

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

### Finance Committee

March 12, 2024

### TESTIMONY IN FAVOR WITH AMENDMENTS

Thank you for the opportunity to submit written testimony in support of House Bill 1040 on behalf of the Center for Law and Social Policy (CLASP). CLASP is a national, nonpartisan, anti-poverty nonprofit advancing policy solutions to improve the lives of people with low incomes. We develop practical yet visionary strategies for reducing poverty, promoting economic opportunity, and addressing institutional and racial barriers faced by people of color. With over 50 years at the federal, state, and local levels, we're advancing a bold vision for the future rooted in economic security and racial equity.

Through the [Policy Advancing Transformation and Healing \(PATH\) initiative](#), CLASP collaborated with partners to advance systems and policy changes that support well-being for transition-age youth (ages 16-17) and young adults (ages 18-24). Since June of 2019, we have been providing technical assistance to Prince George's County behavioral health and youth system leaders as part of this initiative. Based on our deep work in support of youth and young adult mental health at the local, state, and federal level, we are writing in favor of the **Maryland Medical Assistance Program-Limited Behavioral Health Services Act with amendments**.

The need for quality mental health and substance use care has never been higher. Young people prefer to access mental health care without a diagnosis, both because diagnoses carry stigma and can create barriers rather than facilitate access to care. Developmental science suggests that young people need services to lessen burdensome requirements on adolescents that increase paperwork or wait times.<sup>1</sup>

SB 876 can help. This bill provides coverage for limited behavioral health services without a diagnosis, including evaluation and treatment planning, family therapy, group therapy, individual therapy, services related to prevention, promotion, education, or outreach, and any other services determined necessary based on input received from stakeholders. Importantly, the bill includes young people themselves as required stakeholders in determining which services will be made available.

As written, the bill's provisions only apply to young people under the age of 18. **We recommend that the bill be amended to apply to young people under the age of 26.** Youth and young adults between the ages of 16 and 25 are a unique population. They are situated at the intersection of childhood and adulthood— a developmental period where their biological, physical, and psychological functioning changes rapidly. By intervening during these years, we can improve young people's overall well-being and help them lead meaningful, healthy, and successful lives.<sup>2</sup> At the federal level, the ACA's provisions that allow young people to stay on their parents' private health insurance plan through age 26 is an acknowledgement of the importance of health care during this period.

In our mental health policy work, we have consistently heard that definitions of “medical necessity” create challenges around access to mental health services and to reimbursement for providers offering those services.<sup>3</sup> Diagnostic criteria also create service discontinuity across child and adult serving programs. For example, in Maryland, the diagnostic criteria for accessing targeted case management services differ for children and adults, creating service discontinuity across this age range.

There is precedent for revising medical necessity criteria to allow young people to access select mental health services without a diagnosis in both California and Colorado. Maryland has a unique opportunity to make a transformative difference for youth by dramatically reducing barriers to access and to care continuity that young people experience in the state. Ultimately, including transition age youth is likely to reduce the incidence of more serious mental health challenges later in life, and set the bar nationwide for how to effectively support the behavioral health needs of this crucial age range.

For young people up to age 21, the state is obligated by statute to address young people’s social and emotional needs under Early Periodic Screening Diagnosis and Treatment (EPSDT). For these young people, this bill does not represent a change in eligibility criteria, but a change in access criteria that will facilitate the state to meet its existing obligations more effectively.

There is already precedent through the Maryland Medical Assistance Program for covering services for transition age youth: child psychiatric rehabilitation program (PRP) services are available to “young adults,” and supported employment services (typically an adult service) are available to transition-age youth ages 16-25. *Youth Peer Support* is defined in [COMAR 10.21.10.07](#) as a service for youth ages 18-26. Providing these services to transition age youth is made possible by § 1115 waivers.

To ensure that the department is able to provide coverage to young adults up to age 26, **we recommend that the bill be amended to include the following language:** “The department shall apply for and obtain any federal authority necessary to implement the requirements of this section, including applying to the Centers for Medicare and Medicaid services for an amendment to any of the state’s § 1115 waivers necessary to implement the requirements of this section or the state plan.”

The fiscal and policy note for this bill highlights potential additional costs associated with implementation but **fails to consider the significant costs of inaction**. In December 2023, the CDC estimated in a JAMA article that Maryland spends \$235 billion annually in medical costs and lost healthy life years because of adverse childhood experiences (ACEs). The estimated cost per affected adult is \$88,000/year, and \$2.4 million over the lifetime.<sup>4</sup> Addressing ACEs early has the potential to realize significant cost savings to the state over the lifetime of affected individuals.

The need for behavioral health care is at an all-time high. The coverage for limited behavioral health services without a diagnosis in this bill is needed now more than ever- especially to facilitate access to care for transition age youth. **CLASP urges this committee to pass HB 1040 with amendments to include coverage for transition age youth.**

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<sup>1</sup>[https://nap.nationalacademies.org/resource/25388/1134 Adolescent%20Development%20\(HMD\) Brief%20Template BT 20192606 FINAL.pdf](https://nap.nationalacademies.org/resource/25388/1134%20Adolescent%20Development%20(HMD)%20Brief%20Template%20BT%2020192606%20FINAL.pdf)

<sup>2</sup>[https://nap.nationalacademies.org/resource/25388/1134 Adolescent%20Development%20\(HMD\) Brief%20Template BT 20192606 FINAL.pdf](https://nap.nationalacademies.org/resource/25388/1134%20Adolescent%20Development%20(HMD)%20Brief%20Template%20BT%2020192606%20FINAL.pdf)

<sup>3</sup> [https://www.clasp.org/wp-content/uploads/2022/01/YA-MH-Scan\\_Policy-for-Transformed-Lives\\_Barriers.pdf](https://www.clasp.org/wp-content/uploads/2022/01/YA-MH-Scan_Policy-for-Transformed-Lives_Barriers.pdf)

<sup>4</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812583>