



House Health and Government Operations Committee

March 6, 2024

TESTIMONY IN SUPPORT

House Bill 1040: Maryland Medical Assistance Program – Limited Behavioral Health Services

Maryland Coalition of Families (MCF) is pleased to support HB 1040: 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.

HB 1040 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. HB 1040 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.

HB 1040 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 HB 1040.**

Christi Green
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