



House Health and Government Operations Committee

March 6, 2024

TESTIMONY IN SUPPORT

**House Bill 1040: Maryland Medical Assistance Program –
Limited Behavioral Health Services**

The Parents' Place of MD (PPMD) is pleased to support HB 1040: Maryland Medical Assistance Program - Limited Behavioral Health Services. This bill allows children and young people enrolled in Maryland's Children's Health Insurance Program to receive limited behavioral health services without having a behavioral health diagnosis.

The Parents' Place of MD, as Maryland's Special Education and Health Information Center, serves thousands of families every year birth to 26 and many have children with behavioral health concerns. PPMD is serving families with resources, support, training, and one on one support hear from family's day in and day out about their struggles not being able to receive services because they don't have a diagnosis which is why HB 1040 would alleviate the sense of urgency to rush and/or push for diagnosis. This breathing room can make all the difference with families during their journey in trying to understand and support their child's behavioral health.

HB 1040 allows individuals under the age of 19 years old who are enrolled in the State's Medicaid program for children, to receive low-intensity behavioral health services without requiring a behavioral health diagnosis. These services would include evaluation and treatment planning, family therapy, group therapy, individual therapy, and services related to prevention, education, or outreach. Currently, for behavioral health providers to bill for the behavioral health services they provide, they need to render a behavioral health diagnosis within the first three appointments.

For clinicians, it can take more than three visits with a young child to render an accurate behavioral health visit. HB 1040 would give these clinicians the leeway to ensure that they have spent sufficient time with the young children and their families to issue a diagnosis rather than having to rush to render a provisional diagnosis simply to be able to receive payment for those services.

There is also concern about over-diagnosis or misdiagnosis among young people. There is growing evidence of disparities between diagnoses and rates between girls and boys, and between young people of color and those who are white. There are many common symptoms that can reflect several different diagnoses. There are also times when behaviors do not reach the criteria of a diagnosis, but again, in order to get paid for providing services, a clinician must provide a diagnosis.



And while we have made strides as a society to battle the stigma against behavioral health disabilities, there remain parents who do not wish to “label” their children, delaying any evaluation or treatment that may be warranted. There are also unintended consequences when children see themselves or are treated as “abnormal.” These issues can follow children and impact their home and social lives as well as their classroom experience.

Intervening early with children can prevent much more serious behavioral health issues when they are older and can also ensure that they are better equipped to perform well in school.

This bill does not prohibit a health care provider from issuing a diagnosis. There are times when a diagnosis is important to access certain services and/or medication. The bill simply provides an option for those health care providers who do not feel able to provide a diagnosis but believe the child is in need of additional treatment.

HB 1040 is an important step in eliminating barriers to the critical behavioral health services an increasing number of young people need. **We urge a favorable report on HB 1040.**

Sincerely,

Rene Averitt-Sanzone

Rene Averitt-Sanzone

Executive Director

rene@ppmd.org