

MD_SB0876_Inseparable Testimony_2024 03 12.pdf

Uploaded by: Angela Kimball

Position: FAV

inseparable

409 7th St Northwest, Suite 305
Washington, D.C. 20004
March 12, 2024

Senate Finance Committee
Maryland General Assembly
East Miller Senate Building, Room 3
Annapolis, MD 21401

RE: SUPPORT FOR SB0876—Maryland Medicaid Assistance Program—Limited Behavioral Health Services

Dear Chair Beidle, Vice-Chair Klausmeier, and Members of the Committee:

On behalf of Inseparable, a national nonprofit focused on closing the treatment gap for people with mental health conditions, improving crisis response, and supporting youth mental health, I am writing to urge your strong support of SB0876. We are grateful to Senator Washington for introducing this legislation, which will allow children covered by Medicaid to receive certain mental health services regardless of whether they have a formal mental health diagnosis. SB0876 takes a commonsense, yet transformative, step that will reduce stigma and improve access to care for children.

Youth mental health concerns—from difficulties adjusting to a new sibling, experiencing anxiety, or coping with a death or a trauma—are common. A child can struggle and experience poor mental health without meeting the criteria for a formal mental health disorder. Requiring a diagnosis to bill for mental health services creates barriers to children getting the very help that could prevent a diagnosable condition or the need for more intensive services. Recognizing this conundrum, California and Colorado now allow limited Medicaid mental health services for children and youth without a diagnosis. Maryland should do the same. Doing so will not change who is eligible for Medicaid or expand benefits; instead, it simply eases access to early intervention.

SB0876, the “no diagnosis” bill, is a smart approach that breaks down the barriers that both clinicians and families face when a formal diagnosis is required in order to provide children the help they need. Simply put, it will promote prevention and improve outcomes, reduce crises, and minimize costs. We respectfully urge the Committee to issue a favorable report on SB0876 and continue Maryland’s national leadership in supporting children’s mental health.

Respectfully,



Angela Kimball
Chief Advocacy Officer

SB0876_MHAMD_Fav.pdf

Uploaded by: Ann Geddes

Position: FAV

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

Senate Finance Committee

March 12, 2024

Position: SUPPORT

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 876.

SB 876 requires that Maryland Medicaid provide coverage for a limited array of behavioral health services delivered to a child under the age of 19, regardless of whether the child has a behavioral health diagnosis. Currently, to bill for behavioral health services, a provider must assign a behavioral health diagnosis within the first three appointments.

The limited array of covered services is to include evaluation and treatment planning, family therapy, group therapy, individual therapy and services related to prevention, education, or outreach.

The bill does not prohibit a provider from issuing a diagnosis. However, diagnosing youth, particularly very young children, can be extremely challenging even for the most skilled clinicians. It can be hard to identify mental health conditions in children because typical childhood growth involves rapid change, and the symptoms of a condition can vary depending on a child's age. Often it is only by working with a child and family over time that some clarity emerges. SB 876 gives clinicians that time.

In addition, there are growing concerns about the over-diagnosis or misdiagnosis of children and youth.¹ These diagnoses can follow a child throughout their life and may even impact their career opportunities. Stigma against behavioral health disabilities remains. Families' legitimate fears of their child being labeled can delay or prevent them from seeking help. SB 876 would alleviate those concerns.

Finally, it can be extremely damaging to a child's self-image to be labeled with a psychiatric disorder. A young person can grow up believing that there is something wrong with them, that they are somehow "abnormal." There can be a real benefit to not immediately assigning a diagnosis.

For these reasons, MHAMD supports SB 876 and urges a favorable report.

¹ Eva Merten et al. Overdiagnosis of mental disorders in children and adolescents (in developed countries). Child and Adolescent Psychiatry and Mental Health. (2017) Accessed March 1, 2024.
<https://capmh.biomedcentral.com/articles/10.1186/s13034-016-0140-5>

MCF-SB 876 Testimony-FAV.pdf

Uploaded by: Ashley Tauler

Position: FAV



Finance Committee

March 11, 2024

TESTIMONY IN SUPPORT

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

Maryland Coalition of Families (MCF) 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.

On behalf of Maryland Coalition of Families, a statewide nonprofit that served over 4,600 families last year with Family Peer Support who had a loved one that struggled with behavioral health challenges, nearly 70% were families with a child in need. We are representing these caregivers, their voices--who quite frankly, are exhausted and need more support and assurances that there are protections and care for their child.

SB 876 allows individuals under the age of 19 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, in order to get paid for providing services, a clinician must provide a diagnosis.

And 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.

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 health care providers 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 MCF families are concerned about a premature diagnosis will “stick” with the child long term. Their child is growing and developing. A mental health diagnosis is unique and complicated for all, but particularly for children. This gives our families more time to move forward in a healthy and effective manner for their child.

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.**

Christi Green
Executive Director
Maryland Coalition of Families

Children's National Testimony - SB 876 - Sarah Bar

Uploaded by: Austin Morris

Position: FAV



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Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Sarah Barclay Hoffman
Program Manager, Community Mental Health CORE
Children's National Hospital
before
Senate Finance Committee
IN SUPPORT OF
SB 876: Maryland Medical Assistance Program – Limited Behavioral Health Services**

March 12, 2024

Chairwoman Beidle, Vice Chair Klausmeier and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 876. My name is Sarah Barclay Hoffman, and I am a Program Manager for Policy and Advocacy within the Community Mental Health CORE at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. We also provide a comprehensive range of behavioral health services for Maryland children and youth.

Children's National is strongly supportive of SB 876, which would provide limited behavioral health services to individuals under the age of 18 years, regardless of whether the individual has a behavioral health diagnosis. SB 876 addresses a community need identified by Children's National Hospital in the 2022 Community Health Needs Assessment (CHNA) and further defined in the 2022-2025 Community Health Improvement Plan (CHIP).ⁱ Federal law requires nonprofit hospitals to assess community need and develop a plan to respond to those needs. The Children's National CHNA utilized systematic, comprehensive data collection to identify the needs of the community we serve. That analysis identified neighborhoods with the lowest Childhood Opportunity Index (COI) scores, including six in Prince George's County,

Maryland. Four priority goals were identified, which included Improving Access to Health Care and Health Insurance Coverage. Within this goal, a key strategy is to advocate for a high quality and easily accessible mental health service continuum inclusive of sustainable promotion and prevention services covered by insurance.

Our practicing behavioral health clinicians at Children’s National, from psychiatrists to psychologists, state that it is often extremely difficult to adequately provide preventive services due to overall lack of insurance coverage. Covering preventive services, especially for those that do not yet have a behavioral health diagnosis, would be a significant advancement for children insured by Medicaid in Maryland.

With children and adolescents in Maryland, and across the nation, in a behavioral health crisis,ⁱⁱ we must advance systemic strategies to ensure a robust and complete mental health continuum of care. Bolstering coverage and access to promotion and prevention services is critical. The Institute of Medicine, in a seminal report from 2009 on prevention of behavioral health disorders in youth, elegantly summarizes the importance and urgency of addressing this crucial issue:

Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional, and behavioral (MEB) disorders are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders. Although individuals who are already affected by a MEB disorder should receive the best evidence-based treatment available, interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families, and society that these disorders entail. Most MEB disorders have their roots in childhood and youth.ⁱⁱⁱ

Experts continue to emphasize the need for prevention. The U.S. Surgeon General’s Advisory^{iv} from 2021 on youth mental health states that “the best treatment is prevention of mental health challenges.”^v The National Academies of Sciences, in their report, *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth* encourage “policy capabilities to promote healthy mental, emotional, and behavioral (MEB) development

and mitigate risks to MEB health by...promoting coverage of behavioral health services for children and caregivers, in reimbursement for private health insurance and Medicaid, encompassing both behavioral health promotion and risk prevention.”^{vi}

During implementation of SB 876, Children’s National recommends the following:

- Obtain Diverse Stakeholder Input. We commend Maryland for including a process to gather stakeholder input, perspectives and expertise that will inform the array of covered, limited preventive services. This process will contribute to ensuring the services are both effective and well-poised for utilization by children and families. We recommend obtaining a wide variety of stakeholder input, and ensuring diversity across race, ethnicity, gender, age, socioeconomic status, and geography. As Health Care Providers, Children’s National would welcome the opportunity to be included in the stakeholder process.
- Include Expansive Definition of “Parents.” When soliciting input from parents as delineated in the section on stakeholder input (page 3, line 9), expand this definition to also include “caregivers,” so those that are legal guardians and/or custodial caregivers could provide their unique perspectives.
- Ensure Family Units Can Receive Preventive Services. Often, the most effective preventive services include treating the entire family, or a dyad, such as a mother and young child, or the primary caregivers, such as through parenting interventions. We recommend ensuring that in these instances, coverage apply to the caregiver(s), dyad or family unit, and not only the “individual under 18” as referenced in the originating bill language.

I applaud Senator Washington for introducing this important legislation, which will benefit Maryland’s young residents and their families, and request a favorable report on Senate Bill 876. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

ⁱ More information on the Children’s National CHNA and CHIP available at: <https://www.childrensnational.org/in-the-community/child-health-advocacy-institute>

ⁱⁱ *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health* available at: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

ⁱⁱⁱ Institute of Medicine. 2009. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12480>.

^{iv} A Surgeon General’s Advisory is a public statement that calls the American people’s attention to an urgent public health issue and provides recommendations for how it should be addressed. Advisories are reserved for significant public health challenges that need the nation’s immediate awareness and action.

^v *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory* available at: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

^{vi} National Academies of Sciences, Engineering, and Medicine. 2019. *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25201>.

SB 876_MFN_FAV_BehavHealth.pdf

Uploaded by: Beth Morrow

Position: FAV



Testimony Concerning SB 876
“Maryland Medical Assistance Program - Limited Behavioral Health Services”
Submitted to the Senate Finance Committee
March 12, 2024

Position: Support

Maryland Family Network (MFN) strongly supports SB 876 which would allow Medicaid recipients under the age of 18 to receive limited behavioral health services without having a behavioral health diagnosis thereby eliminating barriers to mental health treatment and ensuring that young people get the behavioral health supports they need before those issues become life threatening and costly.

MFN has worked since 1945 to improve the availability and quality of child care and early childhood education as well as other supports for children and families in Maryland. We have been active in state and federal debates on child care policy and are strongly committed to ensuring that children, along with their parents, have access to high-quality, affordable programs and educational opportunities.

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. SB 876 would allow Medicaid recipients 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.

SB 876 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, SB 876 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 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 are being addressed with young children far more often than diagnoses found in the DSM.

SB 876 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. Maryland Family Network urges a favorable report on SB 876.

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

Inseparable 2024 - SB 876 No Diagnosis FAV - Senat

Uploaded by: Caitlin Hochul

Position: FAV

inseparable

409 7th St Northwest, Suite 305
Washington, D.C. 20004
March 12, 2024

Senate Finance Committee
Maryland General Assembly
East Miller Senate Building, Room 3
Annapolis, MD 21401

RE: SUPPORT FOR SB0876—Maryland Medicaid Assistance Program—Limited Behavioral Health Services

Dear Chair Beidle, Vice-Chair Klausmeier, and Members of the Committee:

On behalf of Inseparable, a national nonprofit focused on closing the treatment gap for people with mental health conditions, improving crisis response, and supporting youth mental health, I am writing to urge your strong support of SB0876. We are grateful to Senator Washington for introducing this legislation, which will allow children covered by Medicaid to receive certain mental health services regardless of whether they have a formal mental health diagnosis. SB0876 takes a commonsense, yet transformative, step to reduce stigma and improve access to care for children.

Youth mental health concerns—from difficulties adjusting to a new sibling, experiencing anxiety, or coping with a death or a trauma—are common. A child can struggle and experience poor mental health without meeting the criteria for a formal mental health disorder. Requiring a diagnosis to bill for mental health services creates barriers to children getting the very help that could prevent a diagnosable condition or the need for more intensive services. Recognizing this conundrum, California and Colorado have extended eligibility for limited Medicaid mental health services to children and youth without a diagnosis. Maryland should do the same. Doing so will not change who is eligible for Medicaid or expand benefits; instead, it simply eases access to early intervention.

SB0876, the “no diagnosis” bill, is a smart approach that breaks down the barriers that both clinicians and families face when a formal diagnosis is required in order to provide needed help for children. Simply put, it promotes prevention and improved outcomes, reduced crises, and minimized costs. We respectfully urge the Committee to issue a favorable report on SB0876 and continue Maryland’s national leadership in supporting youth mental health.

Respectfully,



Angela Kimball
Chief Advocacy Officer

MC Federation of Families Testimony in Support of

Uploaded by: Celia Serkin

Position: FAV



**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
March 12, 2024

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.

Maryland Catholic Conference_FAV_SB876.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

March 12, 2024

Senate Bill 876

**Maryland Medical Assistance Program - Limited Behavioral Health Services
Senate Finance Committee**

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 876 requires beginning January 1, 2025, the Maryland Medical Assistance Program to provide limited behavioral health services to individuals under the age of 18 years regardless of whether the individual has a behavioral health diagnosis; and requiring the Maryland Department of Health to seek input from stakeholders in determining the limited behavioral health services to be covered.

It's important to note that nearly 1 in 5 children grapple with mental, emotional, or behavioral disorders, such as anxiety, depression, ADHD, ASD, disruptive behavior disorder, or Tourette syndrome.¹ Young people face significant challenges in mental health, and obstacles like limited resources in schools or peer-driven stigma further hinder their access to care. The bill seeks to address these barriers, aiming to make behavioral health services more accessible for families with children.

Currently, families dealing with the lack of a specific diagnosis frequently endure extended waiting periods to receive necessary care. In addressing this issue, the proposed legislation suggests broadening behavioral health services to include preventive and promotional initiatives. This extension aims to actively involve both parents and minors in the intervention process. The Catholic Conference is committed to promoting the overall well-being of individuals, including their spiritual, physical, and mental health, with a focus on preserving the gift of life.

¹<https://www.cdc.gov/childrensmentalhealth/access.html#:~:text=Some%20families%20cannot%20find%20mental,waiting%20lists%20to%20receive%20care.>

For these reasons, the MCC asks for a favorable report on **SB 876**.

Thank you for your consideration.

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Uploaded by: Joyce Harrison

Position: FAV

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

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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



NASW Maryland - 2024 SB 876 FAV - No Diagnosis - S

Uploaded by: Karessa Proctor

Position: FAV

Testimony Before the Senate Finance Committee

March 12, 2024

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

TESTIMONY IN SUPPORT

The Maryland Chapter of the National Association represents social workers statewide. We urge your support for SB 876: Maryland Medical Assistance Program - Limited Behavioral Health Services. This bill would enable young people under the age of 18 who are enrolled in Maryland's Children's Health Insurance Program to receive limited behavioral health services without requiring the child be assigned a behavioral health diagnosis.

Behavioral health providers are required to render a diagnosis within 3 sessions to bill for their services. The reality is that behavioral health diagnoses are an inexact science without medical testing for corroboration. Over my decades of experience working with foster children, I've observed trendy diagnoses that came and went. Thirty years ago for example, dissociative identity disorder (DID) was very popular - not so much anymore. Moreover, it wasn't unusual when the youth changed providers to be assigned a new and/or different diagnosis.

In some respects, a behavioral health diagnosis is a box within which to understand a person's symptoms, a label to explain their behavior. Doesn't assessing symptoms and treating those symptoms make more sense? What's the rush to give the child a label?

To be clear, SB 876 doesn't prohibit a health care provider from formulating a diagnosis. There may be times when one may be important to access certain services and/or medications. But when it's not, the bill simply allows a healthcare provider the option to prioritize assessment and planning over eliciting information to attach a diagnosis.

I've been a social worker for a very long time and believe that when we know better, we do better. What we know is that diagnosis is still not an exact science, that labels can hurt children and may be an obstacle to pursuing care. As social workers, we support SB 876 as a strategy to avoid labeling children and eliminate barriers to behavioral health care. We urge a favorable report.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

2024_SB 876 Tx wo Diagnosis_FAVORABLE.kay connors.

Uploaded by: Kay Connors

Position: FAV

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/>

COA_written testimony_SB 876 3.11.24.pdf

Uploaded by: Laura Jahromi

Position: FAV



March 11, 2024

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

The Montgomery County [Children's Opportunity Alliance](#) is a newly locally legislated Early Care and Education Coordinating Entity that brings community together to create a more equitable, accessible, high-quality, and sustainable early childhood system that narrows disparities and puts young children on a path to reach their greatest potential.

We urge you to support Senate Bill 876 favorably.

The Children's Opportunity Alliance believes that young children and their families need seamless access to a network of high-quality early childhood services that provide holistic support, mitigate disparities, and lead to lifelong benefits. The ability to access mental and behavioral health services with less barriers and stigma helps to build a more beneficial early childhood system for us all.

This bill acknowledges the complexity of diagnosing mental health issues in young children, noting that it often takes more than three visits to assess accurately. By allowing clinicians more time for evaluation, SB 876 aims to prevent future mental health issues and improve academic performance. 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.

Submitted on behalf of the Children's Opportunity Alliance.

A handwritten signature in black ink, appearing to read "Laura Jahromi".

Laura Jahromi, Manager, Strategic Initiatives
The Montgomery County Children's Opportunity Alliance
P.O. Box 287, Rockville, MD 20848
301-450-1871
laura@mocochildren.org

2024 SB 876 LOS MD NAPNAP.pdf

Uploaded by: Lindsay Ward

Position: FAV



Support: SB 876 Maryland Medical Assistance Program - Limited Behavioral Health Services
2/24/24

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our support of **SB 876 Maryland Medical Assistance Program - Limited Behavioral Health Services**

This bill would allow children and their families to receive the following without having a behavioral health diagnosis. It often takes time to determine a behavior health diagnosis and children and families may need behavioral health services before a specific diagnosis can be made or if the family requests these resources. This bill would allow evaluation and treatment, family therapy, group therapy and individual therapy, education and services related to prevention, promotion and education.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 876 Maryland Medical Assistance Program - Limited Behavioral Health Services and requests a favorable report.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners memberships includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or MDChesNAPNAPLeg@outlook.com.

Sincerely,

A handwritten signature in black ink that reads "Lindsay J. Ward". The signature is written in a cursive, flowing style.

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President



Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

2024 MAYSB SB 876 No Diagnosis - FAV - Senate.pdf

Uploaded by: Liz Park

Position: FAV



"Being here for Maryland's Children, Youth, and Families"

**Testimony submitted to Senate Finance Committee
Support**

March 13, 2024

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

The Maryland Association of Youth Service Bureaus, which represents a network of Bureaus throughout the State of Maryland, supports **Senate Bill 876 – Maryland Medical Assistance Program – Limited Behavioral Health Services**. Youth Service Bureaus provide prevention, intervention and treatment services and understand the importance of increasing accessibility and removing barriers for children and adolescents to access mental health care.

As providers who work with families seeking treatment for their children, we understand the importance of addressing issues as early as possible. We work with young people who are experiencing anxiety, depression, behavioral symptoms, school problems, etc. This bill will allow them to receive the help they need even if they do not meet full criteria for a diagnosis. Children and adolescents should not have to suffer until they meet criteria before they can obtain needed mental health treatment.

Data collected by the Annie E Casey Foundation, Department of Health and Human Services, and Center for Disease Control tells us:

- 13% of children and adolescents have anxiety or depression
- 32% of Maryland Adolescents reported they felt sad or hopeless in 12 months before survey

Getting help early not only improves outcomes, but it can also keep a child or adolescent from experiencing worsening symptoms. Mental health disorders, substance use, and behavioral problems can disrupt school performance, harm relationships, and lead to suicide. Effective treatment for these problems, especially if they begin soon after symptoms appear, can help reduce its impact.

(over)

Currently, a diagnosis is required to bill for most mental health supports. It is important to note that this legislation does not change who is eligible for Medicaid or current benefits. Instead, it merely reduces a barrier to accessing care.

We urge the passage of this bill to ensure that children and adolescent can receive mental health treatment as soon as symptoms appear.

Respectfully Submitted:

Liz Park, PhD
MAYSB Chair
lpark@greenbeltmd.gov

NCADD-MD - 2024 SB 876 FAV - No Diagnosis - Senate

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

March 12, 2024

Senate Bill 876

Maryland Medical Assistance Program - Limited Behavioral Health Services

Support

NCADD-Maryland strongly supports Senate Bill 876. The legislation would allow children and adolescents covered by Maryland Medicaid's Children's Health Insurance Program access to a number of behavioral health services without the need for a diagnosis. This change will increase opportunity for early intervention and prevention services, which lead to better health outcomes, and less expense to our health care system.

This committee has heard over and over about the increasing behavioral health problems our children are dealing with. The pandemic and the shut-down had long-lasting effects on all of us, but was especially hard for young people. We need to remove as many barriers as we can so kids to get services. With early help, many mental health and substance use conditions can be prevented. For others, early treatment can help people manage their conditions better and use less intensive and less costly 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, in order to get paid for providing services, a clinician must provide a diagnosis.

Then there are the times that a child's behavior is not reflective of a behavioral health disorder, but is reflective of the environment in which they live. Children can live in difficult circumstances, with families that have problems, in unstable housing, in school settings that are bad, and in neighborhoods that are unsafe. These adverse experiences can lead to behavioral health problems, but if addressed early, some will not worsen to the point of an actual diagnosis.

(over)

Stigma is also a barrier to treatment. Some parents are reluctant to have their children labeled at an early age. And sometimes diagnoses can follow kids in schools where they may be treated poorly by other students, or where teachers and administrators may set inappropriate expectations for them.

Removing the requirement that a child must have a behavioral health diagnosis before accessing services is smart public policy. Earlier access leads to better outcomes. We urge a favorable report on Senate Bill 876.

SB 876- LWVMD- FAV- Maryland Medical Assistance Pr

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE FINANCE COMMITTEE

SB0876: Maryland Medical Assistance Program- Limited Behavioral Health Services

POSITION: Support

BY: Linda Kohn, President

DATE: March 11, 2024

The League of Women Voters believes that every U.S. resident should have access to affordable, quality health care, which includes behavioral health care for children and adolescents.

This care is sorely needed. The Youth Risk Behavior Survey for the 2021-2022 school year, highlighted in The Maryland Department of Legislative Services *2024 Issue Papers*,¹ revealed that between 35% and 40% of Maryland middle and high schoolers reported feeling “sad/hopeless,” with over 25% of middle schoolers and 20% of high schoolers disclosing that they have “seriously considered suicide.”

By removing a major barrier to accessing behavioral health care, Senate Bill 876 would allow more of these children to be helped. It would enable a healthcare provider to deliver limited behavioral health services to ANY covered child under the age of 18 thought to need care, including those without a documented behavioral health diagnosis. This would expand the number of children permitted to receive early screening, evaluation and treatment by a professional for what might be those feelings of “sadness and hopelessness.” A treatment plan, including outreach, education, and individual, family, and/or group therapy, would be designed to address the problem, without the extra burden of requesting pre-authorization and approval for services based on a “covered” diagnosis.

Including individuals under the age of 18 and parents as stakeholders in the process of determining what limited behavioral health services will be provided, will help ensure that treatment will be equitable, relevant, and effective for the young population it’s designed to serve.

The League of Women Voters Maryland, representing 1,500+ concerned members throughout Maryland, urges a favorable report on Senate Bill 876.

¹ <https://dls.maryland.gov/pubs/prod/RecurRpt/Issue-Papers-2024-Legislative-Session.pdf>

SB 876- Limited Behavioral Health Services- Suppor

Uploaded by: Pallavi Arora

Position: FAV



Maryland
Hospital Association

Senate Bill 876-Maryland Medical Assistance Program - Limited Behavioral Health Services

Position: *Support*

March 12, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 62 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 876.

More than 200,000 patients visit Maryland emergency departments (ED) seeking behavioral health services each year. Maryland hospitals care for everyone who comes through their doors, but too often patients in crisis visit hospital EDs due to a lack of behavioral health services in the community.

SB 876 would require the Maryland Medicaid Program to provide coverage for limited behavioral health services to individuals under the age of 18 regardless of whether the individual has had a behavioral health diagnosis. Specifically, this bill would require the Maryland Medicaid program to provide coverage for evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, promotion, education, or outreach, or any other services determined necessary by the Maryland Department of Health.

The ongoing behavioral health care crisis in Maryland contributes to ED length of stay and hospital discharge challenges. However, if patients have access to the supportive care services proposed under this bill, they can get the help they need at the onset of behavioral health conditions and stay out of crisis. This bill will improve the availability of behavioral health services and outcomes, keep people out of crisis, and decrease unnecessary ED visits.

For these reasons, we urge a *favorable* report on SB 876.

For more information, please contact:
Pallavi Arora, Legislative Intern, Government Affairs
parora@mhaonline.org

SB 876 Favorable P. Smith.pdf

Uploaded by: Parish Smith

Position: FAV

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.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, 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

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

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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/>

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.**

2024 LCPCM SB 876 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

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

Hearing Date: March 12, 2024

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 876 - Maryland Medical Assistance Program – Limited Behavioral Health Services*. The bill allows a patient under the age of 18 years old who is enrolled in Maryland’s Children’s Health Insurance Program (CHIP) to receive evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, education, or outreach without that individual having a behavioral health diagnosis.

LCPCM supports this bill because it will increase access to needed healthcare. Under current practice, a provider must render a behavioral health diagnosis within the first three appointments in order for any ongoing services to be reimbursable under the Medicaid program. It can take more than three visits with a young child to render an accurate behavioral health diagnosis.

We ask for a favorable report. If you need any additional information, please contact Robyn Elliott at relliott@policypartners.net.

PGCYAB_SB876 written testimony 031224 3.pdf

Uploaded by: Samiryah Chaney

Position: FAV



**Prince George's
County
Youth Action Board**

425 Brightseat
Road
Landover, MD
20785

*“The YAB
envisions a
world where
there is no youth
homelessness. A
world in which
there are safe,
compassionate
spaces for YYA
and where youth
are healthy,
strong, safe, and
connected.”*

**Senate Bill 876 Maryland Medical Assistance Program – Limited Behavioral
Health Services
Finance Committee
March 12, 2024**

TESTIMONY IN FAVOR WITH AMENDMENTS

The Prince George's County Youth Action Board (YAB) was established in November of 2019 to provide an outlet for youth to speak about their experiences with homelessness. The YAB is the decision-making body of youth and young adults with lived experience of homelessness or housing instability. The YAB is also tasked with providing direct input on all issues related to youth homelessness, offering insight and expertise throughout the Youth Homelessness Demonstration Project (YHDP) implementation process, generating ideas for system innovation and improvement as well as serving with the YHDP Steering Committee to oversee implementation and participate in the continuous quality improvement process.

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.

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.

This amendment is important for our organization because of the age group we serve (16-26 years old), and with the aftereffects of Covid-19, the need for mental health services for this age group is at an all-time high. Youth and young adults are seeking pathways for positive outlets and opportunities to improve the status of their mental health and if these services are limited, the growth of the youth we serve will be affected.

For additional
information,

There is 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 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. **The Prince Georges County Youth Action Board urges this committee to pass SB 876 with amendments to include coverage for transition age youth.**

SB 876 CLASP Testimony.pdf

Uploaded by: Nia West-Bey

Position: FWA

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.¹

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.² 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.³ 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.⁴ 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.**

¹[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)

²[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)

³ https://www.clasp.org/wp-content/uploads/2022/01/YA-MH-Scan_Policy-for-Transformed-Lives_Barriers.pdf

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

SB 876 - SWA - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FWA



March 11, 2024

The Honorable Pamela Beidle
Senate Finance Committee
Miller Senate Office Building – 3 East
Annapolis, MD 21401

RE: Support – Senate Bill 876: Maryland Medical Assistance Program – Limited Behavioral Health Services

Dear Chair Pena-Melnyk and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 876: Maryland Medical Assistance Program – Limited Behavioral Health Services (SB 876). However, the societies believe that requiring a diagnosis before providing limited mental health services can ensure that resources are allocated efficiently and effectively. Requiring a diagnosis ensures that individuals receive treatment tailored to their specific mental health needs. Without a diagnosis, a risk of providing services that may not be appropriate or effective for the individual's condition exists. In addition, requiring a diagnosis can help prevent overutilization of mental health services by individuals who may not necessarily need them. This ensures that limited resources are directed towards those who genuinely require treatment. Finally, a diagnosis provides the basis for treatment planning and monitoring progress. It allows mental health professionals to develop targeted interventions and measure their effectiveness over time, leading to better outcomes for patients.

Therefore, incorporating a diagnosis requirement ensures that limited behavioral health services are provided in a responsible and accountable manner, ultimately benefiting both individuals seeking treatment and the healthcare system as a whole. MPS/WPS suggest the following amendments to get to that end:

On page 2, strike beginning with “REGARDLESS” in line 13 down through “DIAGNOSIS” in line 14.



On page 2, beginning with “REGARDLESS” line 18 strike down through “DIAGNOSIS” in line 19.

For all the reasons above and with the above-referenced amendment, MPS and WPS ask the committee for a favorable report on SB 876. If you have any questions regarding this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

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Uploaded by: Jason Caplan

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 6, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

Re: Senate Bill 876 – Medical Assistance Program – Limited Behavioral Health Services – Letter of Opposition

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of opposition for Senate Bill (SB) 876 – Medical Assistance Program – Limited Behavioral Health Services. SB 876 would require the Department to provide limited behavioral health services to individuals under the age of 18 that are covered under the Maryland Medical Assistance (“Medicaid”), regardless of whether the individual has a behavioral health diagnosis beginning January 1, 2025

The Department is dedicated to ensuring participants in the Maryland Medicaid Program have access to the full continuum of behavioral health services. This is especially important for children under age 18. While the Department recognizes the potential value in the care delivery model proposed by SB 876, implementing the legislation would require substantial structural changes to how the Department handles Mental Health/Substance Use Disorder (MH/SUD) services.

Maryland currently operates a bifurcated care delivery system for MH/SUD benefits. Managed Care Organizations (MCOs) are responsible for delivering the majority of Medicaid covered services, including primary care behavioral health. However, specialty MH/SUD services are delivered on a fee-for-services (FFS) basis through an Administrative Services Organization (ASO) model, also known as a “carve-out” model. This coverage division, along with substantial system programming, is driven by diagnosis code and service type. The services included in this bill are currently delivered through the ASO. SB 876 would fundamentally alter the core mechanisms currently in place to deliver services in Maryland Medicaid, requiring changes to how the Department currently authorizes and reimburses claims through both the HealthChoice MCOs and the behavioral health ASO; how the Department enrolls providers; and how the Department structures delivery of certain Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. Making these changes would have an indeterminate, but substantial, fiscal impact.

In fiscal year (FY) 2023, the Department spent \$551 million on lower level behavioral health services (level 1 services) for children under age 18. The Department assumes that HB 1040 would increase utilization in these services by 20 percent. As a result, HB 1040 would have a fiscal impact of \$110.2 million in total funding (\$52.1 million state general funds, \$58.1 million federal funds) per year. The estimated cost from FY 2025 through FY 2029, for this bill is \$529.9 million in total funding (\$250.6 million state general funds, \$279.2 million federal funds). If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary