

House Bill 1083 – Maryland Department of Health – Workgroup to Implement Early and Periodic Screening, Diagnostic, and Treatment Requirements

House Health and Government Operations Committee

March 5, 2025

Position: FAVORABLE

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of HB 1083, with the sponsor amendments.

HB 1083 would require that a workgroup be convened with providers, stakeholders and the Department of Health to determine how MDH will implement the recent guidance from the Center for Medicare and Medicaid Services (CMS) regarding the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

EPSDT is a federal law that requires Medicaid to cover a broad array of preventive and treatment services to children under the age of 21 who are eligible for Medicaid. The goal is to identify problems early and intervene as soon as possible. In September 2024, CMS put out new guidance to states related to the EPSDT benefit that included comprehensive recommendations about behavioral health screening, assessment, and treatment. Of particular note is CMS's guidance on diagnosing behavioral health conditions in children:

“States should avoid requiring an EPSDT-eligible child to have a specific behavioral health diagnosis for the provision of services, as screenings may identify symptoms that require attention but do not meet diagnostic criteria. This may be particularly salient when addressing the developmental and behavioral health needs of children under age 5.”¹

Currently in Maryland, however, a provider must assign a behavioral health diagnosis within the first three appointments, regardless of the person's age, in order to bill Medicaid for behavioral health services. SB 790 directs the Department of Health to determine how they will revamp this policy, to align Maryland's practices with CMS guidance.

This change is needed, since diagnosing youth, particularly very young children, can be extremely challenging even for the most skilled clinicians. It can be hard to identify mental health conditions in children because typical childhood growth involves rapid change, and the

¹ CMS. Best practices for adhering to EPSDT Requirements (September 26, 2024).
<https://www.medicare.gov/federal-policy-guidance/downloads/sho24005.pdf>

symptoms of a condition can vary depending on a child's age. Often it is only by working with a child and family over time that some clarity can emerge. In addition, there are growing concerns about the over-diagnosis or misdiagnosis of children and youth,² which is much more likely to occur under Maryland's existing Medicaid policy.

The Mental Health Association of Maryland would be happy to support the work of the Commission's subcommittee however we can.

For this reason, MHAMD supports HB 1083 with the sponsor amendments and urges a favorable report.

² Eva Merten et al. Overdiagnosis of mental disorders in children and adolescents (in developed countries). *Child and Adolescent Psychiatry and Mental Health*. (2017) Accessed March 1, 2024. <https://capmh.biomedcentral.com/articles/10.1186/s13034-016-0140-5>