



Kennedy Krieger Institute

DATE: February 8, 2024 **COMMITTEE:** House Health and Government Operations
BILL NO: House Bill 400
BILL TITLE: Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement
POSITION: Support

Kennedy Krieger Institute supports House Bill 400 - Health Insurance – Annual Behavioral Health Wellness Visits – Coverage and Reimbursement

Bill Summary:

House Bill 400 would require certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and certain reimbursement for annual behavioral health wellness visits.

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.

The vision for the Office for Health Equity Inclusion and Diversity (O-HEID) at Kennedy Krieger Institute, established in 2020, is to promote the health and well-being of those who work and receive training and services at Kennedy Krieger Institute. The O-HEID uses evidence, culturally relevant, and equity-based approaches that assures diversity and inclusion. The O-HEID is working to establish collaboration, data, and metrics to address remediable disparities within our patient populations, policies, and practices.

Rationale:

Following the COVID-19 pandemic, there is an ongoing behavioral health crisis in children. 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.”¹ It is estimated that 1 out of 5 children has a mental, emotional, or behavioral disorder², though only about 20 percent of these children receive the mental health services they need.³ In particular, children of color, children with disabilities, LGBTQ+ and children living in households with incomes at the poverty level bear an undue burden of poor mental health outcomes due to scarcity of trained culturally responsive and trauma-informed mental health providers, socioeconomic disadvantage, racism, or immigration status amongst other factors.⁴ After several 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.⁵ This is concerning because psychiatric conditions that start in childhood increase the risk for poorer outcomes later in life.⁶

Even prior to the pandemic, many barriers such as stigma existed for children accessing behavioral health services. Unfortunately, there continues to be a nationwide shortage of behavioral health professionals to meet this need⁷, which means that children and youth are suffering from lack of identification and treatment of their mental health needs. Family physicians and pediatric care providers currently try to meet this mental health service gap in the United States. They are well positioned to continue to lead in providing behavioral health services to improve access, quality, and outcomes for their patients.⁸ According to the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), the National Academies of Sciences, Engineering, and Medicine Board on Children, Youth and Families, and the Surgeon General’s Advisory, integrated behavioral health services in pediatric primary care has the potential to reduce

health disparities and improve service utilization.^{1,9} The Surgeon General states that, “Employers can play an outsized role in supporting the mental health of children and young people, [by providing] access to comprehensive, affordable, and age-appropriate mental health care for all employees and their families, including dependent children.”¹ As such, requiring reimbursement for annual behavioral health wellness visits is a critical step to ensuring that children in Maryland are properly identified when in need of behavioral health services and would send a clear message to Marylanders that mental health and well-being are priorities equal in importance to physical health and well-being.

Kennedy Krieger Institute requests a favorable report on House Bill 400.

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_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf
4. Trent M, Dooley DG, Dougé J, et al. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765
5. 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
6. 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>
7. U.S. Department of Health and Human Services HRaSA. National projections of supply and demand for selected behavioral health practitioners: 2013–2025. January 29, 2023.
8. American Academy of Family Physicians. Mental Health Care Services by Family Physicians (Position Paper). <https://www.aafp.org/about/policies/all/mental-health-services.html>
9. Njoroge WFM, Hostutler CA, Schwartz BS, Mautone JA. Integrated Behavioral Health in Pediatric Primary Care. *Current Psychiatry Reports*. 2016;18(12)doi:10.1007/s11920-016-0745-7