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By: Senators Teitelbaum, Astle, Della, Kelley, Klausmeier, and Ruben Introduced and read first time: January 30, 2003 Assigned to: Finance								
Sena	Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 12, 2003							
			CHAPTER					
1	AN ACT co	ncernir	ng					
2		Health Insurance - Task Force to Study Access to Mental Health Services						
3 4 5 6 7 8 9 10	specifyi Force; r Force; <u>r</u> <u>commen</u> <del>a</del> certain <del>date</del> <u>dat</u>	ng the equiring equiring tary from tary from es; pro	f establishing the Task Force on Access to Mental Health Services; duties of the Task Force; specifying the members of the Task ag the members of the Task Force to select a chairman of the Task ag the Task Force to invite the participation of and solicit from certain interested parties; requiring the Task Force to submit freports to the Governor and the General Assembly by a certain viding for the termination of this Act; and generally relating to all health services.					
11 12	SECTION MARYLAN		BE IT ENACTED BY THE GENERAL ASSEMBLY OF at:					
13	(a)	There	e is a Task Force on Access to Mental Health Services.					
14	(b)	The T	Task Force consists of the following members:					
15 16	of the Senat	(1) ee;	Two members of the Senate of Maryland, appointed by the President					
17 18	the House;	(2)	Two members of the House of Delegates, appointed by the Speaker of					
19 20	designee;	(3)	The Secretary of Health and Mental Hygiene or the Secretary's					
21 22	designee; au	(4) <u>nd</u>	The Maryland Insurance Commissioner or the Commissioner's					

1	<u>(5)</u>	Nine me	embers appointed by the Governor as follows:
	are licensed, certified, the Health Occupation		Three representatives of the health care services industry who wise authorized to practice a health occupation under
5 6	care coverage in the c	(ii) ommerci	Three representatives of insurance carriers that offer health al market; and
7 8	member who receives	(iii) , mental l	Three consumer members who receive, or have a family health care services.
9 10	(5) Commissioner:	The foll	owing members appointed by the Maryland Insurance
11 12	industry;	<del>(i)</del>	One representative of the commercial health insurance
13 14	organization; and	<del>(ii)</del>	One representative of a commercial health maintenance
15 16	industry; and	<del>(iii)</del>	One representative of the managed behavioral health care
17 18	(6) Mental Hygiene:	The foll	owing members appointed by the Secretary of Health and
19		<del>(i)</del>	One representative of the Maryland Hospital Association;
20 21	Maryland;	<del>(ii)</del>	One representative of the Mental Health Association of
22 23	Association of Maryl	<del>(iii)</del> and;	One representative of the Community Behavioral Health
24 25	community;	<del>(iv)</del>	One representative of Maryland's pediatric mental health
26		<del>(v)</del>	One psychiatrist licensed in Maryland; and
27		<del>(vi)</del>	One social worker licensed in Maryland.
28 29			hall invite the participation of and solicit commentary are not members of the Task Force.
30 31	(e) (d) membership of the Ta		mbers of the Task Force shall select a chairman from the
32 33	(d) (e) Health and Mental H		ryland Insurance Administration and the Department of all provide staff for the Task Force.

1	<del>(e)</del>	<u>(f)</u>	A member of the Task Force:				
2		(1)	May not receive compensation; but				
3	Travel Regul	(2) lations, as	Is entitled to reimbursement for expenses under the Standard State s provided in the State budget.				
5	<del>(f)</del>	<u>(g)</u>	The Task Force shall study and make recommendations regarding:				
8	changes shou	ıld be ma	Study and make recommendations regarding compliance by surers and health maintenance organizations with Whether any de to the mental health parity requirements under § 15-802 of and § 19-703.1 of the Health - General Article; and				
	commercial and	(2) ly-insured	(i) Examine the <u>The</u> systemic barriers experienced by d individuals when attempting to access community treatment;				
13			(ii) Make recommendations				
14 15	medically-n	(3) ecessary	<u>How</u> to ensure that commercially-insured individuals have access to mental health treatment;				
	public ment		The difference in mental health services coverage provided by the system, commercial health insurers, and commercial health ations;				
19 20	health care o	(5) delivery s	The structure and effectiveness of the public and private mental ystems in the State; and				
21 22	recommende	(6) ed change	The impact on the cost of health care coverage in the State of any es to the coverage or delivery of mental health care services.				
25 26	(g) (h) The Task Force shall report On or before December 31, 2003, the Task Force shall issue a preliminary report of its findings, and on or before December 31, 2004, shall issue a final report of its findings and recommendations to the Governor, and in accordance with § 2-1246 of the State Government Article, the General Assembly, on or before December 31, 2003.						
30	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2003. It shall remain effective for a period of <u>1 year and 6</u> months and, at the end of December 31, <del>2003</del> 2004, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.						