



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

March 29, 2023

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) Supplemental Appropriation (SA) #23-68 –
Amendment to the FY23 Operating Budget for Maryland School-Based Health
Center Program

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #23-68 – *Amendment to the FY23 Operating Budget for Maryland School-Based Health Center Program* – aligns with the County’s overall objective of reducing and eliminating racial disparities and inequities as the Maryland School-Based Health Center Program¹ funds the County’s 14 School-Based Health and Wellness Centers (SBHWC). SBHWCs serve a racially and economically diverse set of students enrolled in 1 of 14 Montgomery County schools in addition to their uninsured siblings and children enrolled in the Care for Kids Program living within the zip code of the school—all at no cost.² Services provided by SBHWCs clearly address the impacts of social determinants of health, the racial inequities they create, and improve health and educational outcomes for all students through their ability to innovate and integrate into the local school system and broader health care system. In order to address root causes of disparate health and educational outcomes – resulting from historic and structural factors leading to the overrepresentation of Black, Indigenous, or People of Color (BIPOC) living in poverty – ORESJ asserts that targeted approaches must be deployed to mitigate these inequities.

¹ Maryland Department of Health. The Maryland School-Based Health Center Program. Available at: <https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx>

² Montgomery County Government, Department of Health and Human Services. *School Health Services - School Based Health and Wellness Centers*. 2023. Available at: <https://www.montgomerycountymd.gov/HHS-Program/PHS/SchoolHealth/SchoolBasedHealthCenter.html>

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II. **BACKGROUND:** The primary objective of Supplemental Appropriation #23-68 – *Amendment to the FY23 Operating Budget for Maryland School-Based Health Center Program* – is to provide funding, in the amount of \$1,525,975, for the Maryland School-Based Health Center Program which is operated by the Department of Health and Human Services (DHHS). Through the Maryland School-Based Health Center Program, underserved children enrolled in 1 of the 14 DHHS SBHWCs throughout Montgomery County will be able to access care, somatic health services, and comprehensive health services such as:

- first aid and emergency care;
- health appraisals;
- medication and treatment administration;
- health counseling, consultation, and education;
- referrals for medical, psychological, and behavioral problems;
- case management for students with acute and chronic health conditions, and pregnant and parenting teens; and
- hearing, vision, and lead certification screenings.

Immunizations and tuberculosis screenings are administered at SBHWCs that also have Immunization Centers – which primarily serve newly arrived international students enrolling in Montgomery County Public Schools (MCPS). Primary health care – provided by nurse practitioners and physicians – is also provided to eligible students.

All children who attend 1 of the 14 schools with SBHWCs are eligible for enrollment in the program regardless of their insurance status³ and other identifying factors. Supplemental information accompanying this request did not include demographic data regarding program recipients, however available information reveals that students attending the 14 schools with SBHWCs are primarily students of color (children identifying as Latinx or Black) as well as students eligible for the Free and Reduced-priced Meals (FARMS) Program⁴. While it's fair to assume that SBHWCs primarily serve students of color in the County, explicitly addressing racial and economic disparities is not identified as a goal of the program. This, coupled with a lack of data regarding program outcomes, makes it difficult to discern how students are interacting with the services provided by SBHWCs and if all students are having the same experience and/or health outcomes.

III. **ANALYSIS:** As previously stated in the *REIA for Supplemental Appropriation #22-49 – Centers for Disease Control and Prevention Cooperative Agreement* – "The health and well-being of individuals and communities is affected by a wide range of factors, sometimes referred to

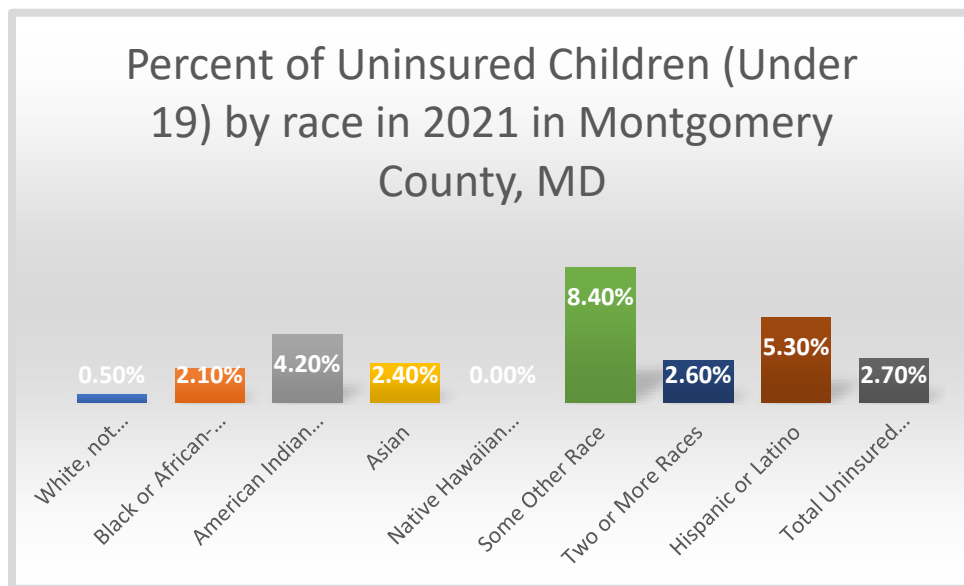
³ Ibid.

⁴ Office of Shared Accountability Montgomery County Public Schools. *MCPS Schools at a Glance 2021–2022*. Available at: <https://ww2.montgomeryschoolsmd.org/departments/regulatoryaccountability/glance/currentyear/SAAG2022.pdf>

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as social determinants of health⁵, that in combination with the quality and affordability of medical and healthcare interventions, can either enable or prevent health equity and, as it relates to SBHWCs, educational equity”. In Montgomery County, school poverty⁶ has been cited as a driver of health inequity with the inaccessibility of health insurance coverage⁷ serving as a barrier to affordable quality healthcare. The utilization of demographic data – again highlighted in REIA #22-49 – demonstrates the utility of programs such as SBHWCs in addressing health inequities experienced by children facing the greatest systemic barriers in access to health care services in the County. This is of particular importance as the use of demographic data has the ability to illuminate underserved students who could greatly benefit from SBHWC services. This would include groups of students who lack access to health insurance or a primary care physician – such as new arrivals who, due to their status, may not be eligible for other services such as Medicaid. The graphic below reveals that while the uninsured rate amongst children under the age of 19 in Montgomery County remains relatively low (2.7% in 2021), clear disparities exist, particularly amongst Hispanic/Latino children.



Source: Author’s duplication of data from The Annie E. Casey Kids Count Data Center. Data Provided by Maryland Center on Economic Policy. Available at: <https://datacenter.kidscount.org/data/tables/10246-uninsured-children-under-19-by-race->

⁵ National Academies of Sciences, Engineering, and Medicine 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Available at: <http://www.nap.edu/25982>

⁶ Montgomery County, MD Office of Racial Equity and Social Justice. *Racial Equity Impact Assessment (REIA) for Supplemental Appropriation #22-49 Centers for Disease Control and Prevention Cooperative Agreement*. 2022. Available at: <https://www.montgomerycountymd.gov/ore/Resources/Files/22-49.pdf>

⁷ Ibid.

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[2017?loc=22&loct=5#detailed/5/3315/false/2048/4406,3303,3304,2161,3305,3306,3307,3301,6791/19836,19837](#)

As a result of these disparities, coupled with the impending Public Health Emergency (PHE) Unwind⁸, ORESJ stresses the importance of not only funding programs such as SBHWCs but ensuring that they have the ability to address what is sure to be an increase in need in a targeted and culturally responsive way as people – especially low-income BIPOC children – churn out of Medicaid.

The Families First Coronavirus Response Act (FFCRA) mandated continuous Medicaid enrollment throughout the federal COVID-19 PHE period for nearly all of those enrolled in Medicaid on or after the date of enactment on March 18, 2020, through the end of the month in which the PHE declaration ends⁹—March 31, 2023. The continuous enrollment provision suspended Medicaid’s regular eligibility renewal and redetermination process by prohibiting the termination of ineligible individuals—largely resulting in the nation’s uninsured rate declining to a historic low of 8% in the first quarter of 2022.¹⁰ For those who identify as BIPOC, the PHE served as an opportunity to access and maintain health insurance coverage as they are more likely to receive coverage through Medicaid. This is due in large part to structural inequities resulting in their overrepresentation in low-paid jobs lacking employer-sponsored health coverage.¹¹

Data from 2021 reveals that Black and Latinx people made up approximately one-third of the U.S. population, but roughly half of the enrollees in Medicaid and the Children’s Health Insurance Program (CHIP).¹² As the PHE comes to an end, it is projected that nearly 7 million Medicaid enrollees could lose Medicaid coverage despite being eligible due to churn (procedural reasons caused by administrative barriers such as long wait times, multiple unnecessary requests for paperwork, and eligible people losing coverage at renewal and having to reapply)¹³. The prevalence of churn is expected to be higher than in previous years due in large part to issues related to the COVID-19 pandemic—i.e., the

⁸ Tolbert, J. & Ammula, M. *10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision*. 2023. Available at: <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

⁹ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. *Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches*. 2022. Available at: https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf

¹⁰ Ibid.

¹¹ Erzouki, F. *States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears*. 2023. Available at: <https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage>

¹² Ibid.

¹³ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. *Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches*. 2022. Available at: https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf

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pandemic caused disruptions in housing stability, forcing many families to move and as a result, current address information may not be up to date in government databases. Due to their disproportionate enrollment in the Medicaid program as well as the unprecedented instability they experienced as a result of the pandemic, those identifying as BIPOC are at disparate risk of losing access to health care coverage.

Longitudinal Medicaid enrollment data from prior years provided by the U.S. Department of Health & Human Services (HHS) projects that those identifying as BIPOC are much more likely to lose coverage due to administrative churning during the unwinding, despite remaining eligible for Medicaid.¹⁴ While roughly 17% of White enrollees are estimated to lose Medicaid coverage due to administrative churning, the rates are much higher among those identifying as BIPOC at rates of 64% for Latinx enrollees; over half of Asian/Native Hawaiian/Pacific Islander enrollees; nearly 40% for Black enrollees; and nearly half of multiracial and other non-white enrollees—despite the fact that they will still remain eligible.¹⁵ Children are also predicted to be disproportionately impacted as a result of the end of the PHE with children ages 0 to 17 comprising nearly 1 in 5 of the individuals predicted to be ineligible for Medicaid and over half of the eligible, but disenrolled, individuals.¹⁶

Again, while addressing racial disparities and inequities related to health and educational outcomes in children is not identified as a core tenet of the funding request (or SBHWCs in general), it is imperative that these funds and programs employ strategic methods to address what is sure to be an increase in need for their services—primarily amongst BIPOC children. As the County, and nation more broadly, begin their return to providing pre-pandemic era levels of public assistance, it is imperative that coordinated approaches are implemented to ensure that children and residents of the County do not experience increases in food insecurity, housing instability, fiscal instability, and lapses in health care coverage. Much like County departments and agencies requesting increased funding to adjust for cost increases and inflation caused largely by the COVID-19 pandemic, individuals, families, and communities are continuing to experience disparities in outcomes due to disruptions also spurred by the pandemic—heightening their need for supplemental supports as well. As a result, ORESJ strongly urges the County to consider the impending impact of the end of pandemic-era supports – particularly on BIPOC children and communities – and utilize its budget as a tool to safeguard groups at greatest risk of experiencing disparities related to measures of well-being.

¹⁴ Erzouki, F. States Must Act to Preserve Medicaid Coverage as End of Continuous Coverage Requirement Nears. 2023. Available at: <https://www.cbpp.org/research/health/states-must-act-to-preserve-medicaid-coverage-as-end-of-continuous-coverage>

¹⁵ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. 2022. Available at: https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf

¹⁶ Ibid.

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cc: Dr. James Bridgers, Director, Department of Health and Human Services
Ken Hartman, Director, Office of Strategic Partnership, Office of the County Executive