

SENATE BILL 993

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CF HB 783

By: **Senators Hester, Guzzone, Beidle, Elfreth, Ellis, Feldman, Griffith, McCray, Smith, Waldstreicher, Washington, West, and Zucker**

Introduced and read first time: February 20, 2019

Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force to Study Behavioral and Mental Health in Maryland**

3 FOR the purpose of establishing the Task Force to Study Behavioral and Mental Health in
4 Maryland; providing for the composition, chair, and staffing of the Task Force;
5 prohibiting a member of the Task Force from receiving certain compensation, but
6 authorizing the reimbursement of certain expenses; requiring the Task Force to
7 study and make recommendations regarding certain matters; requiring the Task
8 Force to report its findings and recommendations to the Governor and certain
9 committees of the General Assembly on or before a certain date; providing for the
10 termination of this Act; and generally relating to the Task Force to Study Behavioral
11 and Mental Health in Maryland.

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
13 That:

14 (a) There is a Task Force to Study Behavioral and Mental Health in Maryland.

15 (b) The Task Force consists of the following members:

16 (1) two members of the Senate of Maryland, appointed by the President of
17 the Senate;

18 (2) two members of the House of Delegates, appointed by the Speaker of
19 the House;

20 (3) the Secretary of Health, or the Secretary's designee;

21 (4) one representative of the Behavioral Health Administration,
22 designated by the Secretary of Health;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (5) one representative of the Maryland Hospital Association, designated by
2 the President of the Association;

3 (6) one representative of MedChi, The Maryland State Medical Society,
4 designated by the Chief Executive Officer of MedChi;

5 (7) one representative of the Maryland Chapter of the Society of Hospital
6 Medicine, designated by the Board of Directors of the Chapter;

7 (8) one representative of the Mental Health Association of Maryland,
8 designated by the Board of Directors of the Association;

9 (9) one representative of the Maryland Chapter of the National Alliance on
10 Mental Illness, designated by the Board of Directors of the Chapter;

11 (10) one representative of the Maryland Psychiatric Society, designated by
12 the President of the Society;

13 (11) one representative of the Maryland Psychological Association,
14 designated by the Executive Director of the Association;

15 (12) two practicing school psychologists, designated by the Maryland School
16 Psychologists' Association;

17 (13) one practicing school counselor, designated by the Maryland School
18 Counselor Association;

19 (14) one practicing school social worker, designated by the School Social
20 Workers in Maryland;

21 (15) one member from the Division of Correction within the Department of
22 Public Safety and Correctional Services, appointed by the Secretary of Public Safety and
23 Correctional Services;

24 (16) one practicing licensed clinical social worker experienced in providing
25 mental health services, designated by the National Association of Social Workers –
26 Maryland Chapter; and

27 (17) the following members, appointed by the Governor:

28 (i) two representatives from two different county boards of health;

29 (ii) one representative from the health insurance industry;

30 (iii) one nurse psychotherapist experienced in providing mental
31 health services;

1 (iv) one psychiatrist; and

2 (v) one member of the public; and

3 (c) To the extent practicable, appointments shall be made to ensure regional,
4 ethnic, economic, and gender diversity in the Task Force.

5 (d) The Governor, the President of the Senate, and the Speaker of the House
6 jointly shall designate the chair of the Task Force.

7 (e) The Maryland Department of Health shall provide staff for the Task Force.

8 (f) A member of the Task Force:

9 (1) may not receive compensation as a member of the Task Force; but

10 (2) is entitled to reimbursement for expenses under the Standard State
11 Travel Regulations, as provided in the State budget.

12 (g) The Task Force shall:

13 (1) consult with each county board of education's Mental Health Services
14 Coordinator to define the term "mental health services" for each county board of education;

15 (2) identify the number of full- and part-time school psychologists, school
16 counselors, and school social workers working for each county board of education;

17 (3) identify the ratio of students to school psychologists, the ratio of
18 students to school counselors, and the ratio of students to social workers in each county;

19 (4) review the best practices for treating immediate, short-term, and
20 long-term behavioral and mental health issues, including those related to addictive
21 disorder, in the State;

22 (5) identify successful behavioral and mental health initiatives in other
23 states and recommend programs, tools, strategies, and funding sources needed to
24 implement similar initiatives in the State;

25 (6) identify vulnerable populations and risk factors in the State for
26 behavioral and mental health disorders;

27 (7) identify gaps in service for individuals with behavioral and mental
28 health disorders and the resources necessary to fill the gaps identified;

29 (8) identify evidence-based practices to treat patients with behavioral and
30 mental health disorders for health care providers and public health systems;

1 (9) study and assess the private and public mental and behavioral health
2 funding model used in the State; and

3 (10) make recommendations for:

4 (i) updating the processes for diagnosing, treating, and providing
5 comprehensive care for individuals with behavioral and mental health disorders, including
6 those suffering from addictive disorder, in the State;

7 (ii) ensuring the adequacy and equity of funding for behavioral and
8 mental health programs;

9 (iii) addressing the impact of high concentrations of behavioral and
10 mental health disorders on political subdivisions;

11 (iv) ensuring that State law promotes collaboration between county
12 governments, county boards of health, and private health care providers in treating
13 behavioral and mental health disorders;

14 (v) ensuring that funds are being spent efficiently and effectively
15 and that county boards of health are allocating their resources to improve the behavioral
16 and mental health of patients;

17 (vi) the number of facilities needed to offer comprehensive diagnosis
18 and behavioral and mental health care to residents of the State;

19 (vii) the number of trained psychotherapists, licensed clinical social
20 workers, nurse psychotherapists, and other trained personnel necessary to provide
21 comprehensive diagnoses and behavioral and mental health care to residents of the State;

22 (viii) any necessary legislation, policy initiatives, funding
23 requirements, or budget priorities to increase the number of:

24 1. school psychologists to meet the nationally accepted ratio
25 of students to school psychologists by the National Association of School Psychologists;

26 2. school counselors to meet the nationally accepted ratio of
27 students to school counselors by the American School Counselor Association; and

28 3. school social workers to meet the nationally accepted ratio
29 of students to school social workers as recommended by the School Social Work Association
30 of America; and

31 (ix) any other legislation and policy initiatives designed to enhance
32 the adequacy and funding for behavioral and mental health care in the State.

33 (h) On or before December 1, 2020, the Task Force shall report its findings and

1 recommendations to the Governor and, in accordance with § 2–1246 of the State
2 Government Article, the Senate Education, Health, and Environmental Affairs Committee,
3 the Senate Budget and Taxation Committee, the House Health and Government
4 Operations Committee, and the House Appropriations Committee.

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
6 1, 2019. It shall remain effective for a period of 2 years and, at the end of June 30, 2021,
7 this Act, with no further action required by the General Assembly, shall be abrogated and
8 of no further force and effect.