

HOUSE BILL 478

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9lr2149
CF SB 353

By: **Delegates Rice, Barkley, Bronrott, Carr, Carter, Feldman, Gilchrist, Levi, Montgomery, Riley, Ross, Stein, Tarrant, Taylor, and Walker**
Introduced and read first time: February 4, 2009
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force on Public Health Risks Linked to Bullying**

3 FOR the purpose of creating the Task Force on Public Health Risks Linked to
4 Bullying; providing for the composition, chair and subcommittee chairs, and
5 staffing of the Task Force; providing that a member of the Task Force may not
6 receive compensation but may be reimbursed for certain expenses; requiring the
7 Task Force to conduct certain hearings, review certain data and studies, and
8 develop certain guidelines or make certain recommendations; requiring the
9 Task Force to report certain findings and recommendations to the Governor and
10 to the General Assembly; providing for the termination of this Act; and
11 generally relating to the Task Force on Public Health Risks Linked to Bullying.

12 BY adding to

13 Article – Health – General
14 Section 13–2801 through 13–2804 to be under the new subtitle “Subtitle 28.
15 Task Force on Public Health Risks Linked to Bullying”
16 Annotated Code of Maryland
17 (2005 Replacement Volume and 2008 Supplement)

18 Preamble

19 WHEREAS, According to the 2005 School Crime Supplement to the National
20 Crime Victimization Survey, 28% of United States students, ages 12 through 18,
21 reported that they have been bullied in the previous 6 months by being made fun of,
22 called names, insulted, subjected to rumors, threatened with harm, pushed, shoved,
23 spit on, coerced to take actions they did not want to, excluded from activities on
24 purpose, or had property destroyed on purpose; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, According to the 2005 Maryland Risk Youth Behavior Survey,
2 one-third of high school students reported that they have been harassed or bullied in
3 the previous 12 months; and

4 WHEREAS, Bullying is a very urgent public health issue that has been linked
5 during the last two decades to hundreds of deaths from suicide, accidental injuries,
6 and homicide; and

7 WHEREAS, Both bullies and victims are at high risk of suffering from an array
8 of health, safety, and educational concerns, including depression, irritability, anxiety,
9 sleeping difficulties, eating disorders, suicidal behavior, injuries, carrying weapons to
10 school, involvement in physical fights, drug and alcohol abuse, runaway episodes,
11 serious absenteeism, and poor academic performance; and

12 WHEREAS, Psychiatric symptoms and conditions can be antecedents and
13 consequences of bullying; and

14 WHEREAS, Young males who have been frequent bullies and bully-victims are
15 at high risk for future criminality, including violence, damage to property, drunken
16 driving, and traffic offenses; and

17 WHEREAS, There is a need to ascertain the prevalence of bullying in the State;
18 and

19 WHEREAS, There is a need to determine the degree of health and safety risks
20 affecting students in the State who are being bullied; and

21 WHEREAS, There is a need to promote awareness in the whole community
22 about the nature of bullying and its association with health and safety risks; and

23 WHEREAS, There is a need to implement whole-school based bullying
24 prevention programs that promote mutual respect and improved interaction among
25 school peers and enhance community empathy, sensitivity, and tolerance to diversity;
26 and

27 WHEREAS, There is a need to implement school bullying intervention
28 strategies to support psychologically the victim and counsel the perpetrator; and

29 WHEREAS, There is a need to establish guidelines for referrals to health
30 practitioners of students who are unable to stop bullying in spite of school intervention
31 and for the bullies and victims who are suffering from health, safety, or educational
32 risks; and

33 WHEREAS, There is a need to determine the mortality rate linked to bullying;
34 and

35 WHEREAS, There is a need to establish annual monitoring of the prevalence of
36 bullying and related health and safety risks affecting students in the State; and

1 WHEREAS, There is a need to implement public health policy for the
2 prevention, intervention, and treatment of health risks linked to bullying; now,
3 therefore,

4 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
5 MARYLAND, That the Laws of Maryland read as follows:

6 **Article – Health – General**

7 **SUBTITLE 28. TASK FORCE ON PUBLIC HEALTH RISKS LINKED TO BULLYING.**

8 **13-2801.**

9 **THERE IS A TASK FORCE ON PUBLIC HEALTH RISKS LINKED TO**
10 **BULLYING.**

11 **13-2802.**

12 **(A) THE TASK FORCE CONSISTS OF THE FOLLOWING MEMBERS:**

13 **(1) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY**
14 **THE PRESIDENT OF THE SENATE;**

15 **(2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY**
16 **THE SPEAKER OF THE HOUSE;**

17 **(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE**
18 **SECRETARY'S DESIGNEE;**

19 **(4) THE STATE SUPERINTENDENT OF SCHOOLS, OR THE**
20 **SUPERINTENDENT'S DESIGNEE;**

21 **(5) THE MARYLAND ATTORNEY GENERAL, OR THE ATTORNEY**
22 **GENERAL'S DESIGNEE; AND**

23 **(6) THE FOLLOWING 16 MEMBERS, APPOINTED BY THE**
24 **GOVERNOR:**

25 **(I) ONE REPRESENTATIVE OF THE MARYLAND CHAPTER**
26 **OF THE AMERICAN ACADEMY OF PEDIATRICS;**

27 **(II) ONE REPRESENTATIVE OF THE MARYLAND COUNCIL OF**
28 **CHILD AND ADOLESCENT PSYCHIATRY;**

1 (III) ONE REPRESENTATIVE OF THE CHILD AND
2 ADOLESCENT PSYCHIATRY SOCIETY OF GREATER WASHINGTON;

3 (IV) ONE REPRESENTATIVE OF THE MARYLAND CHAPTER
4 OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS;

5 (V) ONE REPRESENTATIVE OF THE MARYLAND
6 PSYCHOLOGICAL ASSOCIATION;

7 (VI) ONE REPRESENTATIVE OF THE MARYLAND SCHOOL
8 COUNSELOR ASSOCIATION;

9 (VII) ONE REPRESENTATIVE OF THE MARYLAND ACADEMY
10 OF FAMILY PHYSICIANS;

11 (VIII) ONE REPRESENTATIVE OF THE MARYLAND
12 ASSOCIATION OF SCHOOL NURSES;

13 (IX) ONE REPRESENTATIVE OF THE CHILDREN'S NATIONAL
14 MEDICAL CENTER;

15 (X) ONE REPRESENTATIVE OF THE MARYLAND PARENT
16 TEACHER ASSOCIATION;

17 (XI) ONE REPRESENTATIVE OF THE MARYLAND
18 ASSOCIATION OF BOARDS OF EDUCATION;

19 (XII) ONE REPRESENTATIVE OF THE MARYLAND
20 ASSOCIATION OF COUNTY HEALTH OFFICERS;

21 (XIII) ONE REPRESENTATIVE OF THE MARYLAND STATE
22 TEACHERS ASSOCIATION;

23 (XIV) ONE REPRESENTATIVE OF THE JOHNS HOPKINS
24 SCHOOL OF PUBLIC HEALTH; AND

25 (XV) TWO REPRESENTATIVES OF STATE HIGH SCHOOL
26 STUDENT ORGANIZATIONS.

27 (B) THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR THE
28 SECRETARY'S DESIGNEE:

29 (1) SHALL CHAIR THE TASK FORCE; AND

1 (2) MAY ESTABLISH SUBCOMMITTEES AND APPOINT
2 SUBCOMMITTEE CHAIRS AS NECESSARY TO FACILITATE THE WORK OF THE TASK
3 FORCE.

4 (C) THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE SHALL
5 PROVIDE STAFF FOR THE TASK FORCE.

6 (D) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE
7 TASK FORCE SHALL REFLECT REASONABLY THE GEOGRAPHIC, RACIAL, ETHNIC,
8 CULTURAL, AND GENDER DIVERSITY OF THE STATE.

9 (E) IN PERFORMING ITS DUTIES, THE TASK FORCE SHALL INVITE ALL
10 INTERESTED GROUPS TO PRESENT TESTIMONY OR OTHER INFORMATION TO
11 THE TASK FORCE ON THE ISSUES TO BE STUDIED BY THE TASK FORCE.

12 (F) A MEMBER OF THE TASK FORCE:

13 (1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE
14 TASK FORCE; BUT

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

18 13-2803.

19 THE TASK FORCE SHALL:

20 (1) REVIEW THE 2005, 2007, AND 2009 MARYLAND YOUTH RISK
21 BEHAVIOR SURVEY DATA TO:

22 (I) DETERMINE THE TRENDS IN THE PREVALENCE OF
23 BEING HARASSED OR BULLIED ON SCHOOL PROPERTY AND THE DEMOGRAPHIC
24 CHARACTERISTICS OF BULLYING; AND

25 (II) ASCERTAIN THE DEGREE OF ASSOCIATION BETWEEN
26 BEING HARASSED OR BULLIED ON SCHOOL PROPERTY AND RISK OF PHYSICAL
27 AND PSYCHOLOGICAL MORBIDITY, MORTALITY, AND RISK FACTORS FOR
28 MORBIDITY AND MORTALITY;

29 (2) REVIEW PUBLISHED STUDIES ABOUT THE HEALTH AND
30 SAFETY RISKS LINKED TO BULLYING AND STRATEGIES FOR THE PREVENTION OF
31 BULLYING; AND

(3) DEVELOP GUIDELINES OR MAKE RECOMMENDATIONS FOR:

(I) THE PROMOTION OF COMMUNITY AWARENESS ABOUT THE NATURE OF BULLYING AND THE LINK TO HEALTH AND SAFETY RISKS;

(II) THE IMPLEMENTATION OF WHOLE-SCHOOL BULLYING PREVENTION AND INTERVENTION PROGRAMS;

(III) THE DETECTION OF HEALTH AND SAFETY RISKS LINKED TO BULLYING;

(IV) THE HEALTH REFERRAL OF STUDENTS WHO:

1. ARE UNABLE TO STOP BULLYING IN SPITE OF APPROPRIATE SCHOOL PSYCHOLOGICAL INTERVENTION; OR

2. BULLY OTHERS OR ARE BEING BULLIED AND SUFFER FROM PHYSICAL OR PSYCHOLOGICAL HEALTH PROBLEMS;

(V) THE ASSESSMENT OF MORTALITY LINKED TO BULLYING;

(VI) THE PERIODIC MONITORING OF PREVALENCE OF BULLYING AND HEALTH- AND SAFETY-RELATED RISKS; AND

(VII) THE IMPLEMENTATION OF BULLYING PREVENTION PUBLIC HEALTH POLICIES.

13-2804.

ON OR BEFORE DECEMBER 31, 2009, AND DECEMBER 31, 2010, THE TASK FORCE SHALL REPORT ITS INTERIM FINDINGS AND RECOMMENDATIONS, AND ON OR BEFORE DECEMBER 31, 2011, THE TASK FORCE SHALL REPORT ITS FINAL FINDINGS AND RECOMMENDATIONS TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2009. It shall remain effective for a period of 3 years and, at the end of June 30, 2012, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.