

Department of Legislative Services  
Maryland General Assembly  
2017 Session

FISCAL AND POLICY NOTE  
Third Reader - Revised

House Bill 184

(Delegate Morales, *et al.*)

Health and Government Operations

Education, Health, and Environmental Affairs

---

Public Health - Treatment of Attention-Deficit/Hyperactivity Disorder -  
Identification and Posting of Information

---

This bill requires the Department of Health and Mental Hygiene (DHMH) to identify, in consultation with stakeholders who wish to participate, up-to-date, evidence-based, written information relating to attention-deficit/hyperactivity disorder (ADHD) that meets certain criteria and includes specified information. DHMH must post the information in printable form on its website so that it may be accessed by health care practitioners engaged in treating children and adolescents for ADHD.

---

Fiscal Summary

**State Effect:** DHMH can identify and post the required information with existing budgeted resources. Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** Minimal.

---

Analysis

**Bill Summary:** “Health care practitioner” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services in the ordinary course of business or practice of a profession.

The information relating to ADHD must (1) have been reviewed by medical experts, mental health care practitioners, and national and local organizations specializing in ADHD treatment services; (2) be designed for use by health care practitioners and the

families of children and adolescents who are diagnosed with ADHD; (3) be culturally and linguistically appropriate for potential recipients; and (4) include specified treatment options for ADHD and contact information for national and local education programs and support services.

**Current Law/Background:** State law currently does not specify any guidelines that health care practitioners must follow when treating ADHD.

Chapter 504 of 1997 established the Task Force to Study the Uses of Methylphenidate (Ritalin) and Other Drugs on School Children. The task force submitted its final report in March 1999, which included several recommendations for the educational and medical communities and for the support of families. Chapter 84 of 2000 established an Advisory Council on Attention Deficit Hyperactivity Disorder, which ended in 2003.

The U.S. Centers for Disease Control and Prevention (CDC) website advises that ADHD is one of the most common childhood neurobehavioral disorders. Children with ADHD may have trouble paying attention or controlling impulsive behaviors, or they may be overly active. ADHD is usually diagnosed in childhood and often continues into adulthood. CDC's recommendations for treatment refer to the guidelines developed by the American Academy of Pediatrics (AAP). These guidelines are intended for use by health care providers working in primary care settings, such as pediatricians and family physicians, and include recommendations on therapy and/or medications as treatment. The guidelines' specific recommendations vary depending on whether the patient is preschool aged (4 to 5 years of age); elementary-school aged (6 to 11 years of age); or an adolescent (12 to 18 years of age). CDC's summary of the guidelines, and links to the full guidelines, can be found on its website at <https://www.cdc.gov/ncbddd/adhd/guidelines.html>.

In a May 2016 *Vital Signs* report, CDC urged health care providers to follow AAP's recommendation to refer parents of young children (2 to 5 years of age) with ADHD for training in behavior therapy *before* prescribing medicine, noting that 75% of young children being treated for ADHD receive medicine but only about half receive any form of psychological services, which can include parent training in behavior therapy.

According to a 2011 CDC study, in 2009-2010, 75% of children with ADHD in Maryland took medication for ADHD within the previous week, as self-reported by parents (compared with a national average of 74%). Also in 2009-2010, 57% of children with ADHD in Maryland received behavioral treatment during the previous 12 months (compared with a national average of 44%). Only 42% of children with ADHD in Maryland received both medication and behavioral treatment for ADHD (compared with a national average of 31%).

## Additional Information

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene; U.S. Centers for Disease Control and Prevention; Department of Legislative Services

**Fiscal Note History:** First Reader - February 2, 2017  
mm/jc Third Reader - March 20, 2017  
Revised - Amendment(s) - March 20, 2017

---

Analysis by: Sasika Subramaniam

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510