Unofficial Copy C3 2003 Regular Session (3lr0573)

# ENROLLED BILL

-- Health and Government Operations/Finance --

### Introduced by Delegate Hammen Delegates Hammen, Benson, Boutin, Bromwell, Costa, Donoghue, Elliott, Goldwater, Haynes, Hubbard, Hurson, Mandel, McDonough, Morhaim, Murray, Nathan-Pulliam, Oaks, Pendergrass, Rosenberg, Rudolph, Smigiel, V. Turner, and Weldon

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_M.

Speaker.

CHAPTER\_\_\_\_

1 AN ACT concerning

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### Health Insurance - Task Force to Study Access to Mental Health Services

3 FOR the purpose of establishing the Task Force on Access to Mental Health Services;

4 specifying the duties of the Task Force; specifying the members of the Task

5 Force; requiring the members of the Task Force to select a chairman of the Task

6 Force; requiring the Task Force to invite the participation of and solicit

7 commentary from certain interested parties; requiring the Task Force to submit

8 a certain report <u>reports</u> to the Governor and the General Assembly by a certain

9 date <u>dates</u>; providing for the termination of this Act; and generally relating to

10 access to mental health services.

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

13 (a) There is a Task Force on Access to Mental Health Services.

1 (b)	The Ta	sk Force	consists of the following members:
2 3 of the Sena	(1) te;	Two m	embers of the Senate of Maryland, appointed by the President
4 5 the House;	(2)	Two m	embers of the House of Delegates, appointed by the Speaker of
6 7 designee;	(3)	The Se	cretary of Health and Mental Hygiene or the Secretary's
8 9 designee;	(4)	The Ma	aryland Insurance Commissioner or the Commissioner's
10 11 t <del>he Execut</del>	( <u>5)</u> ive Diree	-	ecutive Director of the Maryland Health Care Commission or genee;
12 13 <u>Special Se</u>	(6) cretary's (		ecial Secretary for Children, Youth, and Families or the
14 15 Insurance	<del>(5)</del> Commiss	( <del>7)</del> ioner:	(5) The following members appointed by the Maryland
16 17 <del>industry;</del>		<del>(i)</del>	One representative of the commercial health insurance
18 19 <del>organizatio</del>	ə <del>n; and</del>	<del>(ii)</del>	One representative of a commercial health maintenance
20 21 <u>in the com</u>	<del>mercial n</del>	(i) narket;	Three representatives of carriers offering health care coverage
22		<u>(ii)</u>	A representative of the business community; and
23		<u>(i)</u>	One representative of the commercial health insurance industry;
24 25 <u>organizatio</u>	on; and	<u>(ii)</u>	One representative of a commercial health maintenance
26 27 industry; <del>a</del>	<del>nd</del>	(iii)	One representative of the managed behavioral health care
28 29 Health and	<del>(6)</del> l Mental I	( <u>8)</u> Hygiene:	(6) The following members appointed by the Secretary of
30		(i)	One representative of the Maryland Hospital Association;
31 32 Maryland;		(ii)	One representative of the Mental Health Association of

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1 2 Association of Maryl	(iii) and;	One representative of the Community Behavioral Health		
3 4 community;	(iv)	One representative of Maryland's pediatric mental health		
5 6 <u>Maryland Psychiatric</u>	( <del>v)</del> Society;	One psychiatrist licensed in Maryland, nominated by the		
7	<u>(vi)</u>	One physician licensed in Maryland, nominated by MedChi;		
8	(vii)	One psychologist licensed in Maryland; and		
9	<del>(vi)</del>	(viii) One social worker licensed in Maryland;		
10 11 <del>Health;</del>	<u>(ix)</u>	One representative of the Coalition on Aging and Mental		
12	<u>(x)</u>	One representative of Core Service Agencies;		
13 14 <del>of Maryland;</del>	<u>(xi)</u>	One representative of the Developmental Disabilities Coalition		
15	<u>(xii)</u>	One consumer of mental health services;		
16	(xiii)	One representative of NAMI MD;		
17 18 <del>Families and Youth;</del>	<u>(xiv)</u>	One representative of the Maryland Association of Resources for		
19	<u>(xv)</u>	One representative of the Pro Bono Counseling Project; and		
20 21 <u>community</u> .	(xvi)	One representative of the early childhood mental health		
22 23 <u>who receives mental</u>	<u>(v)</u> health ca	One consumer member who is the family member of an adult ure services;		
24 25 <u>receives mental heal</u>	<u>(vi)</u> th care se	One consumer member who is the family member of a child who prvices; and		
26	<u>(vii)</u>	One consumer member who receives mental health services; and		
<ul> <li>27 <u>(7)</u></li> <li>28 <u>appointed by the For</u></li> </ul>		mber representing the rural mental health community ural Maryland.		
<ul> <li><u>(c)</u> The Task Force shall invite the participation of and solicit commentary</li> <li><u>from all interested parties who are not members of the Task Force.</u></li> </ul>				
(c) $(d)$	The me	mbars of the Task Force shall select a chairman from the		

 $\begin{array}{ccc} 31 & (c) & (d) \\ 32 & \text{membership of the Task Force} \end{array}$  The members of the Task Force shall select a chairman from the

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<b>HOUSE BILL 2</b>	25
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1 2 <u>Hea</u>	(d) alth and l	<u>(e)</u> Mental H	The Maryland Insurance Administration and the Department of ygiene shall provide staff for the Task Force.
3	<del>(e)</del>	<u>(f)</u>	A member of the Task Force:
4		(1)	May not receive compensation; but
5 6 Tra	vel Regu	(2) Ilations, a	Is entitled to reimbursement for expenses under the Standard State as provided in the State budget.
7	<del>(f)</del>	<u>(g)</u>	The Task Force shall study and make recommendations regarding:
10 <u>any</u>	y change	s should	Study and make recommendations regarding compliance by surers and health maintenance organizations with the <u>Whether</u> be made to the mental health parity requirements under rance Article and § 19-703.1 of the Health - General Article; <del>and</del>
12 13 <del>сог</del> 14 <del>анс</del>		<del>(2)</del> <del>lly-insure</del>	(i) Examine the systemic barriers experienced by end individuals when attempting to access community treatment;
15 16 <del>ind</del>	lividuals	have acc	(ii) Make recommendations to ensure that commercially-insured ess to medically-necessary mental health treatment.
17 18 <u>ind</u>	lividuals	<u>(2)</u> when att	<u>The systemic barriers experienced by commercially-insured</u> empting to access community treatment;
19 20 <u>me</u>	dically-n	<u>(3)</u> necessary	How to ensure that commercially-insured individuals have access to mental health treatment;
			(4) The differences difference in the coverage of mental health rovided by among the public mental health system, commercial commercial health maintenance organizations;
24 25 <u>hea</u>	alth care	( <u>3)</u> delivery	(5) The structure and effectiveness of the <i>public and private</i> mental system systems in the State; and
26 27 <u>the</u>	se wage	<u>(4)</u> s on qual	The wages paid to mental health care workers and the impact of ity of care; and
		( <u>5)</u> led chang lth care s	(6) The impact on the cost of health care coverage in the State of any ges on the cost of health care coverage to the coverage or delivery of ervices.
33 <u>200</u>	04, shall	issue a fi	The Task Force shall report <u>On or before December 31, 2003, the Task</u> preliminary report of its findings, and on or before December 31, inal report of its findings and recommendations to the Governor, ith \$ 2-1246 of the State Government Article, the General

34 and in accordance with § 2-1246 of the State Government Article, the General
35 Assembly, on or before December 31, 2003 2004.

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- 2 effect July 1, 2003. It shall remain effective for a period of <u>1 year and</u> 6 months and,
  3 at the end of December 31, <del>2003</del> <u>2004</u>, with no further action required by the General
- 4 Assembly, this Act shall be abrogated and of no further force and effect.