



HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

TESTIMONY OF DISABILITY RIGHTS MARYLAND

HOUSE BILL 1083 – MARYLAND DEPARTMENT OF HEALTH - WORKGROUP TO IMPLEMENT EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT REQUIREMENTS

March 5, 2025

Position: Support

Disability Rights Maryland (DRM), a non-profit legal advocacy organization, is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. DRM is a leader in Maryland’s youth advocacy community, working on issues such as access to behavioral and other healthcare services, integration of services in community settings, and enforcing the rights of children with disabilities. DRM has significant experience representing children with disabilities statewide.

DRM supports House Bill 1083, which would require the Maryland Department of Health to convene a workgroup to implement Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements and create a plan to implement the recommendations from the Centers for Medicare and Medicaid Services (CMMS) State Health Official letter on best practices. EPSDT services are critical for children with disabilities, behavioral health needs and complex health care needs.

HB 1083 will ensure that children in foster care and low-income children with disabilities and specific health needs, some of our most vulnerable Marylanders, receive the services that are critical to ensure that they can grow into healthy adults. Low-income children often receive inadequate healthcare during childhood despite having greater healthcare needs. Partially because of inadequate care during childhood, these children are disproportionately affected by various health issues with lifelong impacts. By convening a workgroup focused on fully implementing EPSDT-- which includes early detection and prevention practices and access to necessary treatment and services-- HB 1083 will allow Maryland to optimize health outcomes for children in low-income communities.

HB 1083’s focus on creating a plan to implement CMMS’s State Health Official letter on best practices, with an emphasis on the behavioral health needs of children, is critical, especially at a time when we know many of Maryland’s children are not successfully accessing necessary behavioral health care and services in the community. As the CMMS State official letter states on page 41, in keeping with the Supreme Court’s *Olmstead*

decision: “States must ensure that services covered under EPSDT are provided in the most integrated setting appropriate for the child, which includes clinics, or in schools, and at home, and must avoid unnecessary placements in segregated treatment settings. As children should be cared for in the most integrated setting appropriate for their needs, inpatient and residential levels of care must not be the default treatment setting, either explicitly or because of a lack of capacity of services offered in integrated settings, including for children and youth with severe needs, and should be reserved for children with acute needs on a short-term basis.”¹ The workgroup created by HB 1083, charged with implementing EPSDT and developing best practices, should ultimately remove barriers and increase access to the specialized care that many children with disabilities need to live and thrive in their communities. HB 1083 will facilitate better health outcomes for children with disabilities and for this reason, DRM urges a favorable report.

Thank you for the opportunity to present this information to you today. For more information, please contact Megan Berger, Esq. at 443-692-2504 or Megan.Berger@disabilityrightsmd.org.

¹ [CMMS guidance.pdf](#) at p. 41.