HOUSE BILL 524

J1 7lr2400

By: Delegates Nathan-Pulliam, Benson, Bronrott, Burns, Costa, Donoghue, Hammen, Hubbard, Kach, Kullen, Lawton, Lee, Mizeur, Montgomery, Morhaim, Oaks, Pendergrass, Proctor, Stein, F. Turner, and Waldstreicher Waldstreicher, Kipke, Tarrant, V. Turner, and Pena-Melnyk

Introduced and read first time: February 7, 2007 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 18, 2007

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1 AN ACT concerning

Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals

4 FOR the purpose of requiring the Mental Health Transformation Working Group, in 5 collaboration with the Mental Hygiene Administration and the Office of 6 Minority Health and Health Disparities, to convene a Workgroup on Cultural 7 Competency and Workforce Development for Mental Health Professionals; 8 requiring the Workgroup to include representatives from certain groups; 9 providing for the purpose and goals of the Workgroup; requiring the Workgroup to develop certain recommendations; requiring the Workgroup to submit a 10 certain report to the General Assembly, and a 11 certain committee on or before a certain date; providing for the termination of 12 13 this Act; and generally relating to the Workgroup on Cultural Competency and 14 Workforce Development for Mental Health Professionals.

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 16 MARYLAND, That:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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

1 2 3	(a) The <u>Mental Health Transformation Working Group</u> , in collaboration with the <u>Mental Hygiene Administration and the</u> Office of Minority Health and Health Disparities in the Department of Health and Mental Hygiene, shall convene a
4 5	Workgroup on Cultural Competency and Workforce Development for Mental Health Professionals.
6	(b) The Workgroup shall include representatives from:
7	(1) the Senate of Maryland and House of Delegates of Maryland;
8	(2) the relevant professional licensing boards;
9	(3) mental health care provider groups;
10 11	(4) consumer groups with knowledge or experience with mental health care issues or health care for minority populations;
12 13	$(5) \qquad \text{advocacy groups with knowledge or experience with mental health care issues or health care for minority populations; } \frac{\text{and}}{\text{and}}$
14 15	(6) any interest group or stakeholder with knowledge or involvemen in the issues addressed by the Workgroup;
16 17	(7) the Statewide Commission on the Shortage in the Healthcare Workforce;
18 19	(8) the Governor's Workforce Investment Board or other groups working on health workforce shortage issues; and
20 21	(9) <u>State and other organizations that represent minority health</u> <u>professionals</u> .
22	(c) The purposes and goals of the Workgroup shall be to examine:
23 24 25	(1) barriers to access to appropriate mental health services provided by health care professionals who are culturally competent to address the needs of the State's diverse population;
26 27	(2) barriers to licensure or certification of foreign-born and foreign-trained mental health professionals;

certification of foreign-born and foreign-trained mental health professionals; (4) mental health workforce shortages and potential strategies to the foreign-born and foreign-trained mental health professionals to alleviate shortage and (5) options for enhancing the cultural competency of currently license and certified mental health professionals. (d) The Workgroup shall develop recommendations regarding: (1) the availability of specific options to facilitate the licensure certification of foreign-born and foreign-trained mental health professionals with the limitations of State and federal law; (2) the development of training programs to assist foreign-born at foreign-trained mental health professionals to prepare for and pass required licensure or certification examinations; (3) the development of specific training and educational materials at programs to enhance the cultural competency of all mental health professionals; (4) changes to the advantages and disadvantages of changing to current licensing and certification requirements for relevant professional licensity boards; and (5) any other initiatives that will accomplish enhanced access culturally sensitive and competent mental health services.			
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SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect

July 1, 2007. It shall remain effective for a period of 1 year and, at the end of June 30,

2008, with no further action required by the General Assembly, this Act shall be

abrogated and of no further force and effect.

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