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**SB 790: Maryland Department of Health – Workgroup to Implement Early and Periodic Screening,
Diagnostic, and Treatment Requirements
Position: FAVORABLE
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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 790. My name is Sarah Barclay Hoffman, and I am a Program Manager for Mental Health 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 SB 790, which would require the Maryland Department of Health (MDH) to convene a workgroup to implement federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements. EPSDT is a bedrock of our nation's Medicaid program and ensures robust health coverage for children. The goal of EPSDT is to ensure that children who are covered get the right care, at the right time, and in the most appropriate setting. SB 790 requires implementing recommendations from the Centers for Medicare and Medicaid Services State Health Official Letter #24-005: *Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements*, including the following critical behavioral health components:ⁱ 1) screening and assessment of behavioral health conditions; 2) feasibility of implementing the DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood as a diagnostic tool for patients under the age of 5 years; 3) community-based services to correct and ameliorate a wide range of behavioral health conditions; and 4) services to: (i) ensure children's behavioral health; (ii) address early symptoms of concern, with or without a diagnosis; and (iii) address urgent and crisis needs.

Children's National affirms the clinical importance and need of each of the above foci. Additionally, we emphasize the critical nature of the workgroup's intention to ensure appropriate services are available and covered by Medicaid, to address concerns or early symptoms, without the requirement of a diagnosis. The CMS State Health Official Letter #24-005 is clear that a behavioral health diagnosis should not be required and that requiring a diagnosis is inconsistent with EPSDT policy:

States should avoid requiring an EPSDT-eligible child to have a specific behavioral health diagnosis for the provision of services, as screenings may identify symptoms that require attention but do not meet diagnostic criteria. This may be particularly salient when addressing the developmental and behavioral health needs of children under age 5. As with a physical health condition, states must ensure that behavioral health symptoms that are identified through screening are addressed in a timely way, as waiting for an illness to develop rather than addressing symptoms when they arise is not consistent with section 1905(r)(5) of the Act.ⁱⁱ

The CMS State Health Official Letter #24-005 builds upon additional recent federal guidance that explicitly addressed children's behavioral health. The 2022 Center for Medicaid and CHIP Services Informational Bulletin, *Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth*, states:

Prevention and early identification of health conditions is a key component of EPSDT. Early detection of mental health and substance use issues is crucial to the overall health of children and youth, and may reduce or eliminate the effects of a condition if detected and treated early. This makes routine screenings, early identification, and engagement in treatment as early as possible critical for children and youth. States are encouraged to...Avoid requiring a behavioral health diagnosis for the provision of EPSDT services.ⁱⁱⁱ

Pediatric medicine and scientific literature are aligned with EPSDT and the above guidances – prevention and/or mitigation of behavioral health conditions is possible; services work; and prevention must be a policy and financing priority. The Institute of Medicine, in a seminal report on prevention of behavioral health disorders in youth, underscores the evidence base:

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.^{iv}

In addition to supporting best practices and scientific knowledge, SB 790 also 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.^v As a federal requirement for nonprofit hospitals, the 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. One of the priority goals is Improving Access to Health Care and Health Insurance Coverage. A key strategy is to advocate for a high quality and easily accessible behavioral health service continuum inclusive of services, covered by insurance, that can prevent and/or mitigate behavioral health conditions.

Finally, our practicing behavioral health clinicians at Children's National frequently note that preventive interventions are highly efficacious for children and families, but often difficult to offer due to lack of insurance coverage. They note how critical it is to have a full continuum of services, from promotion and prevention to treatment and crisis services. SB 790 would help to advance the reach and impact of the continuum of care in Maryland, with an emphasis on prevention and early intervention, including for Maryland's youngest residents.

Through a comprehensive workgroup process as outlined in SB 790, with formative and regular input from clinicians, behavioral health providers, youth, parents, caregivers, advocates, and other key stakeholders, in partnership with MDH, Maryland can be a leader in implementing EPSDT best practices. From our clinical and research experiences, Children's National is confident that SB 790 will improve behavioral health outcomes for Maryland children and ultimately decrease costs through prevention and early identification of behavioral health conditions.

I applaud Senator Augustine 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 790. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

For more information, please contact:

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ⁱ Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

ⁱⁱ See page 41 at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

ⁱⁱⁱ See page 6 at <https://www.medicaid.gov/federal-policy-guidance/downloads/bhccib08182022.pdf>

^{iv} 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>.

^v More information on the Children's National CHNA and CHIP available at: <https://www.childrensnational.org/in-the-community/child-health-advocacy-institute>