



**Montgomery County Federation of Families for
Children's Mental Health, Inc.**

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**Senate Bill 876 Maryland Medical Assistance Program –
Limited Behavioral Health Services**

Senate Finance Committee

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POSITION: SUPPORT

I am Celia Serkin, Executive Director of the Montgomery County Federation of Families for Children's Mental Health, Inc. (MC Federation of Families), a family peer support organization serving diverse families in Montgomery County who have children, youth, and/or young adults with mental health, substance use, or co-occurring challenges. Our Certified Family Peer Specialists are parents who have raised or are currently raising children with mental health, substance use, and/or co-occurring challenges. I am a Montgomery County resident and have two children, now adults, who have struggled since childhood with mental health challenges. My son has debilitating depression. My daughter has co-occurring challenges.

MC Federation of Families is pleased to support SB 876: Maryland Medical Assistance Program - Limited Behavioral Health Services. This bill allows children and young people enrolled in Maryland's Children's Health Insurance Program to receive limited behavioral health services without having a behavioral health diagnosis.

SB 876 allows individuals under the age of 18 years old who are enrolled in the State's Medicaid program for children, to receive low-intensity behavioral health services without requiring a behavioral health diagnosis. These services would include evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, education, or outreach. 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.

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 families to issue a diagnosis rather than having to rush to render a provisional diagnosis simply to be able to receive payment for those services.

There is also concern about over-diagnosis or misdiagnosis among young people. There is growing evidence of disparities between diagnoses and rates between girls and boys, and between young people of color and those who are white. There are many common symptoms that can reflect several different diagnoses. There are also times when behaviors do not reach the criteria of a diagnosis, but again, to get paid for providing services, a clinician must provide a diagnosis.

While we have made strides as a society to battle the stigma against behavioral health disabilities, there remain parents who do not wish to “label” their children, delaying any evaluation or treatment that may be warranted. There are also unintended consequences when children see themselves or are treated as “abnormal.” These issues can follow children and impact their home and social lives as well as their classroom experience.

Nearly 13% of children in Maryland — about 142,927 kids — experienced anxiety or depression in 2020, compared with 10.8% in 2016.¹ Yet, nearly 6 in 10 (59.2%) of Maryland youth ages 12-17 did not receive treatment for depression.² This bill will help children receive needed mental health support by removing the unnecessary and inappropriate barrier of a formal mental health diagnosis. The bill removes barriers to get children the help they need to manage challenges—and even prevent a diagnosable condition. A child can have symptoms without meeting the criteria for a formal diagnosis like PTSD. With early help, a child can get the help they need before their symptoms worsen and they meet criteria for a behavioral health disorder, which helps reduce costs and improves outcomes for the child.

SB 876 promotes prevention and early intervention by requiring Maryland’s Medicaid program to provide certain mental health services, like evaluation, therapy, and preventive services, to children under the age of 18 regardless of whether they have a formal behavioral health diagnosis. Intervening early with children can prevent much more serious behavioral health issues when they are older and can also ensure that they are better equipped to perform well in school.

This bill does not prohibit a health care provider from issuing a diagnosis. There are times when a diagnosis is important to access certain services and/or medication. The bill simply provides an option for those health care providers who do not feel able to provide a diagnosis but believe the child is in need of additional treatment. Many formal diagnoses require that symptoms be present for an extended period of time, significantly impact a child’s life, or are inappropriate given a child’s age. By removing the requirement that a clinician apply an inappropriate diagnostic label (or forego billing or treating), this bill allows clinicians to practice good care to help struggling children thrive.

SB 876 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. **We urge a favorable report on SB 876.**

¹ The Kids Count Index “2022 Kids Count Data Book: State Trends in Child Well Being. Annie E Casey Foundation (2022)

² Reinert M, Fritze D, and Nguyen T. (October 2022). “The State of Mental Health in America 2023” Mental Health America, Alexandria VA.