

March 12, 2024

**Senate Finance Committee
TESTIMONY IN SUPPORT**

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

Taghi Modaressi Center for Infant Study is a program within the Division of Child and Adolescent Psychiatry, Department of Psychiatry at the **University of Maryland School of Medicine**. The team of child psychiatrists, psychologists, social workers, counselors and trainees delivers Infant Early Childhood Mental Health multidisciplinary assessment, diagnosis, and treatment and lead novel workforce strategies/training to expand high quality IECMH services in Maryland. Taghi Modaressi Center for Infant Study/Division of Child and Adolescent Psychiatry, **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.

HB 1040 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 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, HB 1040 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 HB 1040

A simple way for Maryland’s Department of Health to implement HB 1040 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.

The current behavioral health billing structure does not allow sufficient time needed to collect information on a child’s health and functioning before rendering a diagnosis. Using Z codes would support best practices to engage families in early childhood mental health services by reducing the stigma associated with giving a young child a diagnosis and it would align with treatment goals to prevent the negative impact of impact of stress on young children and address social determinants of health. The proposed plan outlined in HB 1040 provides opportunities to prevent diagnosable mental health conditions in the earliest years of life.

HB 1040 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. Taghi Modarresi Center for Infant Study/Division of Child and Adolescent Psychiatry, **urges the Senate Finance Committee to issue a favorable report on SB 876: Maryland Medical Assistance Program - Limited Behavioral Health Services.**

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