



Testimony Concerning HB 1083

“Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements”

Submitted to the House Health and Government Operations Committee

March 5, 2025

Position: Support

Maryland Family Network (MFN) strongly supports **HB 1083: “Maryland Department of Health - Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements.”** This bill requires Maryland’s Department of Health (MDH) to convene a workgroup including **early childhood behavioral health** experts to ensure the behavioral health benefits covered by Medicaid (Early and Periodic Screening, Diagnostic, and Treatment- EPSDT) meet the needs of all of Maryland’s children including young children. When we support the behavioral health needs of young children, we improve their school readiness and prevent much more serious mental health issues when they are older. **HB 1083 deserves your favorable consideration.**

Maryland Family Network’s mission is to ensure young children have strong families, quality early learning environments, and a champion for their interests. Since 1945, MFN has worked to improve the availability and quality of child care and early childhood education as well as other supports for children and families in Maryland. We have been active in state and federal debates on child care policy and are strongly committed to ensuring that children, along with their parents, have access to high-quality, affordable programs and educational opportunities.

In 2021, the United States Surgeon General issued an Advisory on youth mental health, urging an increased focus on the behavioral health of young people.¹ According to Kids Count data, in Maryland, 15-22% of adults living with children report those children experiencing depression² and 20-30% of adults living with children report those children experiencing anxiety.³ On September 26, 2024, the Department of Health and Human Services’ Centers for Medicare & Medicaid Services’ (CMS) Center for Medicaid & CHIP Services issued State Health Official # 24-005, “Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Requirements.”⁴ This guidance from CMS includes some recommendations related to early childhood mental health that would be valuable improvements to Maryland’s current array of behavioral health services. Intervening early with young children can prevent much more

¹ <https://www.hhs.gov/surgeongeneral/priorities/youth-mental-health/index.html>

² <https://datacenter.aecf.org/data/tables/11212-adults-ages-18-to-24-who-felt-down-depressed-or-hopeless-for-more-than-half-of-the-days-or-nearly-every-day-for-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2501,2485,2475,2470,2460,2461,2421,2420,2102,2101/any/21604>

³ <https://datacenter.aecf.org/data/tables/11217-adults-living-in-households-with-children-who-felt-nervous-anxious-or-on-edge-for-more-than-half-of-the-days-or-nearly-every-day-in-the-past-two-weeks?loc=22&loct=2#detailed/2/22/false/2502,2484,2480,2476,2472,2465,2458,2463,2448,2418/any/21608>

⁴ [Here is the full SHO # 24-005.](#)

serious behavioral health issues when these children are older and can also ensure that they are better equipped to perform well in school from an early age.

Screening and Assessment of Behavioral Health Concerns

The first topic included under the purview of HB 1083's taskforce is screening and assessment. In Maryland, clinicians are required to render a diagnosis (even for young children) within three visits with that child. However, this does not align with best practice recommendations. As the Harvard University Center on the Developing Child explains:

Significant mental health problems can and do occur in young children. Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, posttraumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from adults and older children. Consequently, diagnosis in early childhood can be much more difficult than it is in adults.⁵

For clinicians, it can take more than three visits with a young child to render an accurate behavioral health diagnosis. SHO #42-005 states explicitly that:

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 5.⁶ (Emphasis added, internal citations omitted)

Currently in Maryland, early child behavioral health clinicians cannot bill for behavioral health services unless that child has a diagnosis. A simple way for Maryland's Department of Health to eliminate this roadblock for families with children would be to allow behavioral health clinicians to bill for "Z codes." There are many states that allow behavioral health providers to bill for these codes. They relate to Social Determinants of Health including housing instability, food insecurity, and many issues that families living in poverty face. For behavioral health providers embedded in pediatric and family medicine practices, those issues are present and are being addressed with young children far more often than diagnoses found in the Diagnostic and Statistical Manual of Mental Disorders (DSM). HB 1083 will allow early child mental health experts and clinicians to work with Maryland Medicaid to overcome that limitation and ensure it is not a barrier to families who need services.

DC: 0-5 Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood

The second topic for the HB 1083 EPSDT task force to consider is allowing usage of Zero to Three's DC: 0-5 Diagnostic Classification tool for children ages 5 and under. The DC: 0-3 (as it was initially named) was the "first developmentally based system for diagnosing mental health and

⁵ <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

⁶ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf> at p.41.

developmental disorders in infants and toddlers.”⁷ This diagnostic tool is tailored to the developmental differences of how behavioral health issues present in children ages 5 and under as compared to older individuals. Allowing behavioral health providers in Maryland to use this tool will ensure that young children’s issues are identified early and accurately and thus can be treated more effectively.

HB 1083 is an important step in ensuring Maryland’s behavioral health system meets the needs of the youngest Marylanders. **Maryland Family Network urges a favorable report on HB 1083.**

⁷ <https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/>