



## **HB 82 – Maryland Medical Assistance and Children’s Health Insurance Programs – School-Based Behavioral Health Services – Reimbursement**

**Committee: Health and Government Operations**

**Date: February 14, 2023**

**POSITION: Support with amendments**

**The Maryland Coalition of Families:** Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

---

MCF offers this testimony in support of HB 82.

On initial reading of HB 82 we were delighted. The bill addresses a pressing need – treating the behavioral health challenges of children and adolescents in schools. The mental health of youth has dramatically worsened in the wake of the COVID pandemic. Emergency department visits for potential suicidality for youth aged 12-17 increased 39% from 2019 to 2021.<sup>1</sup> The American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children’s Hospital Association (CHA) joined together to declare a National State of Emergency in Children’s Mental Health. Study after study has documented the worsened behavioral health of youth since the onset of the COVID pandemic.

Yet accessing behavioral health care for a child can be difficult for families. Fewer than one-half of families referred by their child’s primary care provider for specialty behavioral health services have a follow-up appointment within the following six months. There is stigma associated with going to a behavioral health clinic, and families often don’t have the ability to take more time off from work to transport their child to an appointment.

---

<sup>1</sup> Centers for Disease Control and Prevention (June 2021). Emergency Department Visits for Suspected Suicide Attempts among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic – United States, January 2019-May 2021.

For these reasons, the provision of behavioral health services in schools makes tremendous sense, but schools can only do so much. Schools cannot afford to hire the needed number of behavioral health professionals. School psychologists divide their time among a number of schools, and spend most of their time completing educational assessments. Other school behavioral health staff too are in short supply.

Therefore allowing schools to bill Medicaid for behavioral health services provided in schools would be of great benefit – with additional dollars, schools could hire more providers and treat more students. This is a compelling solution to the problem.

It is clear, however, that the bill as written could have a negative impact on the existing community-partnered school-based behavioral health providers, who currently are delivering services to more than 20,000 students. If, owing to competition for students and for behavioral health staff, these providers could no longer financially afford (or hire the clinicians) to deliver services in schools, we could see a contraction, rather than an expansion, of services available to students.

We need to proceed carefully. Community-partnered school-based behavioral health providers have many advantages. They can offer services throughout the summer months and holidays. They have a well-established infrastructure in place to bill both Medicaid and private insurance. Providers are embedded within a clinic and can easily refer and collaborate with a student's psychiatrist, if needed. We don't want the robust programs that are already operating in Maryland to cease providing services because of competition for students or staff.

The amendments offered would go some way to addressing the unintended negative consequences that would result from the passage of the bill. We still would need to evaluate the impact of the proposed changes, and make every effort to ensure that the existing community-partnered school-based behavioral health providers remain whole.

For these reasons we urge a favorable report on HB 82 as amended.

**Contact: Ann Geddes**  
**Director of Public Policy**  
**The Maryland Coalition of Families**  
**8950 State Route 108, Suite 223**  
**Columbia, Maryland 21045**  
**Phone: 443-926-3396**  
[ageddes@mdcoalition.org](mailto:ageddes@mdcoalition.org)