF “PUBLIC SCHOOL EMPLOYEE”  
24          CONTAINED IN § 6-401(E)(1) OF THE STATE EDUCATION ARTICLE.

**Council Bill 25-0013**

1 (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 (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 BE PROVIDED AT ANY SCHOOL HEALTH SUITE  
27 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;

**Council Bill 25-0013**

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

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

4 (B) *PROVIDER REQUIREMENTS.*

5 THE LISTED SERVICES SHALL BE PROVIDED BY A PROVIDER CERTIFIED TO PERFORM EPSDT  
6 SERVICES OR SCHOOL HEALTH PRACTITIONERS AT A SCHOOL HEALTH SUITE OR SCHOOL-  
7 BASED HEALTH CENTER.

8 **§ 6-103. MANDATORY FOLLOW-UP CARE.**

9 (A) *IN GENERAL.*

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

13 (1) THE STUDENT’S PRIMARY CARE PROVIDER; OR

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

15 (I) SCHOOL HEALTH SUITE; OR

16 (II) SCHOOL-BASED HEALTH CENTER.

17 (B) *ADDITIONAL SCREENING.*

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

21 (1) THE STUDENT’S PRIMARY CARE PROVIDER; OR

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

23 (I) SCHOOL HEALTH SUITE; OR

24 (II) SCHOOL-BASED HEALTH CENTER.

25 **§ 6-104. RULES AND REGULATIONS.**

26 SUBJECT TO TITLE 4 {“ADMINISTRATIVE PROCEDURE ACT – REGULATIONS”} OF THE CITY  
27 GENERAL PROVISIONS ARTICLE, THE COMMISSIONER OF THE BALTIMORE CITY DEPARTMENT  
28 OF HEALTH IS EMPOWERED TO ADOPT AND PROMULGATE REASONABLE RULES AND  
29 REGULATIONS FOR THE IMPLEMENTATION OF THIS SUBTITLE.

30 **SECTION 2. AND BE IT FURTHER ORDAINED,** That this Ordinance takes effect on August 25,  
31 2025.

**AMENDMENTS TO COUNCIL BILL 25-0013  
(1<sup>st</sup> Reader Copy)**

By: Councilmember Porter  
{To be offered to the Public Health and Environment Committee}

**Amendment No. 1**

On page 1, in line 3, strike “expanding” and substitute “allowing expanded”; and, on that same page, in line 5, strike “providing” and substitute “allowing”; and on that same page, in line 7, strike “requiring, without prior approval, mandatory” and substitute “allowing”; on that same page, in line 8 strike “expanding” and substitute “allowing expanded”; on page 2, before line 6, insert “(A) IN GENERAL.”; and, on that same page, in line 6, strike “(A)”; and, on page 5, in line 26, strike “SHALL” and substitute “MAY”; and, on page 6, in line 5, strike “THE LISTED SERVICES SHALL” and substitute “THE SERVICES LISTED IN SUBSECTION (A) OF THIS SECTION MAY”; and, on that same page, in line 8, strike “**MANDATORY FOLLOW-UP**” and substitute “**FOLLOW-UP**”; and, on that same page, in lines 11 and 19, in each instance, strike “SHALL” and substitute “MAY”; and, on that same page, in line 27, before “DEPARTMENT” insert “HEALTH”; and, on that same page, strike beginning with “OF” in line 28 down through and including “OF” in line 29 and substitute “MAY ADOPT RULES AND REGULATIONS TO CARRY OUT”.