



House Health & Government Operations Committee

March 6, 2024

House Bill 1040

Maryland Medical Assistance Program - Limited Behavioral Health Services

Support

NCADD-Maryland strongly supports House Bill 1040. The legislation would allow children and adolescents covered by Maryland Medicaid's Children's Health Insurance Program access to a number of behavioral health services without the need for a diagnosis. This change will increase opportunity for early intervention and prevention services, which lead to better health outcomes, and less expense to our health care system.

This committee has heard over and over about the increasing behavioral health problems our children are dealing with. The pandemic and the shut-down had long-lasting effects on all of us, but was especially hard for young people. We need to remove as many barriers as we can so kids to get services. With early help, many mental health and substance use conditions can be prevented. For others, early treatment can help people manage their conditions better and use less intensive and less costly 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.

Then there are the times that a child's behavior is not reflective of a behavioral health disorder, but is reflective of the environment in which they live. Children can live in difficult circumstances, with families that have problems, in unstable housing, in school settings that are bad, and in neighborhoods that are unsafe. These adverse experiences can lead to behavioral health problems, but if addressed early, some will not worsen to the point of an actual diagnosis.

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Stigma is also a barrier to treatment. Some parents are reluctant to have their children labeled at an early age. And sometimes diagnoses can follow kids in schools where they may be treated poorly by other students, or where teachers and administrators may set inappropriate expectations for them.

Removing the requirement that a child must have a behavioral health diagnosis before accessing services is smart public policy. Earlier access leads to better outcomes. We urge a favorable report on House Bill 1040.