



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Laura Willing, MD, MEd, DFAACAP
Co-Director, Child and Adolescent Anxiety Program
Associate Program Director, Child and Adolescent Psychiatry Fellowship
Medical Director for Mental Health Policy and Advocacy, Community Mental Health CORE
Assistant Professor, Department of Psychiatry & Behavioral Sciences
Children's National Hospital**

**SB 111: Maryland Medical Assistance Program and Health Insurance - Step Therapy, Fail-First
Protocols, and Prior Authorization - Prescription to Treat Serious Mental Illness
Position: FAVORABLE
January 29, 2025
Senate Finance Committee**

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 111. My name is Dr. Laura Willing, and I am a psychiatrist at Children's National Hospital. I am also the Medical Director for Mental Health Policy and Advocacy in our Community Mental Health CORE. The Community Mental Health CORE aims to improve access to and utilization of high-quality behavioral health services for children and families, advance racial and health equity, and promote sustainability and system-level change through research, policy, advocacy, and community engagement.¹ 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.

Children's National strongly supports SB111 with the stated purpose of prohibiting health plans from requiring prior authorization, step therapy protocol, or fail-first protocol for prescription drugs used to treat certain mental illnesses. The benefits of this legislation include reducing provider administrative burden, ensuring patients with serious mental illness are given the most effective treatments in accordance with the current evidence-base, and eliminating excessive delays in care while patients wait for approvals.

Children's National has seen an upsurge of children and adolescents presenting with serious mental illness, such as major depression, bipolar disorder, and psychosis. While our psychiatrists are fully qualified and prepared to address the needs of these patients and recommend the best course of treatment, many times involving prescription medications, we are sometimes limited in what we can prescribe due to prior authorization and step therapy

¹ For more information on the Community Mental health CORE, see <https://childrensnational.org/advocacy-and-outreach/child-health-advocacy-institute/community-mental-health>.

requirements. According to a study conducted by the American Medical Association, almost 90% of physicians surveyed reported that prior authorization leads to higher overall utilization of health care resources, while 69% reported ineffective initial treatments – due to step therapy requirements.² The impact can be even more detrimental when addressing children's mental health, as it is often an under resourced discipline and patient population. For example, I recall a family of a young person who was not able to pick up a much-needed prescription after being hospitalized for serious safety concerns due to mental illness. The prescription required prior authorization, and because they had not yet established care with an outpatient psychiatrist, they came to the Children's National Emergency Department for help getting the prescription filled. In addition to the detrimental impact to the patient, these types of roadblocks can lead to overutilization of hospital Emergency Departments, contributing to higher Emergency Department wait times for other patients.

Children's National strongly supports SB111, including for children and adolescents, and believes it would have a positive impact on our patients and their families. Children and adolescents are a special population. Child psychiatrists work hard to find the best medicine for the individual child for what can be debilitating, chronic illnesses. When a young person is stable on a medication, they should not be required to try other medications if their insurance plan changes the formulary. This may result in extra office visits to cross-titrate medications, decompensation of their serious mental illness, and even hospitalization.

We commend the Senate Finance Committee for its inclusion of children in the step therapy provision and would encourage the committee to ensure children are included in the provision on prior authorization. As the youth mental health crisis continues to affect children and their families across Maryland, it is crucial that children be afforded the same protections as adults and can access psychiatric medications in a timely manner³.

I applaud Senator Lam for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 111. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

For more information, please contact:

Austin Morris, Government Affairs Manager
almorris@childrensnational.org

² [Prior authorization delays care—and increases health care costs | American Medical Association](#)

³ [AAP, AACAP, CHA declare national emergency in children's mental health | AAP News | American Academy of Pediatrics](#)