



Karen B. Salmon, Ph.D.
Acting State Superintendent of Schools

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TO: Members of the State Board of Education

FROM: Karen B. Salmon, Ph.D.

DATE: June 28, 2016

SUBJECT: Code of Maryland Regulations (COMAR) 13A.04.18 Program in Comprehensive Health Education (AMEND) **ADOPTION**

PURPOSE:

The purpose of this action is to obtain permission to adopt the revisions to the COMAR 13A.04.18 Program in Comprehensive Health Education (Attached).

REGULATION PROMULGATION PROCESS:

Under Maryland law, a state agency, such as the State Board, may propose a new or amended regulation whenever the circumstances arise to do so. After the State Board votes to propose such a regulation, the proposed regulation is sent to the AELR Committee for a 15-day review period. If the AELR Committee does not hold up the proposed regulation for further review, it is published in the Maryland Register for a 30-day public comment period. At the end of the comment period, MSDE staff reviews and summarizes the public comments. Thereafter, MSDE staff will present a recommendation to the State Board of Education to either: (1) adopt the regulation in the form it was proposed; or (2) revise the regulation and adopt it as final because suggested revision is not a substantive change; or (3) revise the regulation and re-propose it because the suggested revision is a substantive change. At any time during this process, the AELR Committee may stop the promulgation process and hold a hearing. Thereafter, it may recommend to the Governor that the regulation not be adopted as a final regulation or the AELR Committee may release the regulation for final adoption.

BACKGROUND/HISTORICAL PERSPECTIVE:

In response to public health concerns and in an effort to educate more Marylanders about hands free Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) use, House Bill 1366/Senate Bill 503 (Breanna's Law) was passed in the 2014 Maryland Legislative

Session requiring that “Beginning in the 2015-2016 school year each county board shall provide, as part of the health or physical education curriculum, instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator and the use of an automated external defibrillator in every public school.” This requirement has been included in the proposed amended regulation.

EXECUTIVE SUMMARY:

MSDE received no comments or questions from stakeholders regarding this COMAR. The adoption of these changes will bring COMAR in compliance with the legislation regarding instruction in Hands Free CPR and AED use. Local education agencies have been briefed on this requirement through the MSDE Comprehensive Health Education briefings. Local Superintendents have certified that all 24 local districts are in compliance for the 2015-16 school year.

ACTION:

Request permission to adopt amendments to regulations under COMAR 13A.04.18 Program in Comprehensive Health Education.

Attachment

Open Meeting

Final action on the proposal will be considered by the Maryland State Board of Education during a public meeting to be held on June 28, 2016, 9 a.m., at 200 West Baltimore Street, Baltimore, Maryland 21201.

.01 Physical Education Instructional Programs for Grades Prekindergarten—12.

A. (text unchanged)

B. Maryland Physical Education Program.

(1) — (2) (text unchanged)

(3) *The instructional program, as it applies to grades 9—12, shall provide instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator if not otherwise offered in the comprehensive health education program.*

C. Maryland Physical Education Content Standards. *Students shall:*

[(1) Skillfulness. Students will demonstrate the ability to enhance their performance of a variety of physical skills by developing fundamental movement skills, creating original skill combinations, combining skills effectively in skill themes, and applying skills.

(2) Biomechanical Principles. Students will demonstrate an ability to use the principles of biomechanics to generate and control force to improve their movement effectiveness and safety.

(3) Motor Learning Principles. Students will demonstrate the ability to use motor skill principles to learn and develop proficiency through frequent practice opportunities in which skills are repeatedly performed correctly in a variety of situations.

(4) Exercise Physiology. Students will demonstrate the ability to use scientific principles to design and participate in a regular, moderate to vigorous physical activity program that contributes to personal health and enhances cognitive and physical performance on a variety of academic, recreational, and life tasks.

(5) Physical Activity. Students will demonstrate the ability to use the principles of exercise physiology, social psychology, and biomechanics to design and adhere to a regular, personalized, purposeful program of physical activity consistent with their health, performance, and fitness goals in order to gain health and cognitive/academic benefits.

(6) Social Psychological Principles. Students will demonstrate the ability to use skills essential for developing self-efficacy, fostering a sense of community, and working effectively with others in physical activity settings.]

(1) Demonstrate competency in a variety of motor skills and movement patterns;

(2) Apply knowledge of concepts, principles, strategies, and tactics related to movement and performance;

(3) Demonstrate the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness;

(4) Exhibit responsible personal and social behavior that respects self and others; and

(5) Recognize the value of physical activity for health, enjoyment, challenge, self-expression and social interaction.

D. — F. (text unchanged)

.02 Certification Procedures.

By September [2015] 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.

JACK R. SMITH, Ph.D.
Interim State Superintendent of Schools

Subtitle 04 SPECIFIC SUBJECTS**13A.04.18 Program in Comprehensive Health Education**

Authority: Education Article, §§2-205(c) and (h), 7-205.2, 7-401, 7-410, 7-411, 7-411.1, and 7-413, Annotated Code of Maryland

Notice of Proposed Action

[16-092-P]

The Maryland State Board of Education proposes to amend Regulations .01 and .02 under **COMAR 13A.04.18 Program in Comprehensive Health Education**. This action was considered at the State Board of Education meeting held on February 12, 2016.

Statement of Purpose

The purpose of this action is to bring regulations into compliance with the legislation regarding instruction in hands-free cardiopulmonary resuscitation and use of automated external defibrillators.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Heather Lageman, Director of Curriculum, Teacher Induction Programs, Division of Instruction, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201, or call 410-767-0348 (TTY 410-333-6442), or email to heather.lageman@maryland.gov, or fax to 410-333-1146. Comments will be accepted through May 16, 2016. A public hearing has not been scheduled.

Open Meeting

Final action on the proposal will be considered by the Maryland State Board of Education during a public meeting to be held on June 28, 2016, 9 a.m., at 200 West Baltimore Street, Baltimore, Maryland 21201.

.01 Comprehensive Health Education Instructional Programs for Grades Prekindergarten — 12.

A. (text unchanged)

B. Maryland Comprehensive Health Education Program. [The comprehensive instructional program shall help students adopt and maintain healthy behaviors and contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks. The instructional program shall provide for the diversity of student needs, abilities, and interests at the early, middle, and high school learning years, and shall include the Maryland Health Education Content Standards with related indicators and objectives as set forth in §§C—I of this regulation.]

(1) The comprehensive instructional program shall help students adopt and maintain healthy behaviors and contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.

(2) The instructional program shall provide for the diversity of student needs, abilities, and interests at the early, middle, and high school learning years, and shall include the Maryland Health

Education Content Standards with related indicators and objectives as set forth in §§C—I of this regulation.

(3) The instructional program, as it applies to grades 9—12, shall provide instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator if not otherwise offered in the physical education program.

C. — F. (text unchanged)

G. Safety and Injury Prevention.

(1) Students [will] shall demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living in the home, school, and community.

(2) Students shall complete instruction in cardiopulmonary resuscitation that includes hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.

H. — M. (text unchanged)

.02 Certification Procedures.

By September [2015] 2016 and each 5 years after that, each local superintendent of schools shall certify to the State Superintendent of Schools that the instructional programming within grades prekindergarten—12 meets, at a minimum, the requirements set forth in Regulation .01 of this chapter.

JACK R. SMITH, Ph.D.
Interim State Superintendent of Schools

Subtitle 06 SUPPORTING PROGRAMS

13A.06.02 Prekindergarten Programs

Authority: Education Article, §§2-205(c) and (g) [and], 7-101.1, and 7-101.2, Annotated Code of Maryland

Notice of Proposed Action

[16-094-P]

The Maryland State Board of Education proposes to amend Regulations .01—.05 under COMAR 13A.06.02 Prekindergarten Programs. This action was considered at the February 12, 2016 meeting of the State Board of Education.

Statement of Purpose

The purpose of this action is to establish a mixed service delivery model which expands the operation of publicly funded prekindergarten to qualified vendors; extend the definition of high quality public prekindergarten to incorporate the highest tier of Maryland EXCELS; expand access to public prekindergarten to 3-year-olds from low-income families; and establish new grant-specific eligibility guidelines for accessing public prekindergarten.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. The amendments to COMAR13A.06.02 are referring to the Preschool Expansion Act of 2014. In support of this legislation, the FY16 budget included \$4.3 million and the federal Preschool Development Grant included \$15 million to expand prekindergarten services to low-income 3- and 4-year-olds. Maryland received the federal funds in response to a competitive solicitation by the U.S. Department of Education.

II. Types of Economic Impact.

Revenue (R+/R-)	Expenditure (E+/E-)	Magnitude
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A. On issuing agency: (R+) \$19.3 million

B. On other State agencies: NONE

C. On local governments: (R+) Unknown

Benefit (+)	Cost (-)	Magnitude
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D. On regulated industries or trade groups: (+) Unknown

E. On other industries or trade groups: NONE

F. Direct and indirect effects on public: (+) Unknown

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. Increase of FY16 appropriation of \$19.3 million ,which includes \$750,000 for administrative support and \$18,550,000 for direct services. In order to qualify for funding, licensed and high quality child care programs (including Head Start) are either published at Level 5 (i.e., highest level) in Maryland EXCELS, have obtained State or national accreditation, or are approved by MSDE as a nonpublic nursery school.

C. Local boards of education are expanding prekindergarten slots in Title 1 elementary schools. In order to quality for funding, local boards of education may enroll low-income 3- and 4-year-olds in impacted neighborhoods, i.e., Title 1 schools above 60% of poverty or have Focus/Priority School status.

D. Benefit to licensed and high quality child care providers Statewide. A total of 33 programs receive State or Federal funds to provide prekindergarten services.

F. Direct impact on low-income families who have 3- or 4-year-olds. Low-income families at household incomes at or below 300% of poverty (for State funded preschool expansion) and 200% of poverty (for Federally funded preschool programs) are eligible to enroll their 3- or 4-year-old children in selected sites on a first-come first-served basis.

Economic Impact on Small Businesses

The proposed action has a meaningful economic impact on small business. An analysis of this economic impact follows. There is a meaningful impact on licensed high quality child care programs, as defined by the Assumptions above, including small businesses, i.e., established and operated by private, for profit businesses.

Impact on Individuals with Disabilities

The proposed action has an impact on individuals with disabilities as follows: The proposed amendments have an impact on preschoolers with disabilities from low-income families in terms of being eligible for the expanded prekindergarten program and being enrolled in the publicly funded portion of the programs.

Opportunity for Public Comment

Comments may be sent to Judith Walker, Branch Chief, Early Learning Branch, Division of Early Childhood Development, Maryland State Department of Education, 200 West Baltimore Street, Baltimore, Maryland 21201, or call 410-767-6549 (TTY 410-333-6442), or email to judith.walker@maryland.gov, or fax to 410-333-6226. Comments will be accepted through May 16, 2016. A public hearing has not been scheduled.