



Testimony Concerning SB 876
“Maryland Medical Assistance Program - Limited Behavioral Health Services”
Submitted to the Senate Finance Committee
March 12, 2024

Position: Support

Maryland Family Network (MFN) strongly supports SB 876 which would allow Medicaid recipients under the age of 18 to receive limited behavioral health services without having a behavioral health diagnosis thereby eliminating barriers to mental health treatment and ensuring that young people get the behavioral health supports they need before those issues become life threatening and costly.

MFN has worked since 1945 to improve the availability and quality of child care and early childhood education as well as other supports for children and families in Maryland. We have been active in state and federal debates on child care policy and are strongly committed to ensuring that children, along with their parents, have access to high-quality, affordable programs and educational opportunities.

Currently, for behavioral health providers to bill for the behavioral health services they provide, they need to render a behavioral health diagnosis within the first three appointments. SB 876 would allow Medicaid recipients under the age of 18 years old to receive evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, promotion, education, or outreach without that individual having a behavioral health diagnosis.

SB 876 expands access to treatment by eliminating the stigma of a diagnosis

In 2021, the United States Surgeon General issued an Advisory on youth mental health, urging an increased focus on the behavioral health of young people.¹ According to Kids Count data, in Maryland, 15-22% of adults living with children report those children experiencing depression² and 20-30% of adults living with children report those children experiencing anxiety.³ One barrier to young people receiving the mental health services they need is their parents’ or caregivers’ concern about these youth receiving a mental health diagnosis that is in their medical records forever. While it is important that we all work to remove those stigmas, in the meantime, SB 876 removes that barrier by allowing limited behavioral health services without requiring a mental health diagnosis.

¹ <https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html>

² <https://datacenter.aecf.org/data/tables/11212-adults-ages-18-to-24-who-felt-down-depressed-or-hopeless-for-more-than-half-of-the-days-or-nearly-every-day-for-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2501,2485,2475,2470,2460,2461,2421,2420,2102,2101/any/21604>

³ <https://datacenter.aecf.org/data/tables/11217-adults-living-in-households-with-children-who-felt-nervous-anxious-or-on-edge-for-more-than-half-of-the-days-or-nearly-every-day-in-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2502,2484,2480,2476,2472,2465,2458,2463,2448,2418/any/21608>

Rendering a diagnosis for young children with only 3 visits is contrary to best practice

As the Harvard University Center on the Developing Child explains:

Significant mental health problems can and do occur in young children. Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, posttraumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from adults and older children. Consequently, diagnosis in early childhood can be much more difficult than it is in adults.⁴

For clinicians, it can take more than three visits with a young child to render an accurate behavioral health visit. SB 876 would give these clinicians the leeway to ensure that they have spent sufficient time with the young children and their family to issue a diagnosis rather than having to rush to render a provisional diagnosis simply to be able to receive payment for those services. Intervening early with young children can prevent much more serious behavioral health issues when these children are older and can also ensure that they are better equipped to perform well in school.

MDH can open “Z codes” to implement SB 876

A simple way for Maryland’s Department of Health to implement SB 876 would be to allow behavioral health clinicians to bill for “Z codes.” There are many states that allow behavioral health providers to bill for these codes. They relate to social determinants of health including housing instability, food insecurity, and many issues that families living in poverty face. For behavioral health providers embedded in pediatric and family medicine practices, those issues are present and are being addressed with young children far more often than diagnoses found in the DSM.

SB 876 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. Maryland Family Network urges a favorable report on SB 876.

⁴ <https://developingchild.harvard.edu/science/deep-dives/mental-health/>