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**Testimony of Sarah Barclay Hoffman
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before

**Health and Government Operations Committee
IN SUPPORT WITH AMENDMENTS**

**HB 400: Maryland Medical Assistance Program and Health Insurance – Annual Behavioral
Health Wellness Visits – Coverage and Reimbursement**

February 8, 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 400 with amendments. 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 Hospital is in strong support of HB 400, which would require the Maryland Medical Assistance Program and certain health insurers, nonprofit health service plans, and health maintenance organizations to provide coverage and reimbursement for annual behavioral health wellness visits. Physical health annual wellness visits with a health care provider are a routine, financed component of our health care systems. Proactive guidance and information can be conveyed in a structured visit while screening for potential conditions and concerns that warrant follow-up. These preventive checkups are a covered benefit and generally well-attended. Our systems should do the same for behavioral health care, and HB 400 is a strong component in advancing behavioral health parity. Providing annual preventive

behavioral health checkups for children and adolescents, and adults, offer the same benefits for both patients and providers. Routine visits are more likely to be socially accepted and provide access to important screening and follow-up for patients at risk for conditions. Routine behavioral health visits also build structure and predictability into provider schedules, allowing for appropriate screening protocols, staffing and specialization.

While we urge passage of HB 400, Children's National offers the following recommendations to strengthen the bill, especially for children and adolescents:

- **Explicitly State that Coverage is Included for Children and Adolescents Ages 0-21**
 - All children have behavioral health needs, including infants and toddlers. The American Academy of Pediatrics recommends behavioral/social/emotional screening from newborn to 21 years of age.¹ Therefore, it is critical to explicitly state the full age range, and that all children and adolescents, from birth to young adulthood, are entitled to a covered behavioral health wellness visit.
- **Explicitly State that Pediatric Primary Care Providers in addition to Behavioral Health (Mental Health and Substance Use) Practitioners, including Psychologists and Psychiatrists, Can Administer the Behavioral Health Wellness Visit**
 - Primary care providers, including pediatric primary care providers, are often the first health care practitioners that see a patient or family when a behavioral health concern arises, and may be the most trusted source for a patient or family to disclose an issue or honestly respond to a screening tool or assessment. The American Academy of Pediatrics recognizes the unique and important role of pediatric primary care providers in behavioral health.² Furthermore, the behavioral health workforce shortage demands that qualified practitioners, including primary care providers, not be excluded from the available pool that can appropriately conduct a behavioral health wellness visit.
 - We also recommend clarifying that psychologists and psychiatrists are included in the list of qualifying practitioners who can conduct a behavioral health wellness visit.
- **Ensure the Behavioral Health Wellness Visit can be Conducted via Telemedicine**

- Telemedicine continues to play a critical role in the delivery of health care yet is not always fully recognized in policy and regulatory decisions. Children’s National recommends language to ensure that the behavioral health wellness visit could be conducted via telemedicine and appropriately paid.
- **Ensure the Behavioral Health Wellness Visit can be Conducted, Billed and Reimbursed on the Same Day as a Physical Wellness Visit**
 - Health care practices conduct their workflow in a variety of manners, depending on many factors, including patient population, geographic location, among others. Flexibility should be available such that the behavioral health wellness visit can be administered, billed, and insurance payment rendered in various ways, depending on the specific practitioner, practice, etc. For example, a pediatrician may conduct a physical wellness visit and behavioral health wellness visit on the same day, but in adjacent (2) patient visits. A different pediatric primary care practice may have a pediatrician conduct a physical wellness visit, and a mental health practitioner conduct the behavioral health wellness visit, both on the same day. Others may have the visits on separate days. All these permutations should be valid for billing and payment. It is also important that this coverage is in addition to the coverage of an annual physical health preventive exam.
- **Include Behavioral Health Parity Language:**
 - Children’s National recommends the addition of language that underscores the importance of ensuring parity between physical and behavioral health wellness exams, such as the coverage for the behavioral health wellness visit must:
 - Be comparable to the coverage of a physical examination;
 - Comply with the requirements of federal mental health parity laws; and
 - Not require any deductibles, copayments, or coinsurance
 - Children’s National also recommends considering explicit language that coverage for the annual visit should be up to 60 minutes, given that adequately addressing behavioral health can be time intensive and complex in nature.

Thank you for the opportunity to submit testimony and for considering our recommendations. We commend the Maryland General Assembly for contemplating this critical piece of legislation. I am happy to respond to any questions you may have.