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ChildrensNational.org

February 19, 2021

Delegate Shane E Pendergrass, Chair  
Delegate Joseline A. Pena-Melnyk, Vice Chair  
Health and Government Operations Committee  
6 Bladen Street  
House Office Building, Rm 241  
Annapolis, MD 21401

**Re: Support for HB970 & SB500, Maryland Psychology Interjurisdictional Compact**

Dear Delegates Pendergrass and Pena-Melnyk, and Members of the Health and Government Operations Committee:

My name is Linda Jones Herbert, PhD, and I am a child health psychologist and Assistant Professor at Children's National Hospital. I have been working in my role at Children's National for the past seven years. My job responsibilities include the directorship of the psychology program with the Division of Allergy and Immunology, where I provide mental health services to children, adolescents, and young adults diagnosed with medical conditions and their caregivers. My patients include many Maryland residents, as I provide mental health services to patients seen at our Maryland Regional Outpatient Centers in Maple Lawn, Rockville, and Lanham. I also am a constituent of Maryland Legislative District 14.

I am writing to provide testimony in support of the Psychology Interjurisdictional Compact (PSYPACT) bill, (SB500 and HB970). **I believe that it is imperative to pass this bill because it will ensure that children in Maryland have increased access to high quality mental health care and increased continuity of mental health care.**

Many Maryland children go out of state in order to receive the life-saving or urgent care that they need. For example, many of our patients travel to the Children's National hospital in the District of Columbia in order to receive emergency care services or undergo medical procedures that cannot be conducted in an outpatient setting. Mental health services are therefore established in the District of Columbia. However, when these children are discharged, they return to their homes in Maryland and many of them continue to need mental health support as they readjust to their lives and routines. School in particular can be a challenging adjustment for these children and it is essential that they receive help during this transition in order to ensure that they maintain their academic progress. However, **if these Maryland children are unable to get to the District of Columbia to see their psychologist for consistent therapy appointments, their mental health care is disrupted during a critical readjustment period, which may have a long-term impact on their mental health and overall well-being.**

Furthermore, many Maryland children are seen by child health psychologists at Children's National who are experts in specialty care. For example, I frequently complete single-case agreements with insurance companies to provide mental health services to patients with allergic diseases because the insurance companies recognize that there are no other psychologists in the area who can provide the type of specialized care that they need. There is a shortage of specialty mental health care for children with acute and chronic health conditions. Thus, children in Maryland whose parents are unable to travel to the District of Columbia



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for psychology appointments are faced with the unfortunate reality that they will not be able to find an appropriate mental health provider in their state. **Passing this bill will ensure that patients can receive the specialty mental health care they need. This specialty care, in combination with the high standards implemented as part of this psychology interjurisdictional compact, will ensure that the children of Maryland receive the care that they deserve.**

The COVID-19 pandemic has offered mental health professionals the opportunity to observe the positive impact that access to high quality telehealth services across jurisdictional lines and continuity of care has on children's mental health and overall well-being. Thanks to the quick work of the states, patients have been able to continue seeing their psychologists during this difficult time, even if the psychologist was providing telehealth services from a different jurisdiction. As an example, one of my patients was about to receive a much-needed new medication that is delivered by infusion for an immunological disorder as the pandemic began. However, due to significant medical anxiety, she had a history of aggressive behavior during medical procedures that put into question whether she would be able to receive this treatment. Due to my ability to see her via telehealth across jurisdictional lines, she has since successfully received several doses of this medication. As another example, one my patients experienced increased anxiety during the start of the pandemic, but her family needed to temporarily move to another state to provide care for a loved one. We were fortunate that an executive order was in place that permitted me to work with her via telehealth and we prevented the anxiety increase that certainly would have been observed had she missed appointments for several months. Thus, **I have seen firsthand the benefits of high quality mental health care delivered across state lines via telehealth. Our Maryland children deserve to have access to this kind of care.**

Thank you for the opportunity to submit testimony in support of this bill. It is an honor to be able to advocate on behalf of Maryland children who receive care at Children's National. As you can see, I strongly believe that it is our job as the caretakers of the next generation to ensure that children in Maryland have access to mental health care that will promote their healthy development. Please help us pass this needed Psychology Interjurisdictional Compact.

A handwritten signature in black ink, appearing to read "LJ Herbert". The signature is written in a cursive, flowing style.

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