

March 12, 2023

Senate Finance Committee
TESTIMONY IN SUPPORT

SB 876: Maryland Medical Assistance Program - Limited Behavioral Health Services

The Infant Mental Health Association of Maryland and District of Columbia (IMHA MD-DC), established in 2018, is an affiliate of the World Association for Infant Mental Health (WAIMH). WAIMH is a not-for-profit organization of scientific, clinical and educational professionals whose central aim is to promote the mental well-being and the healthy development of infants and very young children throughout the world, and to generate and disseminate scientific knowledge. The Maryland affiliate is a multidisciplinary group of committed early childhood professionals whose mission is to promote healthy social, emotional, cognitive and physical development of infants from pre-conception through early childhood.

Joyce Harrison, MD, IMHA MD-DC president, **is pleased to support SB 876: Maryland Medical Assistance Program - Limited Behavioral Health Services**. This bill allows Medicaid recipients under the age of 18 to receive limited behavioral health services without having a behavioral health diagnosis.

SB 876 allows a patient 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. 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.

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

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>



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.

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 being addressed with young children far more often than diagnoses found in the DSM.

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>

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



Infant Mental Health Association of Maryland & DC

C/O MHAMD
1301 York Rd, Suite 505
Lutherville, MD 21093

imha.mddc@gmail.com

The IMHA MD-DC believes that SB 876 is an important step in acknowledging that infant and early childhood mental health is relational health. Allowing the delay of a formal diagnosis, also appreciates that in infants and very young children, behavioral problems often are symptoms of underlying developmental disorders or traumatic exposure, which may take months to elucidate⁵ This bill would be a step toward ensuring accurate diagnoses for our youngest patients.

SB 876 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. **Joyce Harrison MD, on behalf of the Infant Mental Health Association of Maryland and DC, urges the House Health and Government Operations Committee to issue a favorable report on SB 876.**

⁵Leppert ML, Bettencourt A, **Harrison JN**. Behavioral Concerns in Early Childhood Consultation: Diagnostic Overshadowing and Comorbidity. *Clinical Pediatrics*. 2023;0(0). doi:10.1177/000992282311579

