

**MD – LCSWO: THE MARYLAND LEGISLATIVE COUNCIL OF
SOCIAL WORK ORGANIZATIONS**
Advocating for Social Workers and Their Clients in Maryland and the District of Columbia
**Representing Maryland Society for Clinical Social Work
Greater Washington Society for Clinical Social Work**

CANDIDATE QUESTIONNAIRE, 2006

WILLIAM A BRONROTT, DELEGATE

DISTRICT: 16

SEAT SOUGHT: House of Delegates

Questions for Candidates:

PART I. Can we count on your support on the following issues?

Expansion of coverage to the uninsured and underinsured

1. Efforts have been made to insure more Marylanders by allowing “Association Health Insurance Plans.” Proposals for such plans - thus far – would waive state-mandated benefits such as mental health and substance abuse treatment, in order to make these plans “affordable.” Maryland has taken a leadership role among states in attempting to provide its citizens with needed access to mental health and substance abuse care. We believe that waiving the state-mandated benefits would be a false economy, as there is compelling evidence that the availability of mental health and substance abuse treatment in health insurance plans does not increase costs to the insurer.

Are you willing to work to support the protection of the state-mandated benefits and find alternative approaches to insuring more Marylanders?

Response: Yes

Comment:

I serve on the House Special Committee on Drug and Alcohol Abuse. For many years I have been very involved in issues related to substance abuse and addiction, and I understand the critical importance of fully addressing these issues as a top priority, including expanding affordable health care coverage to include substance abuse treatment as well as for mental health care.

2. We have joined the Maryland “Health Care for All” Coalition, working to win all Marylanders access to quality, affordable health care.

Do you support Health Care for All legislation? What are your ideas about what should be done to expand insurance coverage and/or health/mental health care services to those in our state who are either uninsured or underinsured?

Response: Yes

Comment:

I have consistently co-sponsored universal health care legislation because an estimated 1.5 million people in Maryland do not have access to quality and affordable health care. Many

are under-insured – they have some coverage, but not enough if a real emergency strikes. Many small businesses cannot afford to provide health insurance to their employees, and far too many self-employed people are out there on their own with very expensive minimal coverage. Unattended acute health problems can fester and become expensive chronic health care issues, and an increasing number of uninsured people are using over-crowded emergency rooms for their primary care. These high costs get passed along to taxpayers and those currently with health insurance. That is why I believe in universal health care, including mental health care coverage and drug-alcohol addiction treatment coverage. To help us get part of the way there, I am backing the Healthy Maryland Initiative to raise the state tobacco tax by \$1.00 per pack so that we can give thousands of uninsured families access to health care, help small businesses afford health care coverage for their employees, and encourage smokers to quit.

Regulation of insurers

LCSW-Cs find that many of their clients face a variety of problems of access, choice, and privacy in dealing with their mental health and substance use treatment needs. Meanwhile, insurers have lowered allowable fees to *below* the “reasonable and customary charges” established in 1990. We have supported legislation addressing these issues, including expansions of state regulation of insurance companies and managed behavioral health companies.

Will you be supportive of efforts to

- a) Expand the networks of highly qualified providers by allowing increased fees and/or reimbursement rates?*
- b) Broaden coverage in the private sector to include those services currently offered mostly in the public system, such as inpatient rehabilitation, day hospital treatment, community behavioral rehabilitation, etc.?*
- c) Assure Marylanders of the privacy of their mental health and substance abuse treatment records?*

Response: Yes

LCSW-Cs as qualified evaluators of mental health and functioning

Licensed Certified Social Worker-Clinical (LCSW-C) is the highest level of social work licensure in Maryland; the LCSW-C is licensed to “evaluate, diagnose, and treat mental disorders as defined in the Health General Article.” In addition, legal precedents establish that LCSW-Cs can qualify to serve as expert witnesses in court cases pertaining to mental disorders.

Legislation has established pools of professionals on which judges can draw for certain evaluations. Specialized training will be required of all clinicians in this pool, whatever their discipline. In several cases, LCSW-Cs have been excluded from this legislation, thus limiting the pool of qualified professionals available to judges and, in turn, increasing the possibility of delays for those in need of evaluation.

Would you support efforts to include LCSW-Cs - with the appropriate specialized training required by any other such clinician - in the pool of mental health professionals available to a judge for

- a) evaluation of a juvenile’s competency to participate in legal proceedings?*
- b) evaluation of Permanent Impairment due to mental disorder for purposes of Workers’ Compensation?*

- c) participation, with a licensed physician, in verifying a certificate of competency or non-competency of a disabled person, to assign guardianship?*
d) evaluation of the competency of a patient to select a Health Care Agent through Advance Directives?

Response: Yes

Evaluation and Treatment of Mentally Retarded Clients:

LCSW-Cs are licensed to evaluate, diagnose, and treat developmental disability and mental illness, but the wording of the Maryland law regarding Mental Retardation (ie, distinguishing Mental Retardation from Mental Illness) has led to confusion about whether LCSW-Cs are authorized to evaluate, diagnose, and treat mentally retarded individuals.

Would you support efforts to include LCSW-Cs - with the appropriate specialized training required by any other clinician - in the pool of mental health professionals available to a judge for evaluation, diagnosis, and treatment of mentally retarded (developmentally disabled) patients?

Response: Yes

PART II. What are the most important concerns you might want us to address *with you* in the next four years?

Comment: I am very concerned about the direct correlation between the abuse of alcohol and other drugs and the incidence of crime and traumatic injury in our society – especially among our youth. I believe there is much more our state, in cooperation with local communities, must do to more aggressively address this ceaseless cycle of violence by focusing more resources on effective education, prevention, detection, evaluation and treatment programs – starting with the prevention of underage drinking and youth drugging. Since social workers and licensed clinical social workers are often first-hand witnesses to the consequences of youth drinking and drugging, I would greatly appreciate your help in passing legislation to address this issue.