

MARY L. WASHINGTON, PH.D
Legislative District 43
Baltimore City

Education, Health, and
Environmental Affairs Committee

Chair
Joint Committee on Ending
Homelessness

Chair
Joint Committee on Children,
Youth, and Families



THE SENATE OF MARYLAND
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TESTIMONY IN SUPPORT OF SB469
Maryland Medical Assistance Program - Applied Behavior Analysis Services
- Reimbursement

Finance Committee
February 10, 2021

Dear Chair Kelley, Vice Chair Feldman and members of the committee:

SB469 is being introduced to address increasing access to critical treatment for autism by eliminating an unacceptable inequity between Medicaid families and families with private insurance.

In 2012, this Committee passed and the Governor signed into law legislation establishing a Technical Advisory Committee within MDH to make decisions about the medical appropriateness of specific coverage under our existing Habilitative Services insurance mandate for Autism Spectrum Disorder, including an intensive and remarkably effective treatment called applied behavior analysis, or “ABA”. This Technical Advisory Committee determined that coverage for ABA services was required under the state’s Habilitative Services Mandate. The result was long awaited coverage for ABA as autism treatment within the state regulated insurance market, the State employee’s self-funded plan, and in Medicaid. Many families were helped.

In 2014, a CMS bulletin also clarified that ABA services for children are required to be covered by Medicaid. In particular, these benefits are required under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit program. The bulletin has been uploaded with my testimony. “States are required to arrange for and cover for individuals eligible for the EPSDT benefit any Medicaid coverable service listed in section 1905(a) of the Act that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.”

Please note, states are required to cover these therapies for children, regardless if their parent is willing or able to be present for the service.

After Maryland passed this bill, subsequent state Medicaid regulations mandated that a parent be present during ABA services, though this has never been required of privately-insured parents.

In Maryland we have evolved into a system where children in private insurance plans have options for treatment to improve their outcomes for the rest of their lives, whereas children in Medicaid have the door shut on them. The children who are Medicaid eligible deserve the same access to care as all other children.

ABA treatment is so intense that it can require up to 40 hours per week. Maryland's parental participation mandate for Medicaid recipients means that families have a simple and stunningly unfair choice - accompany a child to treatment and provide the best opportunity for a high-quality life, or go to work so they can pay rent, buy food and attend to other necessities and children. It is unbelievably cruel to families that are already struggling with parenting special needs children.

Early intervention and ABA are proven to improve lives for autistic children and reduce future occupational, physical, and speech therapy. In the long run, early intervention and ABA saves money, including Medicaid money.

Imposing a parental participation mandate forces parents to make a personal Sophie's Choice that is painfully unfair and fiscally irresponsible. Our shared commitment to equity in healthcare requires elimination of this requirement. Amending this regulation will remove a barrier to care, and create treatment equity between children served by Medicaid and those covered by private insurance.

For these reasons, I ask you for a favorable report on SB469.

In partnership,

A handwritten signature in blue ink, appearing to read "Mary Washington". The signature is fluid and cursive, with a large loop at the end.

Senator Mary Washington, District 43, Baltimore City