



**DATE:** February 28, 2023      **COMMITTEE:** House Health and Government Operations  
**BILL NO:** House Bill 1148  
**BILL TITLE:** Behavioral Health Care – Treatment and Access (Behavioral Health Model for Maryland  
**POSITION:** Support with amendments

**Kennedy Krieger Institute supports House Bill 1148 with amendment.**

**Bill Summary:**

This legislation has the following missions:

1. Establish Commission on Behavioral Health Care Treatment and Access
2. Establish Behavioral Health Care Coordination Value-Based Purchasing Pilot Program for adults
3. Requiring Department to submit plan amendment to CMS for community behavioral health clinics
4. Extending to a certain date audio-only conversations in definition of telehealth

**Background:**

Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive, and physical challenges. Kennedy Krieger’s services include inpatient, outpatient, school-based, and community-based programs. Over 27,000 individuals receive services annually at Kennedy Krieger.

Kennedy Krieger has several robust mental and behavioral health departments, treating patients and their families by providing compassionate, interdisciplinary clinical care. Our practices are rooted in medically researched interventions and guidance including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy, exposure and response prevention, and more. **Mental and behavioral health makes up half of the patients served annually.** Kennedy Krieger’s programs are open to all patients; however, the Institute provides specialized care for patients experiencing co-diagnoses of intellectual or developmental disabilities.

**Rationale**

Maryland is experiencing a tsunami of mental and behavioral health crises. This perfect storm of workforce shortages, lack of available spaces and increased demand has been a huge barrier to individuals seeking help, and those who elect not to seek help because they don’t believe the resources are available.

The U.S. Surgeon General’s recent advisory, “Protecting Youth Mental Health,” noted that “Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth.”<sup>1</sup> It is estimated that 1 out of 5 children has a mental, emotional, or behavioral disorder<sup>2</sup>, though only about 20 percent of these children receive the mental health services they need.<sup>3</sup>

Kennedy Krieger also endorses the extension to telehealth services in this legislation. The pandemic highlighted many health inequities, including having access to reliable internet services and devices. Although telehealth improved access to care, many inequities remain. At Kennedy Krieger, most families connect with their provider through a secure, HIPAA-compliant web-based portal from the privacy of their homes. Kennedy Krieger received two Federal Communications Commission (FCC) grants to provide iPads and internet hotspots to families who lacked such equipment for telehealth services. Even with this program, which Kennedy Krieger continues to fund, there are families for whom audio-only services are necessary. The continuation of audio-only services, when the patient requests it and when the provider feels it is clinically appropriate, is crucial to maintain equitable access to healthcare.

## Amendments:

1. **Page 2, line 19-21 (Section 13-4801(B) – include under “Behavioral health:” and “individuals with developmental disabilities that may be experiencing behavioral health needs.”**

Reason: This expands the definition of behavioral health. The Commission includes providers focused on developmental disabilities; however, this would clarify that the Commission would study this population in addition to the groups outlined based on the definition of behavioral health.

2. **Page 6, line 17 (Section 13-4805(8) – include “intellectual and developmental disorders with behavioral health needs.”**

Reason: This adds language to the workgroup study to include reviewing recommendations for individuals with disabilities.

3. **Page 7, line 6 and 7 (Section 13-406(2) – include “including youth with intellectual disabilities.”**

Reason: workgroup subgroups. Treatment for this population can be very complex, and many Kennedy patients receive their services at Kennedy because there is not suitable or equivalent services in their location. Information obtained through this commission should include this unique population.

4. **Page 9, line 2 (Section 13-4904(B) – include after adults, “and youth”**

Reason: After nearly 3 years, the negative effects of the pandemic including loss and grief, isolation, and academic challenges have resulted in long-lasting and increasing rates of depression, suicidal ideation, and anxiety amongst youth.<sup>5</sup> This is concerning because psychiatric conditions that start in childhood increase the risk for poorer outcomes later in life.<sup>5</sup>

## References

1. Office of the Surgeon General. *Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory*. 2021:1-53. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
2. National Research Council and Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. The National Academic Press; 2009.
3. American Academy of Child & Adolescent Psychiatry. Best Principles for Integration of Child Psychiatry into the Pediatric Health Home. Accessed January 29, 2023, [https://www.aacap.org//App\\_Themes/AACAP/docs/clinical\\_practice\\_center/systems\\_of\\_care/best\\_principles\\_f\\_or\\_integration\\_of\\_child\\_psychiatry\\_into\\_the\\_pediatric\\_health\\_home\\_2012.pdf](https://www.aacap.org//App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_f_or_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf)
4. Theberath M, Bauer D, Chen W, et al. Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. *SAGE Open Med*. 2022;10:20503121221086712. doi:10.1177/20503121221086712
5. William T. Grant Foundation. Disparities in Child and Adolescent Mental Health and Mental Health Services in the U.S. Accessed October 5, 2022, <https://wtgrantfoundation.org/library/uploads/2015/09/Disparities-in-Child-and-Adolescent-Mental-Health.pdf>