



Rep. Deb Conroy

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LRB100 10098 RLC 24038 a

1 AMENDMENT TO HOUSE BILL 3502

2 AMENDMENT NO. _____. Amend House Bill 3502 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Advisory Council on Early Identification and Treatment of
6 Mental Health Conditions Act.

7 Section 5. Findings. The General Assembly finds that:

8 (1) the medical science is clear that mental health
9 treatment works to improve mental health conditions and
10 manage symptoms but it can take, on average, 10 years for a
11 child or young adult with a significant condition to
12 receive the right diagnosis and treatment from the time the
13 first symptoms began, and nearly two-thirds of children and
14 adults never get treatment;

15 (2) long treatment lags can lead to debilitating
16 conditions and permanent disability;

1 (3) suicide, often due to untreated depression, is the
2 second leading cause of death in this State for children
3 and young adults ranging in age from 10 to 34;

4 (4) between 40% to 50% of heroin and other drug
5 addiction begins to self-medicate an underlying, untreated
6 mental health condition;

7 (5) important State reforms on improving access to
8 mental health and substance use treatment are underway and
9 others are pending, but more needs to be done to address
10 this State's serious systemic challenges to early
11 identification and treatment of mental health conditions;

12 (6) the medical and mental health treatment
13 communities across this State are implementing many
14 evidence-based best practices on early screening,
15 identification and treatment of mental health conditions,
16 including co-located and integrated care, despite limited
17 resources and major access to care challenges across the
18 State; and

19 (7) establishing an Advisory Council on Early
20 Identification and Treatment of Mental Health Conditions
21 to:

22 (A) report and share information on evidence-based
23 best practices related to early identification and
24 treatment being implemented across this State and
25 other states;

26 (B) assist in advancing all providers to move

1 toward implementation of evidence-based best
2 practices, irrespective of payer such as Medicaid or
3 private insurance,

4 (C) identify the barriers to statewide
5 implementation of early identification and treatment
6 across all providers; and

7 (D) reduce the stigma of mental health conditions
8 by treating them like any other medical condition will
9 outline the path to enabling thousands of children,
10 youth, and young adults in this State living with
11 mental health conditions, including those related to
12 trauma, to get the early diagnosis and treatment they
13 need to effectively manage their condition and avoid
14 potentially life-long debilitating symptoms.

15 Section 10. Advisory Council on Early Identification and
16 Treatment of Mental Health Conditions.

17 (a) There is created the Advisory Council on Early
18 Identification and Treatment of Mental Health Conditions
19 within the Department of Public Health.

20 (b) The Advisory Council shall:

21 (1) review and identify evidence-based best practice
22 models and promising practices supported by peer-reviewed
23 literature being implemented in this State and other states
24 on regular screening and early identification of mental
25 health and substance use conditions in children and young

1 adults, including depression, bi-polar disorder,
2 schizophrenia, and other similar conditions, beginning at
3 the age endorsed by the American Academy of Pediatrics,
4 through young adulthood, irrespective of coverage by
5 public or private health insurance, resulting in early
6 treatment;

7 (2) identify evidence-based mental health prevention
8 and promotion initiatives;

9 (3) identify strategies to enable additional medical
10 providers and community-based providers to implement
11 evidence-based best practices on regular screening, and
12 early identification and treatment of mental health
13 conditions;

14 (4) identify barriers to the success of early
15 screening, identification and treatment of mental health
16 conditions across this State, including but not limited to,
17 treatment access challenges, specific mental health
18 workforce issues, regional challenges, training and
19 knowledge-base needs of providers, provider infrastructure
20 needs, reimbursement and payment issues, and public and
21 private insurance coverage issues;

22 (5) based on the findings in paragraphs (1) through (4)
23 of this subsection (b), develop a set of recommendations
24 and an action plan to address the barriers to early and
25 regular screening and identification of mental health
26 conditions in children, adolescents and young adults in

1 this State;

2 (6) complete and deliver the recommendations and
3 action plan required by paragraph (5) of this subsection
4 (b) to the Governor and the General Assembly within one
5 year of the first meeting of the Advisory Council; and

6 (7) upon completion and delivery of the
7 recommendations and action plan to the Governor and General
8 Assembly, the Advisory Council shall be dissolved.

9 (c) The Advisory Council shall be composed of no more than
10 27 members and 3 ex officio members, including:

11 (1) Two members of the House of Representatives, one
12 appointed by the Speaker of the House of Representatives
13 and one appointed by the Minority Leader of the House of
14 Representatives.

15 (2) Two members of the Senate, one appointed by the
16 President of the Senate and one appointed by the Minority
17 Leader of the Senate.

18 (3) One representative of the Office of the Governor
19 appointed by the Governor.

20 (4) Twenty-two members of the public as follows;
21 however, provider representatives selected shall include a
22 balance of those delivering care to persons with private
23 health insurance and those serving underserved
24 populations:

25 (A) Four pediatricians recommended by a statewide
26 organization that represents pediatricians, one from

1 the Chicago area, one from suburban Chicago, one from
2 central Illinois, and one from downstate Illinois,
3 appointed by the Speaker of the House of
4 Representatives.

5 (B) Four family primary care physicians
6 recommended by a statewide organization that
7 represents family physicians, one from the Chicago
8 area, one from suburban Chicago, one from central
9 Illinois, and one from downstate Illinois, appointed
10 by the President of the Senate.

11 (C) Two advanced practice nurses recommended by a
12 statewide organization that represents advanced
13 practice nurses, one from Chicago and one from central
14 or downstate Illinois, appointed by the Speaker of the
15 House of Representatives.

16 (D) Two psychiatrists, including one child
17 psychiatrist, recommended by a statewide organization
18 that represents psychiatrists, one from the Chicago
19 metropolitan region and one from central or downstate
20 Illinois, appointed by the President of the Senate.

21 (E) Two psychologists, including one child
22 psychologist, recommended by a statewide organization
23 that represents psychologists, one from the Chicago
24 metropolitan region and one from central or downstate
25 Illinois, appointed by the Speaker of the House of
26 Representatives.

1 (F) One representative from an organization that
2 advocates for families and youth with mental health
3 conditions who is a parent with a child living with a
4 mental health condition, appointed by the President of
5 the Senate.

6 (G) Two community mental health service providers
7 recommended by a statewide organization that
8 represents community mental health providers, one from
9 the Chicago metropolitan region and one from central
10 Illinois or downstate Illinois, appointed by the
11 Speaker of the House of Representatives.

12 (H) Two substance use treatment providers
13 recommended by a statewide organization that
14 represents substance use treatment providers, one from
15 the Chicago metropolitan region, one from central or
16 downstate Illinois, appointed by the President of the
17 Senate.

18 (I) One representative from an organization that
19 advocates for families and youth with mental health
20 conditions who is an individual with lived experience
21 of a mental health condition, appointed by the
22 President of the Senate.

23 (J) Two representatives from private insurance
24 companies, one appointed by the Speaker of the House of
25 Representatives and one appointed by the President of
26 the Senate.

1 (K) The following 3 officials shall serve as ex
2 officio members:

3 (i) the Director of Public Health, or his or
4 her designee;

5 (ii) the Director of Healthcare and Family
6 Services, or his or her designee; and

7 (iii) the Director of the Division of Mental
8 Health within the Department of Human Services, or
9 his or her designee.

10 (d) Members shall serve without compensation and are
11 responsible for the cost of all reasonable and necessary travel
12 expenses connected to Advisory Council business. Advisory
13 Council members shall not be reimbursed by the State for these
14 costs. Advisory Council members shall be appointed within 60
15 days after the effective date of this Act. The Advisory Council
16 shall hold its initial meeting within 60 days after at least
17 50% of the members have been appointed. One representative from
18 the pediatricians or primary care physicians and one
19 representative from the mental health treatment community
20 shall be the co-chairs of the Advisory Council. At the first
21 meeting of the Advisory Council, the members shall select a 7
22 person Steering Committee that include the co-chairs. The
23 Advisory Council may establish committees that address
24 specific issues or populations and may appoint persons with
25 relevant expertise who are not appointed members of the
26 Advisory Council to serve on the committees as needed."