

HOUSE BILL 694

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2000 Regular Session  
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By: **Delegates Morhaim, Zirkin, Oaks, Finifter, D. Davis, Stull, Boutin,  
Stern, Hammen, Owings, Hubbard, Klausmeier, Frush, Mohorovic,  
Cane, and Nathan-Pulliam**

Introduced and read first time: February 10, 2000

Assigned to: Environmental Matters

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A BILL ENTITLED

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

23 WHEREAS, There are 1.5 million to 2.5 million children in the United States  
24 under the age of 18 years who are currently experiencing attention deficit  
25 hyperactivity disorder; and

26 WHEREAS, Professionals working with youth and parents need to understand  
27 how to identify and manage attention deficit hyperactivity disorder; and

1 WHEREAS, The appropriate treatment of each case of attention deficit  
2 hyperactivity disorder requires a collaboration among teachers, parents, and medical  
3 personnel; and

4 WHEREAS, Teachers and school personnel require training and assistance in  
5 dealing with children experiencing attention deficit hyperactivity disorder; and

6 WHEREAS, There is a need for State guidelines and uniform procedures  
7 regarding the diagnosis and treatment of attention deficit hyperactivity disorder;  
8 now, therefore

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

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

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

13 39.

14 (A) IN THIS SECTION, "ATTENTION DEFICIT HYPERACTIVITY DISORDER"  
15 MEANS A PERSISTENT PATTERN OF INATTENTION, HYPERACTIVITY, OR IMPULSIVITY  
16 THAT IS MORE FREQUENT AND SEVERE THAN IS TYPICALLY OBSERVED IN  
17 INDIVIDUALS AT A COMPARABLE LEVEL OF DEVELOPMENT.

18 (B) THERE IS AN ADVISORY COUNCIL ON ATTENTION DEFICIT  
19 HYPERACTIVITY DISORDER.

20 (C) (1) THE ADVISORY COUNCIL SHALL BE COMPOSED OF 23 MEMBERS.

21 (2) THE MEMBERS SHALL BE AS FOLLOWS:

22 (I) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY  
23 THE SPEAKER OF THE HOUSE;

24 (II) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY  
25 THE PRESIDENT OF THE SENATE;

26 (III) ONE MEMBER WHO IS A SCHOOL PSYCHOLOGIST FROM THE  
27 STATE BOARD OF EDUCATION, APPOINTED BY THE GOVERNOR;

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

30 (V) SEVEN MEMBERS FROM THE MEDICAL COMMUNITY WHO ARE  
31 EXPERTS ON ATTENTION DEFICIT HYPERACTIVITY DISORDER, APPOINTED BY THE  
32 GOVERNOR;

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

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

3 (VIII) ONE MEMBER WHO IS A LICENSED PSYCHOLOGIST, APPOINTED  
4 BY THE STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS;

5 (IX) ONE MEMBER WHO IS A PARENT OF A CHILD WITH ATTENTION  
6 DEFICIT HYPERACTIVITY DISORDER, APPOINTED BY THE GOVERNOR;

7 (X) ONE MEMBER WHO IS A CHILD CARE PROVIDER, APPOINTED BY  
8 THE GOVERNOR;

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

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

13 (XIII) THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR THE  
14 SECRETARY'S DESIGNEE;

15 (XIV) THE SUPERINTENDENT OF STATE SCHOOLS OR THE STATE  
16 SUPERINTENDENT'S DESIGNEE; AND

17 (XV) ONE MEMBER OF THE MARYLAND DISABILITIES LAW CENTER  
18 WHO HAS EXPERTISE IN DISABILITY LAW, APPOINTED BY THE GOVERNOR.

19 (D) THE GOVERNOR SHALL DESIGNATE THE CHAIRMAN OF THE ADVISORY  
20 COUNCIL.

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

23 (F) A MEMBER OF THE ADVISORY COUNCIL:

24 (1) MAY NOT RECEIVE COMPENSATION FOR SERVING ON THE ADVISORY  
25 COUNCIL; BUT

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

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

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

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

1           (4)     A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES  
2 ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND  
3 QUALIFIES.

4     (H)     THE ADVISORY COUNCIL:

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

7           (2)     SHALL CONVENE ONE OR MORE STATEWIDE OR REGIONAL  
8 CONFERENCES ON ATTENTION DEFICIT HYPERACTIVITY DISORDER ON A REGULAR  
9 BASIS:

10           (I)     FOR PARENTS, TEACHERS, CHILD CARE PROVIDERS, AND  
11 PRIMARY CARE PHYSICIANS; AND

12           (II)    TO EXAMINE THE LATEST INFORMATION ON:

13                   1.     ATTENTION DEFICIT HYPERACTIVITY DISORDER;

14                   2.     THE USE OF MEDICATIONS EFFECTIVE IN THE  
15 TREATMENT OF THE DISORDER; AND

16                   3.     NONPHARMACOLOGICAL INTERVENTIONS IN THE  
17 TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER;

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

20           (4)     MAY CONDUCT SURVEYS ON THE EXTENT OF ATTENTION DEFICIT  
21 HYPERACTIVITY DISORDER AND THE POLICIES AND TREATMENTS USED IN  
22 TREATING THE DISORDER;

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

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

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

34                   (I)     FACILITATING COMMUNICATION BETWEEN PHYSICIANS,  
35 EDUCATORS, AND PARENTS;

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

3 (III) PROVIDING SUPPORT FOR CONTINUED RESEARCH AND  
4 EVALUATION;

5 (IV) PROVIDING SUPPORT FOR FAMILIES INCLUDING INCREASED  
6 ACCESS TO RESOURCES;

7 (V) PROMOTING SMALLER CLASS SIZES FOR CHILDREN WITH  
8 ATTENTION DEFICIT HYPERACTIVITY DISORDER;

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

12 (VII) INVESTIGATING THIRD PARTY REIMBURSEMENT ISSUES  
13 SURROUNDING THE DIAGNOSIS AND TREATMENT OF ATTENTION DEFICIT  
14 HYPERACTIVITY DISORDER;

15 (8) SHALL INVESTIGATE THE RELATIONSHIP BETWEEN ATTENTION  
16 DEFICIT HYPERACTIVITY DISORDER AND LEARNING DISABILITIES AND  
17 DIFFERENCES; AND

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

20 (I) ON JULY 1, 2001 AND ANNUALLY ON JULY 1 THEREAFTER, THE TASK  
21 FORCE SHALL SUBMIT A REPORT OF ITS FINDINGS, ACTIVITIES, AND  
22 RECOMMENDATIONS TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE  
23 GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY.

24 SECTION 2. AND BE IT FURTHER ENACTED, That the Office of Children,  
25 Youth, and Families shall execute a memorandum of understanding between the  
26 Office, the Department of Health and Mental Hygiene, and the Maryland State  
27 Department of Education about staffing for the Advisory Council and any related  
28 issues that require coordination.

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

32 (1) four in 2001;

33 (2) four in 2002;

34 (3) four in 2003; and

35 (4) five in 2004.

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