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By: Delegates Morhaim, Zirkin, Oaks, Finifter, D. Davis, Stull, Boutin, Stern, Hammen, Owings, Hubbard, Klausmeier, Frush, Mohorovic, Cane, and Nathan-Pulliam Introduced and read first time: February 10, 2000 Assigned to: Environmental Matters

Committee Report: Favorable with amendments House action: Adopted Read second time: March 23, 2000

CHAPTER_____

1 AN ACT concerning

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Advisory Council on Attention Deficit Hyperactivity Disorder

3 FOR the purpose of establishing an Advisory Council on Attention Deficit

- 4 Hyperactivity Disorder; providing for the membership, chairman, terms of
- 5 office, and staff of the Advisory Council; requiring the Advisory Council to study
- 6 and take certain actions regarding attention deficit hyperactivity disorder;
- 7 requiring the Governor and State agencies to implement the recommendations
- 8 of the Task Force to Study the Uses of Methylphenidate and Other Drugs on
- 9 School Children; requiring annual certain reports by the Advisory Council;
- 10 providing for the termination of this Act; and generally relating to the Advisory
- 11 Council on Attention Deficit Hyperactivity Disorder.

12 BY adding to

- 13 Article 49D Office for Children, Youth, and Families
- 14 Section 39 to be under the new subtitle "Advisory Council on Attention Deficit
- 15 Hyperactivity Disorder"
- 16 Annotated Code of Maryland
- 17 (1998 Replacement Volume and 1999 Supplement)

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Preamble

19 WHEREAS, The Task Force to Study the Uses of Methylphenidate and Other

20 Drugs on School Children, created by the General Assembly in 1997 and staffed with

21 leading national experts, issued recommendations in March 1999 which have not yet

22 been acted upon; and

1 WHEREAS, There are 1.5 million to 2.5 million children in the United States 2 under the age of 18 years who are currently experiencing attention deficit 3 hyperactivity disorder; and 4 WHEREAS, Professionals working with youth and parents need to understand 5 how to identify and manage attention deficit hyperactivity disorder; and 6 WHEREAS, The appropriate treatment of each case of attention deficit 7 hyperactivity disorder requires a collaboration among teachers, parents, and medical 8 personnel: and 9 WHEREAS, Teachers and school personnel require training and assistance in 10 dealing with children experiencing attention deficit hyperactivity disorder; and 11 WHEREAS, There is a need for State guidelines and uniform procedures 12 regarding the diagnosis and treatment of attention deficit hyperactivity disorder; 13 now, therefore 14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 15 MARYLAND, That the Laws of Maryland read as follows: Article 49D - Office for Children, Youth, and Families 16 17 ADVISORY COUNCIL ON ATTENTION DEFICIT HYPERACTIVITY DISORDER 18 39. 19 IN THIS SECTION, "ATTENTION DEFICIT HYPERACTIVITY DISORDER" (A) 20 MEANS A PERSISTENT PATTERN OF INATTENTION, HYPERACTIVITY, OR IMPULSIVITY 21 THAT IS MORE FREQUENT AND SEVERE THAN IS TYPICALLY OBSERVED IN 22 INDIVIDUALS AT A COMPARABLE LEVEL OF DEVELOPMENT. 23 (B) THERE IS AN ADVISORY COUNCIL ON ATTENTION DEFICIT 24 HYPERACTIVITY DISORDER. 25 (C) (1)THE ADVISORY COUNCIL SHALL BE COMPOSED OF 23 25 MEMBERS. THE MEMBERS SHALL BE AS FOLLOWS: 26 (2)

27 (I) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY 28 THE SPEAKER OF THE HOUSE;

29 (II) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY 30 THE PRESIDENT OF THE SENATE;

31 (III) ONE MEMBER WHO IS A SCHOOL PSYCHOLOGIST FROM THE
32 STATE BOARD OF EDUCATION, APPOINTED BY THE GOVERNOR;

(IV) ONE MEMBER OF THE MARYLAND STATE TEACHERS
 ASSOCIATION WHO IS A TEACHER, APPOINTED BY THE GOVERNOR;

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(V) SEVEN MEMBERS FROM THE MEDICAL COMMUNITY WHO ARE 1 2 EXPERTS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER, APPOINTED BY THE 3 GOVERNOR; TWO MEMBERS WHO ARE REGISTERED NURSES EMPLOYED AS 4 (VI) 5 SCHOOL NURSES, APPOINTED BY THE GOVERNOR; ONE MEMBER WHO IS A LICENSED PHYSICIAN, APPOINTED BY (VII) 6 7 THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE; (VIII) ONE MEMBER WHO IS A LICENSED PSYCHOLOGIST, APPOINTED 8 9 BY THE STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS: 10 (IX) ONE MEMBER WHO IS A PARENT OF A CHILD WITH ATTENTION 11 DEFICIT HYPERACTIVITY DISORDER, APPOINTED BY THE GOVERNOR; 12 (X) ONE MEMBER WHO IS A CHILD CARE PROVIDER, APPOINTED BY 13 THE GOVERNOR; ONE MEMBER WHO IS A MEMBER OF CHILDREN AND ADULTS 14 (XI) 15 WITH ATTENTION DEFICIT DISORDER (CHADD), APPOINTED BY THE GOVERNOR; TWO MEMBERS WHO ARE SPECIAL EDUCATION TEACHERS, (XII) 16 17 APPOINTED BY THE GOVERNOR; (XIII) THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR THE 18 19 SECRETARY'S DESIGNEE; (XIV) THE SUPERINTENDENT OF STATE SCHOOLS OR THE STATE 20 21 SUPERINTENDENT'S DESIGNEE; AND 22 (XV) THE SPECIAL SECRETARY OF THE OFFICE FOR CHILDREN, 23 YOUTH, AND FAMILIES OR THE SPECIAL SECRETARY'S DESIGNEE; (XVI) ONE MEMBER WHO IS A COUNTY SUPERINTENDENT OF 24 25 SCHOOLS, APPOINTED BY THE GOVERNOR, OR THE COUNTY SUPERINTENDENT'S 26 DESIGNEE; AND 27 (XVII) ONE MEMBER OF THE MARYLAND DISABILITIES LAW (XV)28 CENTER WHO HAS EXPERTISE IN DISABILITY LAW, APPOINTED BY THE GOVERNOR. THE GOVERNOR SHALL DESIGNATE THE CHAIRMAN OF THE ADVISORY (D) 29 30 COUNCIL. 31 (E) THE OFFICE OF CHILDREN, YOUTH, AND FAMILIES SHALL STAFF 32 COORDINATE THE STAFFING OF THE ADVISORY COUNCIL. 33 (F) A MEMBER OF THE ADVISORY COUNCIL: MAY NOT RECEIVE COMPENSATION FOR SERVING ON THE ADVISORY 34 (1)

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35 COUNCIL; BUT

4	HOUSE BILL 694
1 2	(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.
3	(G) (1) THE TERM OF A MEMBER SHALL BE 4 YEARS.
4 5	(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE TERMS PROVIDED FOR MEMBERS OF THE ADVISORY COUNCIL ON JULY 1, 2000.
6 7	(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
8 9 10	(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.
11	(H) (G) THE ADVISORY COUNCIL:
	(1) MAY CONSULT <u>ON A PRO BONO BASIS</u> WITH EDUCATION AND HEALTH OFFICIALS AND EXPERTS IN THIS STATE AND IN OTHER STATES AND COUNTRIES;
	(2) SHALL CONVENE ONE OR MORE STATEWIDE OR REGIONAL CONFERENCES ON ATTENTION DEFICIT HYPERACTIVITY DISORDER ON A REGULAR BASIS:
18 19	
20	(II) TO EXAMINE THE LATEST INFORMATION ON:
21	1. ATTENTION DEFICIT HYPERACTIVITY DISORDER;
22 23	
24 25	3. NONPHARMACOLOGICAL INTERVENTIONS IN THE TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER;
26 27	(3)(2)SHALL REVIEW THE RELEVANT LITERATURE AND CURRENTRESEARCH, INCLUDING PROFESSIONAL SOCIETY PRACTICE GUIDELINES;
	6 (4) (3) MAY CONDUCT SURVEYS ON THE EXTENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND THE POLICIES AND TREATMENTS USED IN TREATING THE DISORDER;
33	(5) (4) SHALL ASSIST ALL LOCAL SCHOOL SYSTEMS IN DESIGNING AND IMPLEMENTING WRITTEN GUIDELINES FOR THE OPTIMAL DIAGNOSIS AND TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER, FOLLOWING "BEST DRACTICES" WHILE COMPLYING WITH FEDERAL REQUIREMENTS:

34 PRACTICES" WHILE COMPLYING WITH FEDERAL REQUIREMENTS;

1 SHALL DEVELOP AND DISTRIBUTE EDUCATIONAL PROGRAMS (6)(5)2 AND MATERIALS CONCERNING ATTENTION DEFICIT HYPERACTIVITY DISORDER TO 3 PARENTS, EDUCATORS, CHILD CARE PROVIDERS, AND PRIMARY CARE PHYSICIANS; 4 SHALL ASSIST THE GOVERNOR AND STATE AGENCIES IN (7)(6) 5 IMPLEMENTING THE RECOMMENDATIONS OF THE MARCH 1999 REPORT OF THE TASK 6 FORCE TO STUDY THE USES OF METHYLPHENIDATE AND OTHER DRUGS ON SCHOOL 7 CHILDREN INCLUDING PERFORMING THE FOLLOWING TASKS: FACILITATING COMMUNICATION BETWEEN PHYSICIANS. 8 (I) 9 EDUCATORS, AND PARENTS; 10 (II)PROVIDING ONGOING TRAINING FOR PRIMARY CARE 11 PROVIDERS, FAMILIES, EDUCATORS, AND SCHOOL HEALTH PERSONNEL; 12 (III) PROVIDING SUPPORT FOR CONTINUED RESEARCH AND 13 EVALUATION; 14 PROVIDING SUPPORT FOR FAMILIES INCLUDING INCREASED (IV) 15 ACCESS TO RESOURCES; PROMOTING SMALLER CLASS SIZES FOR CHILDREN WITH 16 (V) 17 ATTENTION DEFICIT HYPERACTIVITY DISORDER; PROMOTING THE PRESENCE OF A MENTAL HEALTH EXPERT 18 (VI)19 WHO IS KNOWLEDGEABLE ABOUT ATTENTION DEFICIT HYPERACTIVITY DISORDER 20 IN EACH SCHOOL SYSTEM; AND (VII) INVESTIGATING THIRD PARTY REIMBURSEMENT ISSUES 21 22 SURROUNDING THE DIAGNOSIS AND TREATMENT OF ATTENTION DEFICIT 23 HYPERACTIVITY DISORDER; 24 SHALL INVESTIGATE THE RELATIONSHIP BETWEEN (8)(7)25 ATTENTION DEFICIT HYPERACTIVITY DISORDER AND LEARNING DISABILITIES AND 26 DIFFERENCES; AND MAY TAKE ANY OTHER ACTION NECESSARY AND PROPER TO 27 (9) (8) 28 CARRY OUT THE PURPOSES OF THIS SECTION. ON JULY 1, 2001 AND ANNUALLY ON JULY 1 THEREAFTER, JULY 1, 29 (\mathbf{H}) (H) 30 2002, AND JUNE 30, 2003, THE TASK FORCE ADVISORY COUNCIL SHALL SUBMIT A 31 REPORT OF ITS FINDINGS, ACTIVITIES, AND RECOMMENDATIONS TO THE GOVERNOR 32 AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE GENERAL 33 ASSEMBLY.

34 SECTION 2. AND BE IT FURTHER ENACTED, That the Office of Children,

35 Youth, and Families shall execute a memorandum of understanding between the

36 Office, the Department of Health and Mental Hygiene, and the Maryland State

37 Department of Education about providing that either the Department of Health and

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1 Mental Hygiene or the Maryland State Department of Education shall provide

2 staffing for the Advisory Council and any related issues that require coordination.

3 SECTION 3. AND BE IT FURTHER ENACTED, That the initial appointed

4 members of the Task Force shall be appointed on or before July 1, 2000. The terms of

5 the members appointed by the Governor serving on July 1, 2000 shall end as follows:

- 6 (1) four in 2001;
- 7 (2) four in 2002;
- 8 (3) four in 2003; and
- 9 (4) five in 2004.
- 10 SECTION 4. <u>3.</u> AND BE IT FURTHER ENACTED, That this Act shall take
- 11 effect July 1, 2000. It shall remain effective for a period of 3 years and, at the end of
- 12 June 30, 2003, with no further action required by the General Assembly, this Act shall
- 13 be abrogated and of no further force and effect.