

March 12, 2024

**Senate Finance Committee  
TESTIMONY IN SUPPORT**

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

**I, Parish Smith** am 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.<sup>1</sup> According to Kids Count data, in Maryland, 15-22% of adults living with children report those children experiencing depression<sup>2</sup> and 20-30% of adults living with children report those children experiencing anxiety.<sup>3</sup> 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.<sup>4</sup>

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

<sup>2</sup> <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>

<sup>3</sup> <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>

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

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.

**As a mother of 2 boys, both with multiple neurotypical diagnoses, this bill is important to me because it will be the answer for many sleepless nights. This bill will help families, who are struggling to understand the behaviors their children currently exhibit, by connecting them with professionals that are equipped to support the challenges of mental health. Challenging behaviors are extremely difficult to deal with, especially if you do not possess the knowledge to identify the cause of those behaviors. Families have currently been left to face these challenges alone, because they haven’t been able to obtain an official diagnosis. While on those extended waitlist, these behaviors become more and more difficult without professional intervention, being a bandaid and not a means to a solution. Receiving mental health services prior to an official diagnosis can be the bridge between providers and caretaker that can secure a promising future for youth and adolescents who struggle with their mental health.**

SB 876 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. **I, Parish Smith, urge the Senate Finance Committee to issue a favorable report on SB 876.**