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**HB 808: Maryland Medical Assistance Program and Health Insurance - Step Therapy, Fail-First  
Protocols, and Prior Authorization - Prescription Drugs to Treat Serious Mental Illness  
Position: FAVORABLE WITH AMENDMENT  
February 19, 2026  
House Health Committee**

Chair Bagnall, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in support of House Bill 808 with an amendment. My name is Dr. Laura Willing, and I am a psychiatrist at Children's National Hospital. Children's National has been serving the nation's children since 1870. For 155 years, we have delivered expert pediatric care at every milestone. Sixty percent of our patients are residents of Maryland, and we maintain a large network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. 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.<sup>1</sup>

Children's National strongly supports HB 808 with the stated purpose of preventing the Maryland Medicaid Assistance Program from applying step therapy, fail-first, and prior authorization requirements on prescription drugs to treat serious 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

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

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 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.<sup>2</sup> 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 could not 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 on the patient, these types of roadblocks can lead to overutilization of hospital Emergency Departments, contributing to higher Emergency Department wait times for other patients. In fact, a recent study published in the *Journal of Health Economics and Outcomes Research* found that state Medicaid programs without restrictions like step therapy, fail-first, and prior authorization on anti-psychotic drugs to treat severe mental illness saw lower overall hospitalization rates and Emergency Department usage while also seeing significant total healthcare cost savings across inpatient, outpatient, and emergency department services.<sup>3</sup>

Children's National strongly supports HB 808, but I propose a clarifying amendment to explicitly include children and adolescents in the bill text as I believe it would have a positive impact on our patients and their families while saving Maryland Medicaid money. 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 in January when 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 House Health Committee for its inclusion of children in the step therapy provision and would urge the committee to ensure children are also included in the provision on prior authorization. As the youth mental health crisis continues to affect children and

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

<sup>3</sup> [Open Access to Antipsychotics in State Medicaid Programs: Effect on Healthcare Resource Utilization and Costs among Patients with Serious Mental Illness](#)

their families across Maryland, it is crucial that children be afforded the same protections as adults and can access psychiatric medications in a timely manner.

I applaud Delegate Johnson 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 with amendment on House Bill 808 to ensure that children are protected across prior authorization, fail-first, and step therapy provisions equally. Thank you for the opportunity to submit testimony.

**For more information, please contact:**

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