

SENATE BILL 742

Unofficial Copy  
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2000 Regular Session  
0lr2022  
CF 0lr2055

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By: **Senator Hollinger (Task Force to Study the Uses of Methylphenidate  
and Other Drugs on School Children)**

Introduced and read first time: February 4, 2000

Assigned to: Economic and Environmental Affairs

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 17, 2000

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CHAPTER\_\_\_\_\_

1 AN ACT concerning

2 **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 reports by the Advisory Council; and  
10 generally relating to the Advisory Council on Attention Deficit Hyperactivity  
11 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)

18 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:

16 **Article 49D - Office for Children, Youth, and Families**

17 **ADVISORY COUNCIL ON ATTENTION DEFICIT HYPERACTIVITY DISORDER**

18 39.

19 (A) IN THIS SECTION, "ATTENTION DEFICIT HYPERACTIVITY DISORDER"  
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~~ 24 MEMBERS.

26 (2) THE MEMBERS SHALL BE AS FOLLOWS:

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;

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

1 (V) SEVEN MEMBERS FROM THE MEDICAL COMMUNITY WHO ARE  
2 EXPERTS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER, APPOINTED BY THE  
3 GOVERNOR;

4 (VI) TWO MEMBERS WHO ARE REGISTERED NURSES EMPLOYED AS  
5 SCHOOL NURSES, APPOINTED BY THE GOVERNOR;

6 (VII) ONE MEMBER WHO IS A LICENSED PHYSICIAN, APPOINTED BY  
7 THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE;

8 (VIII) ONE MEMBER WHO IS A LICENSED PSYCHOLOGIST, APPOINTED  
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;

14 (XI) ONE MEMBER WHO IS A MEMBER OF CHILDREN AND ADULTS  
15 WITH ATTENTION DEFICIT DISORDER (CHADD), APPOINTED BY THE GOVERNOR;

16 (XII) TWO MEMBERS WHO ARE SPECIAL EDUCATION TEACHERS,  
17 APPOINTED BY THE GOVERNOR;

18 (XIII) THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR THE  
19 SECRETARY'S DESIGNEE;

20 (XIV) THE SUPERINTENDENT OF STATE SCHOOLS OR THE STATE  
21 SUPERINTENDENT'S DESIGNEE; ~~AND~~

22 (XV) THE SPECIAL SECRETARY FOR THE OFFICE OF CHILDREN,  
23 YOUTH, AND FAMILIES OR THE SPECIAL SECRETARY'S DESIGNEE; AND

24 (XVI) ONE MEMBER OF THE MARYLAND DISABILITIES LAW CENTER  
25 WHO HAS EXPERTISE IN DISABILITY LAW, APPOINTED BY THE GOVERNOR.

26 (D) THE GOVERNOR SHALL DESIGNATE THE CHAIRMAN OF THE ADVISORY  
27 COUNCIL.

28 (E) THE OFFICE OF CHILDREN, YOUTH, AND FAMILIES SHALL STAFF THE  
29 ADVISORY COUNCIL.

30 (F) A MEMBER OF THE ADVISORY COUNCIL:

31 (1) MAY NOT RECEIVE COMPENSATION FOR SERVING ON THE ADVISORY  
32 COUNCIL; BUT

33 (2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE  
34 STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

1 (G) (1) THE TERM OF A MEMBER SHALL BE 4 YEARS.

2 (2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY THE  
3 TERMS PROVIDED FOR MEMBERS OF THE ADVISORY COUNCIL ON JULY 1, 2000.

4 (3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A  
5 SUCCESSOR IS APPOINTED AND QUALIFIES.

6 (4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES  
7 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND  
8 QUALIFIES.

9 (H) THE ADVISORY COUNCIL:

10 (1) MAY CONSULT WITH EDUCATION AND HEALTH OFFICIALS AND  
11 EXPERTS IN THIS STATE AND IN OTHER STATES AND COUNTRIES;

12 (2) SHALL CONVENE ONE OR MORE STATEWIDE OR REGIONAL  
13 CONFERENCES ON ATTENTION DEFICIT HYPERACTIVITY DISORDER ON A REGULAR  
14 BASIS:

15 (I) FOR PARENTS, TEACHERS, CHILD CARE PROVIDERS, AND  
16 PRIMARY CARE PHYSICIANS; AND

17 (II) TO EXAMINE THE LATEST INFORMATION ON:

18 1. ATTENTION DEFICIT HYPERACTIVITY DISORDER;

19 2. THE USE OF MEDICATIONS EFFECTIVE IN THE  
20 TREATMENT OF THE DISORDER; AND

21 3. NONPHARMACOLOGICAL INTERVENTIONS IN THE  
22 TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER;

23 (3) SHALL REVIEW THE RELEVANT LITERATURE AND CURRENT  
24 RESEARCH, INCLUDING PROFESSIONAL SOCIETY PRACTICE GUIDELINES;

25 (4) MAY CONDUCT SURVEYS ON THE EXTENT OF ATTENTION DEFICIT  
26 HYPERACTIVITY DISORDER AND THE POLICIES AND TREATMENTS USED IN  
27 TREATING THE DISORDER;

28 (5) SHALL ASSIST ALL LOCAL SCHOOL SYSTEMS IN DESIGNING AND  
29 IMPLEMENTING WRITTEN GUIDELINES FOR THE OPTIMAL DIAGNOSIS AND  
30 TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER, FOLLOWING "BEST  
31 PRACTICES" WHILE COMPLYING WITH FEDERAL REQUIREMENTS;

32 (6) SHALL DEVELOP AND DISTRIBUTE EDUCATIONAL PROGRAMS AND  
33 MATERIALS CONCERNING ATTENTION DEFICIT HYPERACTIVITY DISORDER TO  
34 PARENTS, EDUCATORS, CHILD CARE PROVIDERS, AND PRIMARY CARE PHYSICIANS;

1 (7) SHALL ASSIST THE GOVERNOR AND STATE AGENCIES IN  
2 IMPLEMENTING THE RECOMMENDATIONS OF THE MARCH 1999 REPORT OF THE TASK  
3 FORCE TO STUDY THE USES OF METHYLPHENIDATE AND OTHER DRUGS ON SCHOOL  
4 CHILDREN INCLUDING PERFORMING THE FOLLOWING TASKS:

5 (I) FACILITATING COMMUNICATION BETWEEN PHYSICIANS,  
6 EDUCATORS, AND PARENTS;

7 (II) PROVIDING ONGOING TRAINING FOR PRIMARY CARE  
8 PROVIDERS, FAMILIES, EDUCATORS, AND SCHOOL HEALTH PERSONNEL;

9 (III) PROVIDING SUPPORT FOR CONTINUED RESEARCH AND  
10 EVALUATION;

11 (IV) PROVIDING SUPPORT FOR FAMILIES INCLUDING INCREASED  
12 ACCESS TO RESOURCES;

13 (V) PROMOTING SMALLER CLASS SIZES FOR CHILDREN WITH  
14 ATTENTION DEFICIT HYPERACTIVITY DISORDER;

15 (VI) PROMOTING THE PRESENCE OF A MENTAL HEALTH EXPERT  
16 WHO IS KNOWLEDGEABLE ABOUT ATTENTION DEFICIT HYPERACTIVITY DISORDER  
17 IN EACH SCHOOL SYSTEM; AND

18 (VII) INVESTIGATING THIRD PARTY REIMBURSEMENT ISSUES  
19 SURROUNDING THE DIAGNOSIS AND TREATMENT OF ATTENTION DEFICIT  
20 HYPERACTIVITY DISORDER;

21 (8) SHALL INVESTIGATE THE RELATIONSHIP BETWEEN ATTENTION  
22 DEFICIT HYPERACTIVITY DISORDER AND LEARNING DISABILITIES AND  
23 DIFFERENCES; AND

24 (9) MAY TAKE ANY OTHER ACTION NECESSARY AND PROPER TO CARRY  
25 OUT THE PURPOSES OF THIS SECTION.

26 (I) ON JULY 1, 2001 AND ANNUALLY ON JULY 1 THEREAFTER, THE TASK  
27 FORCE ADVISORY COUNCIL SHALL SUBMIT A REPORT OF ITS FINDINGS, ACTIVITIES,  
28 AND RECOMMENDATIONS TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE  
29 STATE GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY.

30 SECTION 2. AND BE IT FURTHER ENACTED, That ~~the Office of Children,~~  
31 ~~Youth, and Families shall execute a memorandum of understanding between the~~  
32 ~~Office,~~ the Department of Health and Mental Hygiene, and the Maryland State  
33 Department of Education shall execute a memorandum of understanding about  
34 staffing for the Advisory Council and any related issues that require coordination.

35 SECTION 3. AND BE IT FURTHER ENACTED, That the initial appointed  
36 members of the Task Force shall be appointed on or before July 1, 2000. The terms of  
37 the members appointed by the Governor serving on July 1, 2000 shall end as follows:

- 1           (1)     four in 2001;
- 2           (2)     four in 2002;
- 3           (3)     four in 2003; and
- 4           (4)     five in 2004.

5       SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect  
6 July 1, 2000.