

SB201 - School-Based Behavioral Health Services Re

Uploaded by: Abigail Snyder

Position: FAV

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 Temple Beth Shalom
 Temple Isaiah
 Zionist Organization of America
 Baltimore District

Written Testimony

**Senate Bill 201 - Maryland Medical Assistance and Children's Health
 Insurance Programs - School-Based Behavioral Health Services -
 Reimbursement**

Finance Committee – February 7, 2023

Support

Background: Senate Bill 201 would authorize for Medicaid reimbursement of certain behavioral health services when provided in a school setting under the Maryland Medical Assistance Program or the Maryland Children's Health Insurance Program.

Written Comments: The Baltimore Jewish Council represents The Associated: Jewish Federation of Baltimore and all of its agencies. This includes Jewish Community Services (JCS), which offers programs and services for people of all ages and backgrounds, helping them achieve their goals, enhance their wellbeing, and maximize their independence. JCS currently provides therapy and medication management to a large population of clients with both commercial and public insurance, many of whom have Medicaid. These behavioral health intervention services are incredibly helpful in enhancing patient wellbeing.

Positive behavioral and mental health allows people to be more productive; cope more effectively with everyday stress; maintain a positive outlook; and engage in healthy eating, sleeping, and exercise habits. These are all behaviors that should be taught at a young age in order to set our children up for success. This is why swift action is needed to allow for Medicaid reimbursement for behavioral health services. If we cannot authorize the expansion of these existing practices, we are doing a great disservice to our most vulnerable, low-income students as they navigate the stresses of balancing schoolwork and home life.

For these reasons, the Baltimore Jewish Councils asks for a favorable report on SB201.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

SB201_Support_The Arc Maryland.pdf

Uploaded by: Ande Kolp

Position: FAV

SB201- Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services – Reimbursement

Finance Committee

February 7, 2023

Position: Support

The Arc Maryland is the largest statewide advocacy organization dedicated to protecting and advancing the rights of individuals with intellectual and developmental disabilities, and supporting their families.

SB201 would require on or before December 1, 2023, the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services for a State plan amendment, authorizing reimbursement of behavioral health services when provided in a school setting without regard to whether the services are provided under an individualized education program or an individualized family service plan. These services would be provided by certain health care providers under the Maryland Medical Assistance Program or the Maryland Children's Health Insurance Program

We support SB201 as this change would ensure that children, who have a need for certain services and supports in school, may receive them without the child, family and school needing to create certain plans ahead of time for situations that may be emergent, short term or evolving. This will help schools keep qualified professionals on staff and provide a mechanism through which Medicaid reimbursement for services is allowed.

We believe this bill is part of a package of measures that would strengthen our support networks, and community behavioral health capacity to ensure children have access to the community-based behavioral supports they need to thrive.

Sincerely,



Ande Kolp

Executive Director

akolp@thearcmd.org, 443-851-9351, www.thearcmd.org

2023 02 07 SB201 Testimony_Inseparable.pdf

Uploaded by: Angela Kimball

Position: FAV



409 7th St Northwest, Suite 305
Washington, D.C. 20004
February 7, 2023

Senate Finance Committee
Maryland General Assembly
3 East
Miller Senate Office Building
Annapolis, MD 21401

Via electronic submission

RE: SUPPORT FOR SB 201, Maryland Medical Assistance and Children’s Health Insurance Programs—School-Based Behavioral Health Services—Reimbursement

Dear Chairwoman Griffith and Members of the Committee:

Thank you, Chairwoman Griffith, for hearing S-201 in Committee today and thank you to Senators Hester and Augustine for sponsoring this important legislation.

On behalf of Inseparable, a growing movement of people working to advance policy solutions that reflect the belief that the health of our minds cannot be separate from the health of our bodies, I am writing to urge you to pass this bill out of Committee today.

Inseparable is focused on closing the treatment gap for the millions of Americans with mental health conditions who are not getting the help they need, improving crisis response services, and getting youth help early, especially through school mental health services.

The mental health challenges facing youth and young adults today are so alarming that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association declared a national emergency in fall 2021.¹ Nearly 13% of children in the Maryland — about 142,927 kids — experienced anxiety or depression in 2020, compared with 10.8% in 2016.² As has been widely reported, the youth mental health crisis has continued even as children have returned to school. Even before the pandemic, nearly four in ten (36.7%) high school students reported feeling persistently sad or hopeless in the past year, and nearly one in ten (8.9%) had made at least one suicide attempt.³ For youth ages 10–14

¹ AAP-AACAP-CHA Declaration of a National Emergency in Adolescent Mental Health. (10/19/2021). Retrieved from <https://www.aap.org/en/advocacy/childand-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

² The Kids Count Index “ 2022 Kids Count Data Book: State Trends in Child Well Being. Annie E Casey Foundation (2022)

³ Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42. DOI. Retrieved from <http://dx.doi.org/10.15585/mmwr.su7102a1>.

years old, suicide is the second leading cause of death.⁴ In addition, 50% of all mental health conditions begin by age 14, and 75% begin by age 24.⁵

When youth experience mental health challenges, it can affect their academic performance, their relationships with their teachers, parents, friends and family, and even their health and safety. Without treatment, children with behavioral health conditions often face challenges in adulthood, including increased risk of criminal justice involvement and instability in employment and relationships.⁶

Fortunately, prevention and early intervention work. Research shows that the earlier a person gets effective mental health treatment, the better the outcomes. Yet, in Maryland, 45.5% of youth ages 12-17 who have depression did not receive any care within the prior year.⁷ For Black and brown youth, the rates are even worse—nationally, over 63% go without services.⁸

One of the best ways to help our children is to provide mental health supports where they are—in school. School-based mental health services reduce barriers to care such as transportation, parents needing to take time off of work, and taking students out of a familiar environment. School-based behavioral health services are also important because they normalize care and reduce stigma. Importantly, school-based services reduce inequities in behavioral health care, particularly for low-income families and historically underserved students.

Recognizing the rising need among youth for mental health care, the Centers for Medicaid and CHIP Services (CMCS) released an informational bulletin in August 2022 encouraging states to provide school-based mental health services and specifically highlighted the ability of states to take advantage of Medicaid to bill for school-based services for all Medicaid-enrolled students.⁹

⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Access at <http://www.cdc.gov/injury/wisqars/>.

⁵ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):593-602. doi: 10.1001/archpsyc.62.6.593. Erratum in: *Arch Gen Psychiatry*. 2005 Jul;62(7):768. Merikangas, Kathleen R [added]. PMID: 15939837.

⁶ Neufeld SAS, Jones PB, Goodyer IM. Child and adolescent mental health services: longitudinal data sheds light on current policy for psychological interventions in the community. *J Public Ment Health*. 2017;16(3):96-99. Access at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5868550/>.

⁷ NAMI Maryland “Maryland State Fact Sheet” <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/MarylandStateFactSheet.pdf>

⁸ Center for Behavioral Health Statistics and Quality. (2021). Behavioral health equity report 2021: Substance use and mental health indicators measured from the National Survey on Drug Use and Health (NSDUH), 2015–2019 (Publication No. PEP21-07-01-004). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

⁹ Centers for Medicaid and CHIP Services. Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services. Daniel Tsai, August 18, 2022. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf>

Congress also took action and, in the Bipartisan Safer Communities Act, required updated CMCS guidelines and funded a federal technical assistance center to better support Medicaid school-based mental health services.

With SB 201, Maryland will take advantage of these federal investments and join 17 (and growing) states to leverage Medicaid funding for all Medicaid-enrolled students. Ensuring school-based services are Medicaid-billable for all Medicaid-enrolled students (and by all school mental health professionals) will bring significant federal dollars that can help sustain and expand mental health services.

Allowing Medicaid billing of school-based mental health services for Medicaid-enrolled students will go a long way in combating the youth mental health crisis among Maryland's students and will, at the same time, ensure Maryland is more efficiently using its state general funds to support the health and well-being of tomorrow's generation. **We respectfully request that the Committee support this important legislation, S. 201, and provide hope and support to students, teachers, and parents across the state.**

Respectfully,

A handwritten signature in blue ink that reads "Angela Kimball".

Angela Kimball

Sr Vice-President of Advocacy & Public Policy

SB0201-FIN_MACo_SUP.pdf

Uploaded by: Brianna January

Position: FAV



Senate Bill 201

Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

MACo Position: **SUPPORT**

To: Finance Committee

Date: February 7, 2023

From: Brianna January

The Maryland Association of Counties (MACo) **SUPPORTS** SB 201. This bill would require Maryland to apply to the Centers for Medicare and Medicaid Services for a State plan amendment authorizing reimbursement of behavioral health services provided in Maryland schools for students on these insurance plans.

At a time when our students are struggling with mental health as they return to classrooms post-pandemic and as our schools struggle to hire and retain qualified staff, SB 201 poses a solution to both challenges. This bill would advance a process for critical mental and behavioral school services to potential reimbursement from the Maryland Medical Assistance and the Maryland Children's Health Insurance Programs.

In doing so, Maryland would help ensure the state's most vulnerable low-income students will be better supported and that the school staff who care for them will be better resourced to do so. This expanded opportunity for reimbursement under SB 201 would directly translate to increased funding for the school offices and programs providing mental and behavioral health services for students – and that, in-turn, helps those programs better support all Maryland public school students, regardless of their family's socio-economic status.

At the same time, increased resources will take some of the stress and pressure off the school staff serving our students, whom we all agree are stretched beyond ideal capacity. Additional reimbursement for services could mean hiring new healthcare staff in schools, expanding programs, and extending services.

Counties remain committed to supporting all students and the school professionals working with them. As such, counties view SB 201 as another valuable tool in the toolbox to do so, and, accordingly, MACo requests a **FAVORABLE** report on SB 201.

BTU Testimony in Support of SB201.pdf

Uploaded by: Brittany Johnstone

Position: FAV



AFT 340 AFL-CIO
Seton Business Park
5800 Metro Drive, 2nd Floor
Baltimore, MD 21215-3209

Maryland Medical Assistance and Children's Health Insurance Programs - School-Based
Behavioral Health Services - Reimbursement

Senate Committee on Finance
February 7, 2023
1:00pm

The Baltimore Teachers Union supports Senate Bill 201, which would require the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services for a State plan amendment authorizing certain reimbursement of behavioral health services when provided in a school setting by certain health care providers under the Maryland Medical Assistance Program or the Maryland Children's Health Insurance Program.

The Baltimore Teachers Union represents 8,280 teachers, paraprofessionals, counselors, clinicians, librarians, secretaries, community school site specialists, bus transportation aides, and many more school-based and central office support staff. We are 4 out of 5 workers in Baltimore City Public Schools, serving 75,595 students and their families. Our national union, the American Federation of Teachers, has over 1.7 million members in the United States and its territories.

Almost a decade ago, in 2014, the Centers for Medicare and Medicaid Services (CMS) issued guidance to state Medicaid directors that clarified which services can be reimbursed by Medicaid in a school-based setting. This guidance allows school districts to expand their school-based Medicaid programs to cover more students and bring in additional federal funding.

Since 2014, LEA's like the Baltimore City Public School System (BCPSS) have been forced to leave potentially millions of dollars in funding on the table because Maryland state law currently limits school districts to billing only for school health services included in a student's IEP. The Baltimore Teachers Union currently represents 202 school social workers, 147 school counselors, 124 school psychologists, 113 speech language pathologists, and 51 occupational therapists and/or physical therapists. These clinical professionals provide a comprehensive continuum of services that support students both with and without identified disabilities and IEPs.

Along that comprehensive continuum are preventative services that are designed to provide students with the boost of extra support that, in some cases, prevents them from needing to be identified for an IEP. School-based clinical professionals are a key provider of early intervention services. We provide these services to thousands of students within schools every day, but our LEAs are unable to seek reimbursement for these services in the same way as our colleagues working in private practices or hospitals. Altering Maryland law so that Medicaid could be billed for services provided to non-IEP students would open up potential funding streams that could greatly expand the number of clinicians working in LEAs, but also provide for increased professional development opportunities and allow LEAs and clinicians to purchase materials that enhance our services.

The Baltimore Teachers union urges Maryland lawmakers to address this problem this session. SB201 will enable school districts to draw down additional Medicaid funding for school health services to expand access to school-based health services. This change will have an impact across Maryland, but in historically underfunded LEAs like BCPSS it could be a transformational opportunity.

BTU urges a favorable report on Senate Bill 201.

SB0201_MedChi, MACHC_MD Med. Ass. & Child's Health

Uploaded by: Christine Krone

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

The Maryland State Medical Society
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Fax: 410.547.0915
1.800.492.1056
www.medchi.org

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Katie Fry Hester

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: February 7, 2023

RE: **SUPPORT** – Senate Bill 201 – *Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement*

On behalf of the Maryland State Medical Society and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 201.

Senate Bill 201 provides a mechanism to advance the well-recognized need for enhancing the identification of behavioral health needs of Maryland’s children and youth as well as providing access to needed services. Senate Bill 201 requires the State to apply to the Centers for Medicare and Medicaid Services for a State plan amendment that will authorize the State to provide reimbursement for medically necessary behavioral health services provided in a school setting to all individuals enrolled in Medicaid or the Maryland Children’s Health Program regardless of whether the services were under an IEP or an individualized family service plan.

Reimbursement shall be provided when services are provided by a mental health provider working within their scope of practice. Further, the Maryland Department of Health is required to provide regular training and technical assistance to local educational agencies and mental health professionals working in a school setting on program enrollment, billing, documentation, and other topics related to compliance and quality assurance. Passage of Senate Bill 201 can be an effective enhancement of access to behavioral health services for many of Maryland’s youth. A favorable report is requested.

SB 201 - School-Based Behavioral Health Services R

Uploaded by: Erin Dorrien

Position: FAV



Maryland
Hospital Association

February 7, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 201- Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 201.

Pediatric behavioral health treatment and accessibility to mental health services are perennial issues continuing to affect families. According to the Centers for Disease Control and Prevention (CDC), one in five children are diagnosed with a mental disorder, but only 20% of those children received care from a mental health provider. Moreover, each year nearly 5 million children are diagnosed with mental disorders that significantly interfere with daily life.

Additionally, hospitals across the U.S have experienced a considerable uptick in patient admissions and emergency department visits. Emergency department visits for mental health emergencies rose by 24% in 2020 for children between the ages of 5 and 11 and 31% for those 12 to 17. Of these visits, the proportion of visits to the emergency room for girls aged 12-17 nearly tripled during the pandemic.

SB 201 asks the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement for school-based behavioral health services in school settings. For many children, their first and only interaction with health workers occurs in schools. By reimbursing for services provided by school nurses, school counselors, psychologists, and social workers, more children will obtain much needed affordable care. In addition to reimbursement mandates, SB 201 requires the Maryland Department of Health (MDH) to offer regular training and assistance to school-based mental health professionals. This is essential to ensure quality and consistent care.

As a champion of behavioral and mental health care, Maryland hospitals and other health care partners work tirelessly to deliver essential inpatient and outpatient care for Maryland youth. MHA fully supports this bill, which is in line with hospitals' commitment to ensuring children in our state have access to mental and behavioral health services.

For these reasons we urge a favorable report of SB 201.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org

Written Testimony for SB 201.pdf

Uploaded by: Heather Johnson

Position: FAV

Written Testimony to the Senate Finance Committee
Submitted by Heather Johnson
SB 201 - Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
February 7, 2023

Position: FAVORABLE

Good afternoon, Chair Griffith and members of the Committee. My name is Heather Johnson, and I am a Parent, and a member of Baltimore AROS, the Alliance to Reclaim our Schools. I ask for a favorable report for SB201.

In 2014, the Centers for Medicare and Medicaid Services (CMS) issued [guidance](#) to state Medicaid directors that clarified which services can be reimbursed by Medicaid in a school-based setting. This guidance allows school districts to expand their school-based Medicaid programs to cover more students and bring in additional federal funding. Unfortunately, [Maryland state law](#) limits school districts to billing only for school health services included in a student's IEP. Our Maryland state medicaid plan explicitly prohibits reimbursement for school health-related services that are not included on a child's IEP/IFSP.

Maryland lawmakers should adopt SB201 legislation to reflect the latest CMS guidance so school districts can draw down additional Medicaid funding for school health services to expand access to school-based health services.

I have a child who does not have an IEP but they need speech therapy. This would help if they are offered these services in school. Members of the committee, too many students who need help are being left behind. Maryland is leaving federal dollars on the table. This legislation will offer the opportunity for more students to receive needed outside services.

Again I ask for a favorable report on SB 201. Thank you.

Heather Johnson
Legislative District 45
Phone number 614-359-1637
Email heatherjohnson234@gmail.com

WDC 2023 Testimony SB201_Final.pdf

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

Senate Bill 201
Maryland Medical Assistance and Children's Health Insurance Programs-School Based Behavioral Health Services-Reimbursement
Senate Finance Committee - February 7, 2023
SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2023 legislative session. WDC is one of the largest and most active Democratic clubs in our county with hundreds of politically active members, including many elected officials.

WDC urges the passage of SB0201 to increase the availability and funding for school-based behavioral health services. This bill will require the Maryland Department of Health (MDH) to apply for a state plan amendment to the Centers for Medicare & Medicaid Services (CMS) that would authorize expanded reimbursement to providers of behavioral health services when provided in a school setting.

According to a study in *Journal of the American Medical Association*¹, one in six youth have a mental health condition like anxiety or depression but only half receive any mental health services. Children spend considerable time in educational settings and their schools offer a unique opportunity for timely identification, prevention, and interventions that serve students where they already are, especially in under-served communities.

Another recent study bolsters the case for better mental health service access in school-based settings. This study, reported by the *American School Health Association*², found that students accessing mental health services at School Based Health Centers returned for follow up visits at significantly higher rates than students only seeing primary care providers. The study concludes is that School Based Health Centers represent a valuable resource for more integrated mental health services.

In 2014, CMS expanded the use of Medicaid to pay for school health services for all Medicaid-enrolled students. ***Eighteen (18) states have undertaken the necessary steps, as of December 2021, to align their state Medicaid plan with federal policy to access these funds. Maryland has not yet done so.*** This bill will ensure that Maryland joins these other states to fully access Medicaid funding for mental health services for Maryland's students.

We ask for your support for SB0201 and strongly urge a favorable Committee report.

Diana E. Conway
WDC President

Cynthia Rubenstein
WDC Advocacy Committee

¹ Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* 2019;173(4):389-391. doi:10.1001/jamapediatrics.2018.5399

² Stempel H, Cox-Martin MG, O'Leary S, Stein R, Allison MA. Students Seeking Mental Health Services at School-Based Health Centers: Characteristics and Utilization Patterns. *J Sch Health.* 2019 Oct;89(10):839-846. doi: 10.1111/josh.12823. Epub 2019 Jul 30. PMID: 31359431.

JB SB201 Testimony.pdf

Uploaded by: Jodi Barker

Position: FAV

Written Testimony to the Senate Finance Committee
Submitted by Jodi Barker
SB 201 - Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
February 7, 2023

SUPPORT

Good afternoon, Chair Griffith and members of the Committee. My name is Jodi Barker, and I am a School Counselor, and a member of BTU Local 340, the union for educational employees working for the Baltimore City Public School System. I ask for a favorable report for HB 1322.

Oftentimes, the average caseload of a School Counselor who works in public schools in Maryland are astronomically higher than other jurisdictions. Having to provide emotional support for each student every day is a very difficult, highly stressful responsibility. I believe that those who provide School-Based Behavioral Health Services can take on providing much more emotional support to more of our students, regardless of if they are non-IEP students or IEP students. In my tenure, I have personally seen mental health providers in schools I have worked in refuse to support non-IEP students. I recently had a student who was in an emotional crisis not be seen by a mental health provider because she does not have “the right insurance.”

Members of the committee, too many students are suffering emotionally every day because they feel as if they have no one to turn to. I often hear students say, “My counselor is too busy to see me.” In some instances, it is true, mostly because of our very large caseloads. It does not mean we do not want to see and support these students. It is a matter that we can not at any given point in time address every single students’ concerns. We need so much help and support from our fellow colleagues/mental health colleagues. This legislation will offer the opportunity for more students to receive crucial services, which in turn can help students become the very best student versions of themselves. Please vote for the sanctity of our students in the state of Maryland.

Again I ask for a favorable report on SB 201. Thank you.

SB 201.Medicaid Reimbursement for School Based Men

Uploaded by: John Woolums

Position: FAV

BILL: Senate Bill 201
TITLE: Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement
DATE: February 7, 2023
POSITION: SUPPORT
COMMITTEE: Finance
CONTACT: John R. Woolums, Esq.

The Maryland Association of Boards of Education (MABE) supports Senate Bill 201 and the objective to secure already available federal funding to expand the availability of school-based mental health services and behavioral supports for students. The funding received following passage of this bill will contribute significantly to the services students receive and assist school systems in dedicating resources to the hiring of additional social workers, school psychologists, counselors, and other behavioral health specialists critically needed to provide these services.

Specifically, MABE strongly supports the bill's direction to the Maryland Department of Health (MDH) to apply to the Centers for Medicare and Medicaid Services for a state plan amendment that authorizes Maryland to provide for reimbursement for medically necessary school-based behavioral health services provided to all individuals enrolled in the Maryland Medical Assistance Program or Children's Health Program. Importantly, the expansion of Medicaid reimbursement would apply to student services beyond those provided under an Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP).

MABE's support for this bill is grounded in the association's advocacy for the essential staffing and resources necessary to meet the mental and behavioral health needs of our nearly 900,000 public school students. Senate Bill 201 is clear in directing the state to seek authorization for Medicaid reimbursement to the maximum extent permitted under federal and state law, and clearly defines services as reimbursable when provided by a school-based mental health provider working within their scope of practice, including: school counselors, school psychologists, school social workers, school nurses, and other behavioral health professionals and paraprofessionals certified by MSDE.

The benefits and value of access to high quality school-based mental and behavioral health services for students and families, teachers and staff, and communities at large can hardly be overstated. Prior to the pandemic, evidence was mounting that additional resources were needed to provide the holistic array of social, emotional, behavioral and academic supports for all students. Then the pandemic saw a dramatic rise in students reporting experiencing anxiety and depression and other symptoms. Today, students and staff are coping with these accumulated challenges in an environment of educator and other professional staffing shortages. Fortunately, Maryland is poised to address these needs through programs and initiatives such as the Maryland Consortium on Coordinated Community Supports, Local Management Boards, and the federal funding to support school-based mental and behavioral services to be expanded under Senate Bill 201.

For these reasons, MABE urges a favorable report on Senate Bill 201.

SB0201.pdf

Uploaded by: Jonathan Dayton

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Melony Griffith

February 6, 2023

Senate Bill 201: Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

POSITION: SUPPORT

Chair Griffith, Vice Chair Klausmeier and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 201, Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement.

MRHA believes that all Marylanders, including roughly 1.3 million Marylanders under the age of 18, deserve access to affordable and convenient behavioral health services. In Maryland, the percentage of children between 3 and 17 that experienced either anxiety or depression increased 36% from 2016 to 2020.¹ Of all Maryland youth that experienced at least one major depressive episode in the last year, 44.7% did not receive care.²

School-based health centers allow students to have access to mental and behavioral health services at a convenient location. By supporting this bill, more students will have access to necessary and potentially life-saving medical care at school-based health centers.

Sincerely,

Jonathan Dayton, MS, NREMT, CNE, Executive Director

jdayton@mdruralhealth.org

¹ The Annie E. Casey Foundation. (2022). (rep.). 2022 KIDS COUNT® DATA BOOK STATE TRENDS IN CHILD WELL-BEING. Retrieved February 6, 2023, from <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>.

² : Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.

^[1] The Annie E. Casey Foundation. (2022). (rep.). 2022 KIDS COUNT® DATA BOOK STATE TRENDS IN CHILD WELL-BEING. Retrieved February 6, 2023, from <https://assets.aecf.org/m/resourcedoc/aecf-2022kidscountdatabook-2022.pdf>.

^[2] : Reinert, M, Fritze, D. & Nguyen, T. (October 2021). “The State of Mental Health in America 2022” Mental Health America, Alexandria VA.

2022_SB0201_MSDETestimony_Support_FINAL.pdf

Uploaded by: Justin Dayhoff

Position: FAV



Mohammed Choudhury
State Superintendent of Schools

BILL:	SB 201	DATE:	February 7, 2023
SUBJECT:	Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement	COMMITTEE:	Finance
POSITION:	Support		
CONTACT:	Justin Dayhoff 410-767-0090 Justin.dayhoff@maryland.gov		

The Maryland State Department of Education (MSDE) supports Senate Bill 201, which would expand the number of students eligible for services eligible for Medicaid reimbursement, increase local education agency (LEA) opportunities to hire or expand recruitment for service providers to deliver mental health services to students who would be newly eligible for services eligible for Medicaid reimbursement, and increase the types of services eligible for Medicaid reimbursement.

In 2014, the Centers for Medicare and Medicaid Services (CMS) reversed its free care policy, which limited the Medicaid billing to students with IEPs or IFSPs (these are also the students who generate Blueprint special education funding in the Blueprint formula). Under the new CMS policy, any student qualifying for Medicaid was eligible for Medicaid reimbursement for school-based services even if they did not have an IEP. SB 201 requires the Maryland Department of Health to amend the State’s plan to leverage the new CMS policy, as updated in 2014, and, with that amendment, allow the for Medicaid-participating students to receive school-based services eligible for Medicaid Reimbursement. SB 201 also expands the types of positions that can provide covered services that students can receive, for which LEAs would then be eligible for Medicaid reimbursement, including school social work, school nursing, school counseling, and school psychology. To date, seventeen States have taken advantage of the policy shift at CMS. Maryland has not. It is time for Maryland to catch up.

LEAs already provide services and have structures associated with Medicaid billing. This expansion also allows local education agencies to bill for school-based administration costs, which include direct costs for billing and administering the program (including staff costs for doing so), as well marketing, recruitment, and eligibility to expand access and information about services and Medicaid eligibility. For comparison of impact, Massachusetts has a comparable number of public school-enrolled students. In 2016, CMS noted that Massachusetts sought reimbursement for \$98,096,636 in school-based services and \$89,630,096 in school-based administration compared to Maryland's \$78,444,393 in school-based services and \$0 in school-based administration. The difference is substantial.

This bill has the opportunity to expand services to many of Maryland’s highest-need children at no cost to the State. It is a win-win for Maryland’s children and we respectfully request that you consider this information as you deliberate Senate Bill 201. Please contact Justin Dayhoff, at 410-767-0439, or justin.dayhoff@maryland.gov, for any additional information.

Kiwana Floyd's written testimony.pdf

Uploaded by: Kiwana Floyd

Position: FAV

Written Testimony to the Senate Finance Committee
Submitted by Kiwana Floyd
SB 201 - Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
February 7, 2023

Position: FAVORABLE

Good afternoon, Chair Griffith and members of the Committee. My name is Kiwana Floyd, and I am a school counselor, and a member of the BTU Local 340, the union for educational employees working for the Baltimore City Public School System. I ask for a favorable report for HB 1322.

In 2014, the Centers for Medicare and Medicaid Services (CMS) issued guidance to state Medicaid directors that clarified which services can be reimbursed by Medicaid in a school-based setting. This guidance allows school districts to expand their school-based Medicaid programs to cover more students and bring in additional federal funding. Unfortunately, Maryland state law limits school districts to billing only for school health services included in a student's IEP. Our Maryland state Medicaid plan explicitly prohibits reimbursement for school health-related services that are not included on a child's IEP/IFSP.

Maryland lawmakers should adopt SB201 legislation to reflect the latest CMS guidance, so school districts can draw down additional Medicaid funding for school health services to expand access to school-based health services. I strongly feel that this bill would help **all** children receive full access to educational resources that could support their overall wellbeing. Currently, majority of the students who receive school-based behavioral health services are students who have IEPs. As a school counselor who supports students with IEPs and non-IEP students, I see firsthand the need to expand school-based behavioral health services to all children and give every student an opportunity to receive the support that they need to be successful. Providing school-based health services to all children could help more students receive support with handling stress, anxiety and promote healthy self-esteem which in turn could have a great impact on their academics, school attendance and social/emotional skills.

I would like to share an example of a student who I worked with a few years ago. She was a seventh-grade student who refused to remain in her classes for the full class period every day. She was a shy young lady and she did appear to have some social/emotional challenges. Her teachers shared that the quality of her school work, when submitted was always proficient. This student struggled the entire year socially/emotionally and was eventually transferred to another Baltimore City School.

I believe that all students should have adequate access to school based behavioral health services who also have experience in trauma-informed practices. Expanding school-based behavioral health services would provide the necessary social, emotional and behavioral support to more students.

Members of the committee, too many students who need help are being left behind. Maryland is leaving federal dollars on the table. We cannot afford to do this when it comes to providing resources to our children. This legislation will offer the opportunity for more students to receive needed outside services.

As a school counselor in Baltimore City Schools, I work tirelessly to promote access and equity for all students. This bill would help to ensure that all students are receiving the support that they deserve. I am in total support to expand school-based health services and ask for a favorable report on SB 201.

Sincerely,

A handwritten signature in cursive script that reads "Kiwana Floyd".

Kiwana Floyd
School Counselor
Baltimore City Public Schools
KLTerry@bcps.k12.md.us
(O) 410.396.0553

HopkinsAFTtestimonySB201.pdf

Uploaded by: LaBrina Hopkins

Position: FAV



A Union of Professionals
AFT-Maryland

3000 Metro Drive, Suite 100 • Baltimore, MD 21215-3226
410/761-3030 • fax: 410/761-4094
md.aft.org

Kouyat Campbell
PRESIDENT

LaBrina Hopkins
SECRETARY/TREASURER

**Written Testimony Submitted to the
Maryland Senate Finance Committee
SB 201**

**Maryland Medical Assistance and Children's Health Insurance Programs – School-Based
Behavioral Health Services – Reimbursement
February 7, 2023
SUPPORT**

Good afternoon, Chair Griffith and members of the Senate Finance Committee. My name is LaBrina Hopkins and I am a certified public school special educator. I have served as a Self-Contained Special Education Teacher, Resource Teacher, and an IEP Chair during my 22 years with Baltimore City Public Schools. I am also the Secretary/Treasurer of AFT-Maryland and a member of the Baltimore Teachers Union, AFT Local 340. As an educator, I ask this committee for a favorable report for SB 201.

As a Special Educator and IEP Chair, I have in the past been tasked with teaching students with special needs, providing accommodation and modifications so that these students could access the curriculum, developing IEP goals and objectives, facilitating IEP meetings, and coordinating Related Service Providers to ensure that students were receiving IEP required services. As an IEP Chair I was also responsible for Initial IEP referrals. Many of these referrals came from parents and teachers of students that experienced trauma and/or were exhibiting some behavioral or mental health concerns. In many of those instances, students did not meet the criteria as a student with an educational disability and therefore did not qualify for an IEP. I am here to advocate for those children. The children that have mental health needs but do not have an IEP.

There are so many children in our schools that need services from a qualified mental health professional during the school day. Schools are currently overwhelmed with the number of students that have required mental health services through an IEP. Districts are able to bill Medical Assistance for these students. Much of these funds go to staffing the Related Services Providers. However; Districts are not able to bill for services for students that do not have an IEP. If Districts were able to bill for students without IEPs, they would have access to federal revenue streams that would allow them to be able to hire additional mental health providers to render these services.

Members of the committee, this bill is necessary because it would require the Department of Mental Health to apply for federal reimbursement to help students who truly need these services. Every student in the state has a constitutional right to a high quality educational program, and as it stands right now, Maryland is leaving money on the table in the form of

federal dollars that are meant for students with special needs. Again, I call for a favorable report to SB 201. Thank you.

A handwritten signature in black ink, appearing to read 'LaBrina K. Hopkins', written in a cursive style.

LaBrina K. Hopkins, Secretary Treasurer
AFT- Maryland

SB 201_Laura Kimmel_Fav.pdf

Uploaded by: Laura Kimmel

Position: FAV

SB 201 – Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement

Senate Finance Committee

February 7, 2023

Position: Support

My son is ten years old and has Tourette Syndrome, Obsessive Compulsive Disorder and ADHD. He was diagnosed at 5 with ADHD and we were able to get a 504 plan at his school. We asked over the years if he needed an Individualized Education Plan (IEP) and were told that it was not necessary at the time. He eventually qualified for an IEP at the end of the school year last year, after a lot of effort.

In first grade he started having tics. Over the years, he oftentimes would face disciplinary actions from his blurting out or saying or doing inappropriate things. We paid out of pocket for an evaluation and we were told he had a tic disorder, but the school felt he was having impulse control challenges. Our psychologist told us they were automatic behaviors and he was having symptoms of a neurological disorder and not just impulse control challenges. He also started having debilitating intrusive thoughts shortly after and was diagnosed with OCD. He went from being a happy-go-lucky kid, to being terrified of leaving the house without his family. He also started refusing to attend school. During COVID, he participated in virtual school, had no disciplinary actions, and received straight A's. However, when he went back to school, his social emotional challenges made things very difficult.

At the age of 9, he received one disciplinary action referral for blurting out an inappropriate phrase, and then a second one for inappropriate actions when he was experiencing disinhibition from Tourette Syndrome. At school, he made a statement that he wanted to hurt himself. He felt that he could not continue to cope when he was not purposefully misbehaving.

He was able to maintain some friendships over the years, but many were strained due to his friends being pulled from class and interviewed during the disciplinary action process at school. Although the school psychologist now meets with him 15 minutes a week, he would greatly benefit from more services. Her time is limited as she is split between two schools and has many IEP meetings.

Our son would benefit greatly from longer meetings with the school psychologist. On our own, we can only afford for him to receive monthly therapy.

Providing my son with the right services continues to be the biggest, most exhausting and isolating challenge that our family faces. We would benefit from any legislation that would improve access to school-based mental health services

I urge you to pass SB 201.

Laura Kimmel
4110 Font Hill Drive Ellicott City, MD 21042
Layoung3@gmail.com
3017585687

SB201_MSEA_Lamb_FAV.pdf

Uploaded by: Lauren Lamb

Position: FAV

**Testimony in Support of Senate Bill 201
Maryland Medical Assistance and Children's Health Insurance Programs –
School-Based Behavioral Health Services – Reimbursement**

**Senate Finance Committee
February 7, 2023**

**Lauren Lamb
Government Relations**

The Maryland State Education Association supports Senate Bill 201, which would require the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services for a State plan amendment authorizing certain reimbursement of behavioral health services when provided in a school setting by certain health care providers under the Maryland Medical Assistance Program or the Maryland Children's Health Insurance Program.

MSEA represents 75,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students so they can pursue their dreams. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3-million-member National Education Association (NEA).

It is no secret that between the impact of the pandemic and ongoing school personnel shortages, many of Maryland's students are struggling. It is incumbent on state and local leaders to seek every opportunity to fortify and expand the mental and behavioral health services available to students.

Maryland school Medicaid coverage currently extends to services outlined in a student's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).¹ But with a State Plan Amendment to expand school Medicaid, Maryland

¹ Maryland Medicaid Opportunities, Aurrera Health Group, p. 39 (Accessed February 2023) at: <https://health.maryland.gov/mchrc/Documents/2022%20Consortium/Full%20Consortium/Dec%202013%20Mtg/Michigan%20Medicaid%20Presentation.pdf>



has an opportunity to maximize federal funding and expand eligible behavioral health services to students without an IEP or ISFP.² While we urge mindfulness in the implementation of school Medicaid as to not further strain the workloads of hardworking behavioral health personnel, we know from model states like Michigan that with adequate support, school Medicaid expansion can yield benefits for staff and students alike.³

Twenty-one states have either already expanded school Medicaid or are in the process of doing so.⁴ It is time for Maryland to join them in taking full advantage of the federal funding available for school health.

We urge the committee to issue a Favorable Report on Senate Bill 201.

² Maryland Medicaid Opportunities, Aurrera Health Group, p. 41-44 (Accessed February 2023) at: <https://health.maryland.gov/mchrc/Documents/2022%20Consortium/Full%20Consortium/Dec%2013%20Mtg/Michigan%20Medicaid%20Presentation.pdf>

³ MICHIGAN SCHOOL SERVICES PROGRAM – FREE CARE TIMELINE, p. 25-27; 35 (Accessed February 2023) at: <https://health.maryland.gov/mchrc/Documents/2022%20Consortium/Full%20Consortium/Dec%2013%20Mtg/Michigan%20Medicaid%20Presentation.pdf>

⁴ Healthy Schools Campaign, p. 19 (Accessed February 2023) at: <https://health.maryland.gov/mchrc/Documents/2022%20Consortium/Full%20Consortium/Dec%2013%20Mtg/Michigan%20Medicaid%20Presentation.pdf>

SB201 LOS 2023 Leg .docx.pdf

Uploaded by: MD Chesapeake NAPNAP

Position: FAV



Support: SB 201 Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

2/2/2023

Maryland Senate
Finance
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **SB 201 Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement**.

The US Surgeon General reports one in five children and adolescents experience the signs and symptoms of a diagnosable behavioral disorder each year, resulting in significant disruptions of school classrooms, increased truancy, increased risk for alcohol and drug abuse and decreased graduation rates. School-based mental health services can improve access to care, allow for early identification and treatment of mental health issues, and may be linked to reduced absenteeism and better mental health outcomes. School-based services can also reduce access barriers for underserved populations, including children from low-income households and children of color. Health care providers who provide school based health care services should be reimbursed for providing behavioral health services in the school setting.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 201 Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement**.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward , the Chesapeake Chapter President at 410-507-3642 or lindsayjward@hotmail.com.

Sincerely,

A handwritten signature in cursive script that reads "Lindsay J. Ward".

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care



International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNP)
Chesapeake Chapter Legislative Chair

Ferrell Testimony SB 201.pdf

Uploaded by: Nathan Ferrell

Position: FAV

Written Testimony to the Senate Finance Committee
Submitted by Nathan Ferrell
SB 201 - Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
February 7, 2023

Position: FAVORABLE

Good afternoon, Chair Griffith and members of the Committee. My name is Nathan Ferrell, and I am a Spanish Teacher, and a member of BTU Local 340, the union for educational employees working for the Baltimore City Public School System. I ask for a favorable report for HB 201.

Maryland lawmakers should adopt SB201 legislation to reflect the latest CMS guidance so school districts can draw down additional Medicaid funding for school health services to expand access to school-based health services.

Baltimore city public school students are facing an unprecedented need for clinical services in schools. The trauma and violence our students face greatly impacts their wellbeing and ability to grow and learn. Current MD law explicitly prohibits reimbursement for school health-related services that are not included on a child's IEP/IFSP. Our students are desperate for clinical services ranging from therapies offered by our related service providers to comprehensive mental health services that COULD be paid for using existing medicaid funds.

Altering Maryland law so that Medicaid could be billed for services provided to non-IEP students would open up potential funding streams that could greatly expand the number of clinicians working in LEAs across the state thus expanding services that are desperately needed by our students.

Members of the committee, too many students who need help are being left behind. Maryland is leaving federal dollars on the table. Again I ask for a favorable report on SB 201. Thank you.

Sincerely,

T. Nathan Ferrell
Baltimore AROS Coalition
Baltimore Movement of Rank and File Educators
Baltimore Teachers Union

nferrell@baltu.org
443 799 1714

SB 201-LWVMD- FAV- School-Based Behavioral Health.

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE FINANCE COMMITTEE

SB 0201: Maryland Medical Assistance and Children's Health Insurance Programs- School-Based Behavioral Health Services- Reimbursement

POSITION: Support

BY: Nancy Soreng, President

DATE: February 7, 2023

The League of Women Voters Maryland supports **Senate Bill 0201: Maryland Medical Assistance and Children's Health Insurance Programs- School-Based Behavioral Health Services- Reimbursement**, which would increase children's and adolescents' access to behavioral health care by expanding school-based behavioral health programs. In addition, it directs the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services (CMS) for a State plan amendment to enable increased Medicaid funding for these services.

The League of Women Voters believes that every U.S. resident, including children, should have access to quality, affordable behavioral health care that is integrated with, and achieves parity with, physical health care. In its *Statement of Position on Health Care*, the League details its support for behavioral health care goals for children, including: "Early and affordable behavioral health diagnosis and treatment for children and youth from early childhood through adolescence."

Per the American Psychiatric Association:¹

One in five children is adversely impaired by a mental health condition. However, less than half of these children will receive treatment... For youths living in poverty or from racial-ethnic minority groups, access to mental health treatment is even more limited.... Schools are an optimal setting to identify, manage, and sustain progress for children with mental health problems....Delivering mental health treatments in schools has substantial benefits, including improved access to care for far more children...School is familiar meeting place for most children, providing a more accessible and comfortable site for students to receive mental health services than hospital or community mental health settings.

¹ "School as a Vital Component of the Children and Adolescent Mental Health System," by Sharon Hoover Ph.D. et al, 2021, *Psychiatric Services*, Volume 72, Issue 1 pages 1-97

Increasing the availability and funding for school-based behavioral health services will result in far more Maryland school children receiving the care they need and to which they are entitled.

By instituting appropriate and child-centered care in a school-based setting- including screening and early identification, intervention, monitoring, and ongoing treatment delivered by familiar personnel- barriers to care will be reduced. These barriers can include difficulty accessing transportation to off-site care, coordinating care between multiple healthcare sites, frustration associated with long waits for appointments, and the hesitancy to accept help because of the stigma that often accompanies behavioral health treatment.

This program is of vital importance, and for that reason The League of Women Voters and its 1,500+ members urge the committee to give a favorable report to House Bill 0082.

Testimony In Support of SB 201 - Finance - Health

Uploaded by: Rich Ceruolo

Position: FAV



February 5, 2023

Maryland Senate
11 Bladen St.
Annapolis, MD. 21401

In Support of SB 201: Child Care Programs – School Based Health Care Services

Members of the Maryland Senate’s Finance Committee.

We are an organization of military and non-military families with over 1500 members advocating for the care and needs of our children with disabilities.

We support programs like the school based health care bill which allows for behavioral health care services to be conducted in a school setting, and for the payment of these services being rolled into the state’s CHIP program to cover the costs of this care.

This type of program addresses a couple of issues related to health care, social emotional learning and transportation related to access to care for these students. We would like to see this kind of support system needs to be baked into the recipe of health and developmental support programs as we move forward with the care of ALL of our children under Maryland’s Blueprint Law. Especially for those that may experience developmental delays, suffer trauma or those that may have a variety of disabilities.

Maryland children need these types of support programs to be in place, and enhanced, as we help them build toward a brighter future, and improved outcomes for all children, and especially those with disabilities.

Please support SB 201 and return a favorable report. Thank you for your time, and for considering our testimony today.

Mr. Richard Ceruolo | richceruolo@gmail.com
Parent, Lead Advocate and Director of Public Policy
Parent Advocacy Consortium (Find us on Facebook/Meta) |
<https://www.facebook.com/groups/ParentAdvocacyConsortium>

SB 201 - Medicaid Behavioral Reimb (2023-2-7).pdf

Uploaded by: Rob Garagiola

Position: FAV

February 7, 2023

**Senate Finance Committee
Testimony - FAV**

SB 201 – Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Services -Reimbursement

Chairman Griffith, Vice Chair Klausmeier, and other distinguished members of the Senate Finance Committee,

The National Alliance on Mental Illness, Maryland and our 11 local affiliates across the state represent a statewide network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a non-profit that is dedicated to providing education, support, and advocacy for persons with mental illnesses, their families and the wider community.

NAMI Maryland thanks Senators Hester and Augustine for sponsoring SB 201 and urges a **Favorable Committee Report**. This is a top priority for NAMI – Maryland!

As you may know, One in six¹ U.S. youth aged 6-17 experience a mental health disorder each year, and half² of all mental health conditions begin by age 14. Attention-deficit/hyperactivity disorder (ADHD), behavior problems, anxiety, and depression are the most commonly³ diagnosed mental disorders in children. Yet, only about half⁴ of youth with mental health conditions received any kind of treatment in the past year. Obviously, the COVID pandemic has further exacerbated these mental health issues.

Undiagnosed, untreated or inadequately treated mental illnesses can significantly interfere with a student’s ability to learn, grow and develop. Since children spend much of their productive time in educational settings, schools offer a unique opportunity for early identification, prevention, and interventions that serve students where they already are. Youth are almost as likely to receive mental health services in an education setting as they are to receive treatment from a specialty mental health provider — in 2019, 15% of adolescents aged 12-17⁵ reported receiving mental health services at school, compared to 17% who saw a specialty provider.

School-based mental health services are delivered by trained mental health professionals who are employed by schools, such as school psychologists, school counselors, school social workers, and school

¹ “US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children” -- <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a>

² “Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication” -- <https://pubmed.ncbi.nlm.nih.gov/15939837/>

³ CDC “Data and Statistics on Children’s Mental Health” -- <https://www.cdc.gov/childrensmentalhealth/data.html>

⁴ See Footnote ‘1’

⁵ SAMSHA “Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health” -- <https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>

nurses. By removing barriers such as transportation, scheduling conflicts and stigma, school-based mental health services can help students access needed services during the school-day. Children and youth with more serious mental health needs may require school-linked mental health services that connect youth and families to more intensive resources in the community.

Early identification and effective treatment for children and their families can make a difference in the lives of children with mental health conditions. Policies should also consider reducing barriers to delivering mental health services in schools including difficulty with reimbursement, scaling effective treatments, and equitable access.

SB 201 goes a long way in addressing these issues by requiring the Maryland Department of Health (MDH) to apply for a State plan amendment to the Centers for Medicare & Medicaid Services (CMS) that would authorize expanded reimbursement to providers of behavioral health services when provided in a school setting. It would seek to provide reimbursement to the maximum extent permitted under Federal and State law to providers under existing programs such as the Maryland Medical Assistance Program (Medicaid) and Maryland Children's Health Insurance Program (CHIP). This would allow Maryland to tap additional federal dollars to provide these needed services in school-based settings.

NAMI Maryland respectfully urges a FAVORABLE committee report for SB 201.

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Rob Garagiola, Principal
Compass Government Relations Partners
RGaragiola@compassadvocacy.com
(301) 801-9678

SB 201_ Maryland Medical Assistance and Children's

Uploaded by: Alexa Thomas

Position: FWA



PSSAM
Public School Superintendents' Association
OF MARYLAND

Mary Pat Fannon, Executive Director
1217 S. Potomac Street
Baltimore, MD 21224
410-935-7281
marypat.fannon@pssam.org

BILL: SB 201

TITLE: Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

DATE: February 7, 2023

POSITION: Support with Amendments

COMMITTEE: Senate Finance Committee

CONTACT: Mary Pat Fannon, Executive Director, PSSAM

The Public School Superintendents' Association of Maryland (PSSAM), on behalf of all twenty-four local school superintendents, **supports** Senate Bill 201 **with amendments**.

This bill requires the Maryland Department of Health to apply to the Centers for Medicare and Medicaid Services for a State Plan amendment that authorizes the State to seek reimbursement for medically necessary school-based behavioral health provided to all individuals enrolled in the program, or the Maryland Children's Health Program, without regard to whether the services are provided under an Individualized Education Plan (IEP) or Individualized Family Service Plan. The bill specifies that certain accredited mental health providers working in a school-based setting within their scope of practice may seek the maximum reimbursement for services under federal law.

PSSAM applauds the sponsor's initiative in sponsoring this legislation. For years, the Maryland Department of Health (MDH) has been asked by stakeholders to seek this State amendment without success. We strongly support this legislation and ask the committee to consider two amendments; (1) extend the same request to the Centers for Medicaid and Medicare for somatic health services, which would create a singular process for both treatment needs; and, (2) be less prescriptive in the bill and allow the Department to work with stakeholders before making the final request to the Centers.

Unfortunately, adults and students alike are suffering from symptoms closely associated with the lack of mental and behavioral health treatment. Many of these cases were either spurred by or

worsened due to the effect of the COVID-19 pandemic. In the return to school, teachers and administrators are witnessing higher than ever levels of depression and anxiety. In school, this trauma manifests itself within students by cases of classroom disruption, retreat from academic work, and absenteeism.

All local school systems in Maryland used part of their federal Covid funds to bring additional mental health support to students, including in-person appointments and telehealth when students could not be in school. As the federal money slows to a halt in 2024, we pivot to the question of sustainability of these efforts, especially in regards to how to afford the continued staffing of these support programs. The Blueprint will provide \$125 million to somatic and behavioral health supports, including payments to community providers, but Medicaid is a natural and appropriate option to keep these supportive systems in place.

In fact, sixteen states have already implemented Medicaid reimbursement for these services, with another five in the process of requesting the needed amendment. These sixteen states have expanded their programs to cover student populations beyond those with IEPs, similar to the allowances provided by this bill. Some state legislatures have compelled this practice via legislation, while others have gone through the administrative procedural process with their state health departments. This bill gives the Maryland Department of Health the support they need to seek these Medicaid reimbursements.

The federal government laid the foundation to support these efforts in 2014 through the reversion of the “free care rule.” This allowed schools to seek some health services, including mental health counselors, for all students enrolled in Medicaid, not just those with IEPs.

According to estimates by Georgetown University’s Center for Children and Families, in 2019 about 36% of school-aged children were enrolled in Medicaid and the Children’s Health Insurance Program (CHIP); it is likely that that number is higher today due to the enrollment of more than 50% of all children in the US who were included in Medicaid or CHIP as of January 2022. In Maryland, we have witnessed this increase in the enrollment of our Compensatory Aid student population, which saw an increase of \$390 million for FY ‘24. This increase was a result of direct certification of students using Medicaid data, whereas past protocol was to collect family forms only. .

The federal government’s reception to these efforts appear to be favorable based on a fact sheet provided with President Biden’s 2022 State of the Union address. The document discussed the U.S. Department of Health and Human Services’ (HHS) efforts to “make it easier for school-based mental health professionals to seek reimbursement from Medicaid.” Additionally, in early March of last year, President Biden announced that he had asked the U.S. Education Department to work with HHS in developing guidance that can help schools offer more mental health support. “And this is going to include enabling schools to use Medicaid funds to deliver

those important services.” The Administration’s FY ‘23 budget also included up to \$1 billion for more school-based mental health professionals.

For these reasons, PSSAM **supports** Senate Bill 201 and requests a **favorable with amendments** report.

SB 201_Maryland Coalition of Families_Fav with Ame

Uploaded by: Ann Geddes

Position: FWA



SB 201 – Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement

Committee: Senate Finance

Date: February 7, 2023

POSITION: Support with amendments

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

MCF offers this testimony in support of SB 201.

On initial reading of SB 201 we were delighted. The bill addresses a pressing need – treating the behavioral health challenges of children and adolescents in schools. The mental health of youth has dramatically worsened in the wake of the COVID pandemic. Emergency department visits for potential suicidality for youth aged 12-17 increased 39% from 2019 to 2021.¹ The American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children’s Hospital Association (CHA) joined together to declare a National State of Emergency in Children’s Mental Health. Study after study has documented the worsened behavioral health of youth since the onset of the COVID pandemic.

Yet accessing behavioral health care for a child can be difficult for families. Fewer than one-half of families referred by their child’s primary care provider for specialty behavioral health services have a follow-up appointment within the following six months. There is stigma associated with going to a behavioral health clinic, and families often don’t have the ability to take more time off from work to transport their child to an appointment.

¹ Centers for Disease Control and Prevention (June 2021). Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021.

For these reasons, the provision of behavioral health services in schools makes tremendous sense, but schools can only do so much. Schools cannot afford to hire the needed number of behavioral health professionals. School psychologists divide their time among a number of schools, and spend most of their time completing educational assessments. Other school behavioral health staff too are in short supply.

Therefore allowing schools to bill Medicaid for behavioral health services provided in schools would be of great benefit – with additional dollars, schools could hire more providers and treat more students. This is a compelling solution to the problem.

It is clear, however, that the bill as written could have a negative impact on the existing community-partnered school-based behavioral health providers, who currently are delivering services to more than 20,000 students. If, owing to competition for students and for behavioral health staff, these providers could no longer financially afford (or hire the clinicians) to deliver services in schools, we could see a contraction, rather than an expansion, of services available to students.

We need to proceed carefully. Community-partnered school-based behavioral health providers have many advantages. They can offer services throughout the summer months and holidays. They have a well-established infrastructure in place to bill both Medicaid and private insurance. Providers are embedded within a clinic and can easily refer and collaborate with a student's psychiatrist, if needed. We don't want the robust programs that are already operating in Maryland to cease providing services because of competition for students or staff.

The amendments offered would go some way to addressing the unintended negative consequences that would result from the passage of the bill. We still would need to evaluate the impact of the proposed changes, and make every effort to ensure that the existing community-partnered school-based behavioral health providers remain whole.

For these reasons we urge a favorable report on SB 201 as amended.

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
8950 State Route 108, Suite 223
Columbia, Maryland 21045
Phone: 443-926-3396
ageddes@mdcoalition.org

SB201 School-Based BH Services-Reimbursement FINAL.

Uploaded by: Lauren Grimes

Position: FWA



Testimony on SB 201
Maryland Medical Assistance & Children's Health Insurance Programs –
School-Based Behavioral Health Services – Reimbursement

Senate Finance Committee

February 7, 2023

POSITION: FAVORABLE WITH AMENDMENTS

The Community Behavioral Health Association of Maryland (CBH) is the leading voice for community-based providers serving the mental health and addiction needs of adults and children in Maryland. Our 110 members serve the majority of those accessing care through the public behavioral health system. CBH members provide outpatient and residential treatment for mental health and addiction-related disorders, day programs, case management, Assertive Community Treatment (ACT), employment supports, and crisis intervention.

CBH members have clinicians on the ground in 909 of Maryland's 1,449 public schools (63%) and have delivered school-based mental health services to over 19,000 children so far this year. Our members weave funding from insurance payers, Medicaid, and county or school contracts together to support their delivery of school-based services.

Our members' work is underfunded and not reaching all of the children who need mental health supports in schools. We strongly support efforts to expand the services already delivered. However, such efforts must be undertaken carefully to avoid supplanting the school mental health services that our members already deliver. There are two ways that the existing service infrastructure risks being disrupted or supplanted if we are careless in expanding services: (1) drawing down new Medicaid dollars for schools risks excluding or reducing existing services delivered by clinics with Medicaid funds; and (2) any expansion that does not partner with existing clinics will increase competition for the scarce resource of qualified staff. Maryland must rise to meet the needs of our children, but we must do so carefully if we are to be successful.

An Unprecedented Youth Mental Health Crisis

America's children are struggling in ways experts have never seen before. In 2021, the U.S. Surgeon General [issued](#) a rare advisory warning of a "devastating" mental health crisis among teens, urging states to expand access to care in as many settings as possible. Just three months ago, the American Academy of Pediatrics and others [urged](#) the Biden Administration to declare a federal public health emergency in order to galvanize states to address the crisis our children are facing.

The expansion of behavioral health services in schools will aid in these efforts, connecting children to mental health or addiction treatment who otherwise may not receive it or be identified as needing it. Students should be able to access a range of supportive services to help them succeed in their school environment, and currently there are not enough behavioral health professionals in schools to meet the rising need.

How Services Are Billed Now

However, it is critical to understand that children who have IEPs are *not* the only children receiving mental health services in schools. Maryland has a robust infrastructure of partnerships between schools and licensed outpatient mental health clinics (OMHCs). OMHCs employ mental health clinicians who work on site at schools,

delivering services to children with Medicaid or private insurance. Most often, the onsite clinicians bill Medicaid or other insurance for their services under the OMHC licensed. The benefits of a partnership between an OMHC and school to deliver mental health services include:

- 1) Schools operate for 180 days a year, while OMHC operate year-round;
- 2) OMHCs can bring a clinical infrastructure to bear, including an array of clinicians, with varying specialties and cultural competencies, operating under supervision and with existing quality and compliance standards in place;
- 3) OMHCs can offer operational infrastructure, including the capacity to bill Medicaid and other insurers where appropriate, as well as malpractice insurance and other operational needs;
- 4) OMHC can use non-Medicaid funding to fill in service gaps, such as serving children who lack insurance, can't afford co-pays, or have a mental health need that doesn't rise to the level of a diagnosable disorder.
- 5) Competition between schools and OMHCs to hire a limited number of qualified staff is reduced through a partnership model.

Principles for Expanding School Mental Health

With this understanding about current mental health service delivery in schools, there are three priorities to address in the expansion of school mental health services.

Supplement Not Supplant: It is essential that the expansion of school mental health services supplement rather than supplant current services. The Maryland Department of Health must ensure that any state plan amendment to draw down Medicaid in school settings recognizes the existing Medicaid services being delivered by OMHCs and works to preserve that delivery mechanism. Our proposed amendment ensures that SB201 reflects this legislative intent.

With a Scarce Workforce, Partnership Models Keep Kids from Losing Care: The nation is in the midst of a workforce crisis as it is facing down the youth mental health crisis. As schools seek to hire more mental health professionals, they risk drawing from the pool of mental health professionals employed by Medicaid providers. In fact, the number of children getting Medicaid mental health services has declined, in part, due to the scale of workforce crisis facing Medicaid providers. At the same time, several CBH members have reported significant volume of departures among their child-serving staff to secure higher-paid job in public schools.

Many Maryland counties are designated as mental health shortage areas. We simply don't have enough mental health professionals to allow replications of the Medicaid workforce inside schools. Partnership approaches are the only way to ensure we don't leave Medicaid-insured children shortchanged with access to Medicaid services.

Maintain Access to Care: Complex Medicaid billing rules pose potentially serious coordination challenges that could cause a reduction of service access for children and unbillable services for community providers. These challenges must be addressed comprehensively to ensure children and youth do not lose access to therapy, medication management and care coordination when receiving a mental health service delivered by a school employee.

For these reasons, we urge a favorable report with the following amendments, which ensure that the bill before you incorporates CBH's three principles for expanding school mental health services.

Under Section B., add:

(5) LICENSED HEALTH PROFESSIONALS AND PARAPROFESSIONALS EMPLOYED BY A MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAM LICENSED IN ACCORDANCE WITH § 7.5-401 OF THIS ARTICLE.

Add section E:

E) MONEY EXPENDED IN CONNECTION WITH THE STATE PLAN AMENDMENT FOR CARRYING OUT THE PURPOSE OF THIS BILL IS SUPPLEMENTAL TO AND IS NOT INTENDED TO TAKE THE PLACE OF EXISTING MEDICAID FUNDING AND CONTRACTS WITH COMMUNITY BEHAVIORAL HEALTH AGENCIES THAT ARE CURRENTLY UTILIZED FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES IN SCHOOL SETTINGS.

SB201 AODAAC MHAC SWA.pdf

Uploaded by: Leslie Frey

Position: FWA



ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

TESTIMONY IN SUPPORT WITH AMENDMENTS OF MARYLAND MEDICAL ASSISTANCE
AND CHILDREN'S HEALTH INSURANCE PROGRAMS - SCHOOL-BASED BEHAVIORAL
HEALTH SERVICES – REIMBURSEMENT (SB201)

Submitted by the Montgomery County Mental Health Advisory Committee
to the Maryland Senate Education, Energy, and the Environment Committee

February 3, 2023

The Montgomery County Mental Health Advisory Committee (MHAC), with the support of the Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC), is pleased to support Senate Bill 201 with amendments to clarify that behavioral health under the bill specifically includes substance use and misuse prevention. The bill calls for amending the Maryland Medical Assistance Program to allow reimbursement of school-based behavioral health services when provided by eligible behavioral health care providers. MHAC advocates for comprehensive mental health systems, expanding school health and mental health personnel and services in schools, and strengthening program and resource coordination through improved school-community behavioral health partnerships.

The last few years have been intensely difficult for children, and we have seen the effects through increases in school-based incidents of violence and aggression, referrals to our crisis centers and inpatient treatment, suicide rates, and accidental overdoses. We have seen soaring rates of school disconnection, trauma, anxiety, depression, and suicide among our children and youth. The U.S. Surgeon General declared a [national crisis in youth mental health](#) and the nation's leading pediatric hospitals and professional medical organizations have been [Sounding the Alarm](#) to the mental health emergency being documented among children and adolescents. We have a compelling interest in expanding school health services and strengthening the coordinated support within our communities.

In 2014 the Center for Medicare and Medicaid Services (CMS) issued [guidance to State Medicaid Directors](#) officially permitting reimbursement for any Medicaid-covered services, removing a major barrier for schools to obtain federal Medicaid funding for student health services. The Safer Communities Act, recently enacted to prevent gun violence, also includes language requiring CMS to issue new school-based Medicaid guidance before June 2023. The statute instructs CMS to issue greater guidance and technical assistance to states and school districts on how to maximize new flexibilities to expand access to healthcare, particularly mental health services, to millions more children through their schools.

Maryland has not expanded its school Medicaid program beyond school health services documented in a student's IEP or IFSP. Senate Bill 201 would begin the process of amending the Maryland Medicaid plan to reinforce eligibility and operationalize how school districts can better utilize Medicaid funding and make this critical investment in the physical and psychological wellbeing of our youngest residents. These efforts will further serve to better support the educators and school employees who also

suffer the consequences of these challenges and need more resources to help their students thrive and succeed.

Our Committees (MHAC & AODAAC) assert that Maryland has the opportunity through Senate Bill 201 to pursue a Medicaid State Plan Amendment to draw down additional federal matching funds through Medicaid reimbursement, specifically for health and behavioral health services in schools. We have an opportunity to expand the Maryland State Medicaid program to address numerous gaps in services, most specifically the need to cover services in schools. We need to expand the eligible services, the eligible students, and the eligible providers that can bill Medicaid for health and mental health services in schools.

There are concerns that the effort to increase services and practitioners in schools will poach the limited youth mental health professionals from the community, exacerbate staff shortages, and further strain their work. We cannot allow this to happen and must actively guard against it. We must strive to have school and community providers share resources, eliminate inequitable distribution of resources and funding, break down silos in communication, and coordinate our school and community services together.

Within the plans to implement the Blueprint for Maryland's Future is the need to maximize "external funding for behavioral health and wraparound." Maryland needs to maximize opportunities to access Medicaid funds to increase behavioral health professionals and services in all sectors across schools and communities. The MHAC supports the Blueprint implementation to expand school health and mental health personnel and services in schools. This will require us to also strengthen our program and resource coordination through improved school-community behavioral health partnerships. We are eager to support the state in pursuing the necessary policy changes to the Maryland Medicaid program and behavioral health services provided through Maryland Department of Health, Behavioral Health Administration and Maryland State Department of Education.

For all the reasons cited above, we urge you to support Senate Bill 201.

Respectfully Submitted,



Susan Kerin
Mental Health Advisory Committee Chair



Laura Mitchell
Alcohol and Other Drug Abuse Advisory Council Chair

For reference, "Behavioral Health Services" are defined in the Blueprint bill (HB 1300 (2020); Md. EDUCATION Code Ann. §7-4470) as: "trauma-informed prevention, intervention, and treatment services for the social-emotional, psychological, and behavioral health of students, including mental health and substance use disorders."

"Behavioral Health Services" are defined in the Maryland Health General Code (Md. HEALTH-GENERAL Code Ann. § 7.5-101) as including: "prevention, screening, early intervention, treatment, recovery, support, wraparound, and rehabilitation services, for individuals with substance related disorders, addictive disorders, mental disorders, or a combination of these disorders."

Reference Documents: [Maryland Medical Assistance EPSDT, School Health-Related & Health-Related Early Intervention Services \(IEP/IFSP Services\): Policy & Procedure Manual & Billing Instructions](#)

SB0201 Medicaid School Behavioral Health Services_

Uploaded by: Margo Quinlan

Position: FWA

Children's Behavioral Health Coalition

1301 York Road, Suite 505, Lutherville, Maryland 21093 | 443-901-1550 | info@mhamd.org

Senate Bill 201 Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

Senate Finance Committee

February 7, 2023

TESTIMONY IN SUPPORT WITH AMENDMENTS

The Maryland Children's Behavioral Health Coalition is comprised of representatives from mental health, consumer, family and professional associations all working together to improve the quality and accessibility of behavioral health assessment, treatment and recovery services for children and youth in Maryland. We are in support of Senate Bill 201, which has a goal of expanding access to behavioral health service access for children within our schools.

Over the past 10 years, Maryland has seen a marked decline in availability of services and supports for youth with behavioral health needs, and the results have been devastating. In 2010, just 1 percent of children 12 and younger with mental health problems stayed in the emergency department for longer than a day. By 2020, more than 10 percent were getting stuck more than a day – and sometimes weeks. The percentage of teens aged 13 to 17 staying more than 24 hours also rose sharply, from less than 3 percent to more than 13 percent.¹ From 2020-2021, Maryland saw a 46% increase in suicide attempt visits to the emergency department among those ages 0-17.² There is a youth mental health crisis in our state, and expanding access to care within schools is an integral piece of addressing this.

We are grateful to the leadership of the bill sponsors and recognize the ways it compliments the conversations happening now within the Consortium for Coordinated Community Supports. However, we want to ensure there are no unintended consequences of this bill, and as such request amendments to address a few key items:

Supplement not Supplant: Maryland has a robust infrastructure of partnerships between schools and community behavioral health providers. These community agencies employ mental health clinicians who work on site at hundreds of schools and to tens of thousands of Maryland's kids. They deliver services to children referred for care with Medicaid and many private insurances; most often, these providers then bill for these services under their outpatient mental health clinic. This model ensures that insurance participation is maximized, and that existing billing infrastructure is utilized to reduce duplication of effort. Students can also then take advantage of a wider array of behavioral health services offered in the community, which are available throughout the summer and holidays when school services are inaccessible. We would ask that this bill be sure to emphasize existing partnerships with community providers and ensure that services delivered with these funds are expanding behavioral health services in schools rather than replacing them.

Workforce Crisis: The disbursement of Kirwan funding over the past few years has shed light on how the workforce crisis can be exacerbated if funding and regional staffing plans do not work together. When counties made their own mental health hires directly, community providers saw significant turnover of their clinical workforce to positions in school mental health services paying higher salaries. The result is decreased access to services for children in the community even if access in schools might be temporarily

1 Wan, W. (2022, October 20). An autistic teen needed mental health help. He spent weeks in an ER instead. Washington Post.

<https://www.washingtonpost.com/dc-md-va/2022/10/20/er-mental-health-teens-psychiatric-beds/>

2 Behavioral Health Administration Update to Maryland Behavioral Health Advisory Council, November 16, 2021

expanded. The loss of additional staff will lengthen waitlists, and potentially force community providers to exit current school partnerships.

Medicaid Billing Exclusions Complex Medicaid billing rules, including the prohibition of billing the same service in the same day, could pose potentially serious coordination challenges that could cause a reduction of service access for children and unbillable services for community providers. Currently, schools bill for some mental health services delivered to children with IEPs. As a result, community providers see a small number of services that they cannot bill for as the school has already done so for that child. If schools begin to bill Medicaid for services to more children, the increase in unbillable services for community providers will increase exponentially. Focus should be made to ensure this expansion of services is done in a way that does not disrupt the breadth of services offered within many school-community partnerships.

We applaud the intent of this bill and have already been in conversation with the bill sponsors about our concerns. We would hope that this bill could move forward with amendments that address these areas of concern, and ultimately help Maryland lead in expanding behavioral health service access to all school-age youth. We are happy to provide specific amendment language at the request of the Committee, and as such would **urge a Favorable report, with amendments to address the above concerns, on SB 201.**

NASW Maryland - 2023 SB 201 FWA - Behavioral Health

Uploaded by: Mary Beth DeMartino

Position: FWA

Testimony before the Senate Finance Committee
Senate Bill 201: Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement

****Support with Amendment****
February 7, 2023

The National Association of Social Workers, Maryland Chapter (NASW-MD) Social Work in Schools Committee would like to express support with some amendments for Senate Bill 201: Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement. NASW is the largest national organization of the profession, representing over 120,000 social workers nationwide, with 16,000 licensed in the state of Maryland. Our committee includes school social workers working daily in the majority of the public school systems in Maryland.

There has been widespread coverage of the current mental health crisis among school-aged children and youth. School Social Workers are committed to removing barriers to learning so that Maryland schools can graduate students with world-class preparation for college or career, as envisioned by the Blueprint for Maryland's Future. We applaud legislation that will support the availability of services for students in schools by providing both expanded services and an income stream to support them so that both school-employed and community-based providers can meet the complex needs of these students in the schoolhouse. These services can help to ensure that learning can occur and all can benefit from it.

We also ask for consideration of the four following amendments:

- On page 2, in lines 16 and 18, strike "~~CERTIFIED~~" and replace with CERTIFICATED
- On page 2, in line 12, strike "~~BY A SCHOOL-BASED~~" and replace with "IN A SCHOOL SETTING BY A"
- On page 2, after line 23, insert: "(5) LICENSED CLINICAL PROFESSIONAL COUNSELORS LICENSED UNDER TITLE 10 58 OF THE MARYLAND DEPARTMENT OF HEALTH ARTICLE."
- Strike line 33 on page 2 through line 4 on page 3 in their entirety.

We ask that you return a favorable report to this amended version of SB 201.

Respectfully,

Mary Beth DeMartino, LCSW-C
Executive Director, NASW-MD

NCADD-MD - 2023 SB 201 FWA - School BH Services an

Uploaded by: Nancy Rosen-Cohen

Position: FWA



Senate Finance Committee

February 7, 2023

Senate Bill 201

**Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
Support with Amendments**

NCADD-Maryland supports Senate Bill 201 which would ensure that behavioral health services provided in schools could be reimbursed by Medicaid, with some amendments. We believe that any child enrolled in Medicaid who is receiving mental health or substance use services in schools should have those services supported by Medicaid. Some services provided in school settings are already reimbursed, but making more services reimbursable will add to the resources schools can invest in supporting students.

Children today have complex needs and effective interventions most often involve families. The amount of services that can be provided by school-employed mental health and substance use disorder clinicians is limited. We ask this legislation to **include community-based providers** who are often better able to engage children and their families throughout the year. We also ask that the legislation **include providers who can address substance-related issues** as well.

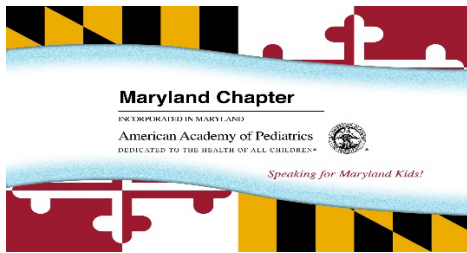
With these changes, we urge a favorable report on Senate Bill 201.

The Maryland Affiliate of the National Council on Alcoholism and Drug Dependence (NCADD-Maryland) is a statewide organization that works to influence public and private policies on addiction, treatment, and recovery, reduce the stigma associated with the disease, and improve the understanding of addictions and the recovery process. We advocate for and with individuals and families who are affected by alcoholism and drug addiction.

SB0201_FWA_MDAAP_MD Med. Ass. & Child's HI Prog. -

Uploaded by: Pam Kasemeyer

Position: FWA



TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Katie Fry Hester

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone
410-244-7000

DATE: February 7, 2023

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 201 – *Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of **support with amendment** for Senate Bill 201.

MDAAP recognizes the pressing need to enhance access to behavioral health services for Maryland’s children. While Senate Bill 201 proposes to expand access to these services within the school setting, the State will be required to apply to the Centers for Medicare and Medicaid Services to receive a State Plan Amendment, which if approved, would enable the State to provide reimbursement for medically necessary behavioral health services provided in a school setting to all individuals enrolled in Medicaid or the Maryland Children’s Health Program, regardless of whether the services were under an IEP or individualized family service plan.

MDAAP believes the expanded access to services in the school setting provides an opportunity to better identify and address children’s behavioral health needs. However, access to the initial care in the schools does not address the existing challenges of access to community-based behavioral services that the school providers would want to refer their students to for further care. MDAAP would request that the bill be amended to also charge the Maryland Department of Health and the Maryland State Department of Education to work with the local school agencies to create a framework for school health professionals to have a process for referral to community-based behavioral health professionals for further care. Passage of Senate Bill 201 can be an effective enhancement of access to behavioral health services for many of Maryland’s youth. With its amendment noted, a favorable report is requested.

SB0201_CC_Vaughan_FWA.pdf

Uploaded by: Regan Vaughan

Position: FWA

SB 201
Maryland Medical Assistance and Children's Health Insurance Program
School-based Behavioral Health Services - Reimbursement

Finance Committee
February 7, 2023

Favorable with Amendment

Catholic Charities of Baltimore supports SB 201 with amendment. SB 201 has the laudable goal of increasing school based behavioral health services by allowing schools to bill Medicaid for certain services.

Inspired by the Gospel to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For 100 years, Catholic Charities has accompanied Marylanders as they age with dignity, obtain empowering careers, heal from trauma and addiction, achieve economic independence, prepare for educational success and feel welcome as immigrant neighbors.

Catholic Charities provides school based behavioral health services in approximately 100 public schools. We see everyday the value of offering psychotherapy in the school setting. We also see the value of having those therapists connected to an outpatient mental health clinic that can provide additional services outside of the school setting including psychiatric rehabilitation, family therapy, and medication management. The clinics are also able to provide services for 12 months a year. The school provides a starting point to this range of services. Over the past decade, the local educational authorities have encouraged expanding these partnerships. Through the Blueprint for Maryland's Future, the state reinforced the importance of these partnerships by appropriating \$85 million per year for community partnerships.

SB 201 takes a different approach to providing services in the schools. We understand that the bill is intended to be complimentary. However, as a community provider, we have concerns that as written it could have the unintended consequence of decreasing community partnerships and thereby decreasing access to the myriad of supports that come with attachment to an outpatient mental health clinic.

Specifically, our concerns are:

- 1) The workforce shortage has already been devastating for our clinics. While we are constrained by Medicaid billing rates, schools can pay higher salaries and offer 10-month positions. Increasing the number of school-employed positions, will decimate the hiring abilities of outpatient clinics.
- 2) When an outpatient mental health clinic places a clinician in a school, the clinician relies on referrals from the school to build their caseload. Unless there are enough referrals for both practitioners, there is a concern that the school will prioritize its own employee making it impossible for the clinic to support a community provider in the school.
- 3) Medicaid has complicated billing rules that do not allow for multiple services to be billed on the same day. If a student is seeing a school-employed clinician and then has an appointment later in the day at the outpatient clinic for medication management – Medicaid will only pay one claim. Neither biller will know until a claim is denied.

For the reasons stated above, we propose the following amendments, which aim to mitigate any unintended consequences.

Page 2, Line 24 Insert

(5) LICENSED BEHAVIORAL HEALTH PROFESSIONALS AND PARAPROFESSIONALS EMPLOYED BY A MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAM LICENSED IN ACCORDANCE WITH § 7.5-401 OF THIS ARTICLE.

Page 3, Line 5 Insert

F) MONEY EXPENDED IN CONNECTION WITH THE STATE PLAN AMENDMENT FOR CARRYING OUT THE PURPOSE OF THIS BILL IS SUPPLEMENTAL TO AND IS NOT INTENDED TO TAKE THE PLACE OF EXISTING MEDICAID FUNDING AND CONTRACTS WITH COMMUNITY BEHAVIORAL HEALTH AGENCIES THAT ARE CURRENTLY UTILIZED FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES IN SCHOOL SETTINGS.

Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable with amendment report for SB 201.

Submitted By: Regan Vaughan, Director of Advocacy

SB201.02.01.2023.pdf

Uploaded by: Sarah Peters

Position: FWA



Bill: Senate Bill 201 - Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

Position: Support with Amendment

Dear Chair Griffith, Vice Chair Klausmeier, and Members of the Committee:

I am writing on behalf of the Maryland School Psychologists' Association (MSPA), a professional organization representing about 500 school psychologists in Maryland. We advocate for the social-emotional, behavioral, and academic wellbeing of students and families across the state.

We support the authorization of school psychologists as eligible providers for services reimbursable to local education agencies for Medicaid-eligible students. School psychologists provide essential services including psychological assessment and counseling to many of Maryland's most vulnerable students. Adding school psychologists to the list of eligible providers will increase the amount of funding received by local school systems in Maryland, and this funding can be used to support school psychological services in Maryland. This change will also align Maryland with **34 other states and the District of Columbia** currently being reimbursed for services provided by school psychologists in public schools.

Currently, Maryland Medicaid rules regarding reimbursement for school psychological services leave **millions of federal dollars** on the table. The majority of other states are taking advantage of these federal dollars by allowing their local school systems to be reimbursed for these services provided to students covered by Medicaid, including when these services are provided by school psychologists and other providers certified by their respective departments of education. You will likely hear opposition to this change by personnel from the Maryland Medical Assistance Program; opposition based on their own current rules and guidelines, which are outdated and do not align with guidance from the Centers for Medicare & Medicaid Services. You may also hear opposition from community-based providers regarding the potential lost business, exacerbation of provider shortages, large expenses to set up billing systems, or potential for mistakes in billing. None of these concerns are reality. **This bill would only allow school systems to access federal dollars for services that are already being provided by their school-based mental health providers. Additionally, all local school systems already have infrastructure in place to access Medicaid dollars for other services rendered to students receiving special education (e.g., speech/language, physical therapy, etc.). There is also a dearth of community providers who even participate in the Medicaid program (i.e., see clients who are covered by Medicaid).**

AMENDMENT- We look forward to working with the bill sponsors to direct the funding generated by this new reimbursement to the recruitment and retention of school psychologists across Maryland through salary increases. We propose salary increases aligned to the Blueprint for Maryland's Future for educators, including \$10,000 for Nationally Certified School Psychologists, an additional \$2,000 for doctoral level psychologists, and an additional \$7,000 for psychologists who maintain their national certification and are employed in a designated low-performing school. The purpose of the funding would be to incentivize school psychologists to remain in Maryland public schools, recruit qualified personnel from other states, and address the shortages across the state. The National Association of School Psychologists recommends a ratio of 1:500 school psychologists. Currently, there is a 1:1198 ratio of school psychologists to students, over double the current recommended ratio.

If we can provide any further information or be of assistance, please contact us at legislative@mSPAonline.org or Sarah Peters at speters@hbstrategies.us or 410-322-2320.

Respectfully submitted,

Katie Phipps, M.Ed., Ed.S., NCSP
Chair, Legislative Committee
Maryland School Psychologists' Association

Status of School Psychologists** as Qualified Providers of School Based Medicaid Services

**States highlighted issue a license to school psychologist

Specialist Level School Psychologists ARE Eligible	Specialist Level School Psychologists are NOT Eligible
Alabama	Arizona
Alaska	Arkansas
California	Georgia
Connecticut	Maine
Delaware	Maryland
District of Columbia	Nebraska
Florida	Nevada
Idaho	New York
Illinois	North Dakota
Indiana	Oregon
Iowa	Rhode Island
Kansas	Tennessee
Kentucky	Vermont
Louisiana	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
New Hampshire*	
New Jersey	
New Mexico	
North Carolina	
Ohio	
Oklahoma	
Pennsylvania	
South Carolina	
South Dakota	
Texas	
Utah	
Virginia*	
Washington	
West Virginia	
Wisconsin	
Wyoming	
*Must obtain license from Board of Psychology. Only requirement to obtain license is credential from Department of Education	

SB 201_MD Medicaid School-Based BH Services Reimbu

Uploaded by: Stacey Jefferson

Position: FWA



February 7, 2023

**Senate Finance Committee
TESTIMONY IN SUPPORT with Amendments**

SB 201- Maryland Medical Assistance and Children's Health Insurance Programs-School-Based Behavioral Health Services- Reimbursement

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 78,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.**

Behavioral Health System Baltimore supports SB 201- Maryland Medical Assistance and Children's Health Insurance Programs- School-Based Behavioral Health Services- Reimbursement with amendments to clarify that the funding provided in the bill supplements and does not take the place of current Medicaid funding for community behavioral health providers that currently provide services in school settings. This bill requires the Maryland Department of Health to apply by December 1, 2023, to the Centers for Medicare and Medicaid Services for a State plan amendment authorizing reimbursement of school-based behavioral health services for Medicaid and MCHP enrollees.

Mental illness and substance use among children are important behavioral health issues that significantly impact children, families, and communities. Behavioral health conditions children and youth experience can tie into major problems found in schools such as chronic absence, low achievement, disruptive behavior and dropping out. Early Intervention and access to behavioral health services in Maryland schools provide students with the resources needed to achieve academic success.

BHSB supports SB 201 because this will add sustainable funding for critical behavioral health services for youth in schools. Maryland has a robust infrastructure of partnerships between schools and community behavioral health providers. BHSB oversees these services in Baltimore City. Community behavioral health providers employ mental health clinicians who work on site at schools, and they often bill Medicaid or private insurance for these services. This model ensures that:

- 1) Insurance participation is maximized.
- 2) students can tap the pipeline of access to a wider array of behavioral health services offered in the community, which are available throughout the summer and holidays when school services are inaccessible.
- 3) existing billing infrastructure is utilized to reduce duplication of effort.

In addition, the Maryland Consortium on Coordinated Community Supports is focusing efforts to do both of these things: 1) emphasizing partnerships with community providers and 2) ensuring that services delivered with these funds are expanding behavioral health services in schools rather than replacing them. Alignment of Consortium and Medicaid reform efforts is critical.

Given the current structure in Baltimore City and other jurisdictions in Maryland it is important that the proposed legislation supplements access to these services and does not cause a disruption in services. As such, **BHSB urges the Senate Finance Committee to support SB 201 with the following proposed amendments:**

Under Section B., add:

(5) LICENSED HEALTH PROFESSIONALS AND PARAPROFESSIONALS EMPLOYED BY A MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAM LICENSED IN ACCORDANCE WITH § 7.5-401 OF THIS ARTICLE.

Add section E:

E) MONEY EXPENDED IN CONNECTION WITH THE STATE PLAN AMENDMENT FOR CARRYING OUT THE PURPOSE OF THIS BILL IS SUPPLEMENTAL TO AND IS NOT INTENDED TO TAKE THE PLACE OF EXISTING MEDICAID FUNDING AND CONTRACTS WITH COMMUNITY BEHAVIORAL HEALTH AGENCIES THAT ARE CURRENTLY UTILIZED FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES IN SCHOOL SETTINGS.

Contact:

Stacey Jefferson

Director, Policy, and Stakeholder Engagement

Stacey.jefferson@bhsbaltimore.org /443-813-9231

SB0201 Howard Co BOE Testimony 020723 for FIN - Sc

Uploaded by: Staff Howard County

Position: FWA



**Board of Education of Howard County
Testimony Submitted to the Maryland Senate,
Finance Committee
February 7, 2023**

**Board of Education
of Howard County**

Antonia Watts, *Chair*
Yun Lu, Ph.D., *Vice Chair*
Linfeng Chen, Ph.D.
Christina Delmont-Small
Jennifer Swickard Mallo
Jacky McCoy
Jolene Mosley
Abisola Ayoola
Student Member
Michael J. Martirano, Ed.D.
*Superintendent
Secretary/Treasurer*

**SB0201: FAVORABLE W/AMENDMENTS
Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services – Reimbursement**

The Board of Education of Howard County (the Board) supports **SB0201 Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services – Reimbursement** with amendments that would expand access to reimbursements and clarify certification of school-based positions.

SB0201 requires the Maryland Department of Health (MDH) to apply to the Centers for Medicare and Medicaid Services by December 2023 to amend Maryland's state plan to allow behavioral health services provided in school settings to be reimbursable. If approved, reimbursements could be sought for medically necessary behavioral health services provided in a school setting to those students enrolled in the Maryland Medical Assistance Program or the Maryland Children's Health Insurance Program regardless of whether services are provided under an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). Services must be provided by a mental health provider working within the scope of their practice. The bill also requires MDH to provide training to school systems on enrollment, billing, documentation, and compliance.

The Howard County Public School System (HCPSS) utilizes School-Based Mental Health Services (SBMHS) to enhance student well-being and remove barriers to mental health treatment by providing therapy services in schools during school hours. Services are provided through a partnership between the HCPSS, Howard County Health Department, The Horizon Foundation, The Kahlert Foundation, and approved community mental health agencies. SBMHS are voluntary and parent/guardian consent is required for all services.

In HCPSS, SBMHS provided by approved community mental health agencies are billed through an individual's insurance. However, resources are available to support all students regardless of insurance. This is part of a collaborative effort to support student's social and emotional well-being and academic achievement that includes services by school social workers, licensed mental health professionals from community mental health agencies, student services staff, teachers, and school administration.

SB0201 would benefit school systems financially through the increased access to reimbursement when services are provided to students covered by the programs. Currently, when school system counselors, social workers, pupil personnel workers, and psychologists provide services during the school day they can only be billed under Medicare/Medicaid if related to services for a disability. The parameters of the resulting amendment approval once requested by MDH would determine what services could be reimbursed and the ultimate financial impact for the school system.

The Board recommends the following two amendments to SB0201 to maximize possible reimbursements:

- In lines 15 to 16 on page 2, “PUPIL PERSONNEL WORKERS” should be added to the list of mental health providers certified by the Maryland State Department of Education (MSDE) as their services often involve student counseling and group therapy similar to the other positions.
- In lines 19 to 20 on page 2, “CERTIFIED BY THE MARYLAND STATE DEPARTMENT OF EDUCATION” should be removed as nurses working for the school system are not certified by MSDE.

With the above changes, we urge a FAVORABLE report of SB0201 from this Committee.

SB 201 - SWA - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FWA

February 5, 2023

The Honorable Melony Griffith
Finance Committee
3 East - Miller Senate Office Building
Annapolis, MD 21401

RE: Support with Amendments – SB 201: Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support with amendments Senate Bill 201: Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services – Reimbursement (SB 201). Although MPS/WPS fully appreciate the need to increase school mental health services, we are concerned that SB 201 would create confusion in providing mental healthcare for many students.

Currently, in many schools around the state, community providers are sought to deliver school-based mental health services within schools for students, particularly for students who do not receive therapy services as a requirement of an Individualized Education Program (IEP). Well-established outpatient mental health organizations have been providing these services successfully for years and thus have been able to offer seamless mental healthcare to students while in school and after they go home. These services include individual psychotherapy, which school-employed clinicians could provide, and psychiatric care for medication management that is only available via outpatient providers. In addition, other therapy modalities, like family therapy, or adjunctive services, like psychiatric rehabilitation programs, which are critical to the comprehensive care of youth, are typically available via outpatient providers only.

It is easy to imagine a well-intentioned, school-employed clinician beginning therapy with a student only to discover that they need these additional services that would not be available. It is also important to note that behavioral and emotional disorders do not pause upon exiting the school doors. Youth mental health providers need to be able to respond to the needs of youth in school and out. Finally, the confusion created by allowing both school-employed clinicians

and outpatient school-based clinicians to treat and seek reimbursement would be considerable. Enrollment in care with one clinician often prevents enrollment in care with another, and worse yet, the possibility of multiple clinicians involved in the care of one youth unknowingly could be detrimental.

As a result, we are offering our support of the bill but with the amendment that ***reimbursement for such services is restricted to schools that are unable to find a community outpatient provider to deliver the services***. This amendment would limit the problems identified above for most schools while still making reimbursable care available for schools that do not have access to a community provider to deliver services.

Amendment 1

On page 2, in line 3, after “PROGRAM” insert “AND WHO ARE UNABLE TO FIND A COMMUNITY OUTPATIENT PROVIDER TO DELIVER THE SERVICES”.

With the above amendment adopted, MPS/WPS ask this committee for a favorable report on SB 201. If you have any questions concerning this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

2023 SB201 Written Testimony (1).pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB201

Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB201

On behalf of our 200,000 followers across the state, we respectfully object to SB201. This bill expands the Maryland Medical Assistance Program through reimbursement of school-based behavioral health services. We oppose funds for this program being used for entities and/or persons that promote and provide abortion and abortion services. We oppose expanding the Maryland Medical Assistance Program without excluding funding for abortion, abortion services and businesses or persons providing those services. According to the Maryland Department of Health *Factsheet #6 Maryland Medicaid Program Abortion Services*, abortion may be covered for reasons such as, "risk to mother's current or future somatic health" and "risk to mother's current or future mental health." Our opposition includes Medical Assistance reimbursement of behavioral health professionals. In addition, we oppose this bill funding abortions and abortion services for minor girls which usurps parental rights.

The Maryland Medical Assistance Program and the Maryland Children's Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in Fiscal 1999. Without language to prohibit abortion funding, expansion of the Maryland Medical Assistance Program and MHCP will certainly increase the number of abortions and thus the amount of taxpayer money spent on abortions.



Opposition Statement SB201, page 2 of 2

Maryland Medical Assistance and Children's Health Insurance Programs -
School-Based Behavioral Health Services - Reimbursement
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

For these reasons, we respectfully ask you to oppose **SB201**

SB0201-2023-Reimbursement School-Based Health.pdf

Uploaded by: Ella Ennis

Position: UNF



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

The Honorable Melony Griffith, Chairman
And Members of the Finance Committee
Senate of Maryland

RE: **SB 0201** Maryland Medical Assistance and Children's Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement – **OPPOSE.**

Dear Chairman Griffith and Committee Members,

The Maryland Federation of Republican Women oppose SB 0201. SB 0201 cannot be viewed in isolation, but must be considered in the context of the recent change in Maryland law that reduced the age at which a student is considered mature enough to authorize mental health counseling and treatment without parental knowledge and/or consent from 16 to 12 years of age. One must also consider the Maryland Comprehensive Health Education Framework (SB 0199) and the trend to promote transgender treatments and mutilating surgery for all, including minors as seen in SB 0460.

SB 0201 does not mention whether parents and guardians must be consulted or must grant approval before services are rendered. It does not say whether puberty blockers, cross-sex hormones, ADHD drugs, abortion drugs or other drugs can be prescribed or provided under "medically necessary school-based behavioral health services" without parental knowledge and/or consent.

The bill calls for a State Plan Amendment to provide reimbursement, to the maximum extent permitted under federal and state law, for medically necessary school-based behavioral health services provided to all individuals enrolled in the Maryland Medical Assistance Program or the Maryland Children's Health Program. Services reimbursed under the state plan amendment requested shall be reimbursable when provided by a school-based mental health provider working within their scope of practice, including: school counselors, school psychologists, school social workers, and other behavioral health professionals and paraprofessionals certified by the Maryland State Department of Education.

Before enacting a bill that will give the Stated Board of Education the financial resources to go full-speed ahead on providing school-based mental-health services, there must be safeguards for vulnerable children, and knowledge and involvement of parents and legal guardians. These protections are not provided in SB 0201. For all of the above reasons, please vote an **UNFAVORABLE** report for **SB 0201**.

Sincerely,
Ella Ennis
Legislative Chairman
Maryland Federation of Republican Women

HB82.SB201 UNF Love Maryland PAC.pdf

Uploaded by: MEGAN MONTGOMERY

Position: UNF

HB82/SB201

Unfavorable

Love Maryland PAC

Dear Chair Griffith, Vice Chair Klausmeier, Distinguished Members of the Senate Finance Committee, Chair Penya-Melynk, Vice Chair Kelly, and Distinguished Members of the House Health and Government Operations Committee,

The Love Maryland PAC submits testimony to request an unfavorable report on HB82/SB201- Maryland Medical Assistance and Children's Health Insurance Programs - School-Based Behavioral Health Services - Reimbursement.

This bill is unnecessary as all of the services listed are already available with an IEP, and serves ONLY to cut parents out of the support and care process for their children.

Parents, in order to best care for children and prioritize meeting their needs MUST know what services those children are receiving at school. All the services that this bill is intended to cover are already covered by Medicaid and MCHIP once children are under an IEP. The difference is, with an IEP parents are part of the process of care and with this bill, parents would be left in the dark about what care their minor children are receiving at school.

Imagine how many parents who are already struggling with higher grocery bills, higher prices at the pump and wages that are not keeping up with rising costs may sacrifice or berate themselves if unable to pay for services for their child that they don't know their child is already receiving at school!

Schools do not have the capacity to determine what mental health care a child needs without parental input. They often do not know what services children are already receiving outside of school. That is why parents are absolutely integral to any care or services their child is receiving.

Children thrive when a three legged stool of the child, the parents and the care providers are working together for the betterment of the child. This bill is a shameful attempt to end run a child's best interest and shortchange them of the support they need most.

For the reasons listed above, we ask the committees to deliver an unfavorable report on HB82/SB201.

Sincerely,

Megan Montgomery

Chair

Love Maryland PAC

7 - SB 201 - FIN - MDH - LOI.docx (2).pdf

Uploaded by: State of Maryland

Position: INFO



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 7, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: SB 201 – Maryland Medical Assistance and Children’s Health Insurance Programs
School Based Behavioral Health Services Reimbursement – Letter of Information**

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 201. This bill will require MDH to amend its State Plan with the Centers for Medicare and Medicaid Services (CMS) by December 1, 2023 to reimburse for behavioral health services delivered in a school setting by certain school-based providers to the extent permitted by federal and state law. This coverage will extend beyond the services required under a student’s individualized education program or individualized family service plan. SB 201 will also require MDH to seek authorization for administrative claiming of Medicaid and Children’s Health Insurance Program services delivered in schools.

A 2018 report published by the U.S. Department of Health and Human Services outlined the audit risks associated with administrative service claiming.¹ In August 2022, CMS indicated that guidance on administrative claiming is forthcoming.² Until this guidance is released, it is not feasible for MDH to accurately assess the feasibility, cost, potential savings, or timeline to implement an administrative claiming program. Additionally, MDH notes that one of the duties of the Maryland Consortium on Coordinated Community Supports is to develop a model for expanding available behavioral health services and supports to all students through the maximization of public funding through the Maryland Medical Assistance Program, including billing for Program Administrative costs, or other public sources.³ The Consortium continues to review and assess the next steps.

Lastly, federal guidance mandates that school-based providers and professionals must have the same credentials as those held by a community provider, in addition to meeting other record keeping requirements, to be eligible for reimbursement through Medicaid. Given this

¹ <https://oig.hhs.gov/oas/reports/region7/71804107.pdf>, for additional information see, [https://dlslibrary.state.md.us/publications/JCR/2020/2020_170\(b\).pdf](https://dlslibrary.state.md.us/publications/JCR/2020/2020_170(b).pdf)

² <https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf>

³ The Blueprint for Maryland’s Future, Chapter 36 of the Acts of 2021 created a new Maryland Consortium on Coordinated Community Supports to help meet student behavioral health needs and other related challenges in a holistic, non-stigmatized manner.

requirement, certain provider types included in the bill language would not be eligible for reimbursement, such as school psychologists who are currently not required to meet the state's licensing, certification, or other applicable qualifying criteria.

If you have any questions, please contact Megan Peters, Acting Director of Governmental Affairs, at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott". The signature is fluid and cursive, with the first name "LH" being more prominent and the last name "Scott" following in a similar style.

Laura Herrera Scott, M.D., M.P.H.
Acting Secretary

7 - SB 201 - FIN - MDH - LOI.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 7, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

**RE: SB 201 – Maryland Medical Assistance and Children’s Health Insurance Programs
School Based Behavioral Health Services Reimbursement – Letter of Information**

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Additionally, federal guidance mandates that school-based providers and professionals must have the same credentials as those held by a community provider, in addition to meeting other record keeping requirements, to be eligible for reimbursement through Medicaid. Given this requirement, certain provider types included in the bill language would not be eligible for reimbursement, such as school psychologists who are currently not required to meet the state’s licensing, certification, or other applicable qualifying criteria.

If you have any questions, please contact Megan Peters, Acting Director of Governmental Affairs, at megan.peters@maryland.gov or (410) 260-3190.

¹ <https://oig.hhs.gov/oas/reports/region7/71804107.pdf>; for additional information see, [https://dlslibrary.state.md.us/publications/JCR/2020/2020_170\(b\).pdf](https://dlslibrary.state.md.us/publications/JCR/2020/2020_170(b).pdf)

² <https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf>

Sincerely,

A handwritten signature in blue ink, appearing to read 'LH Scott', is positioned above the typed name.

Laura Herrera Scott, M.D., M.P.H.
Acting Secretary