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**Testimony of Sarah Barclay Hoffman
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before
Health and Government Operations Committee
IN SUPPORT OF
HB 1040: Maryland Medical Assistance Program – Limited Behavioral Health Services**

March 6, 2024

Chairwoman Peña-Melnyk, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in favor of House Bill 1040. 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 HB 1040, 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. HB 1040 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 HB 1040, 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 the Maryland General Assembly for introducing this important legislation, which will benefit Maryland’s young residents and their families, and request a favorable report on House Bill 1040. 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>.