COVID-19 Crisis in Children’s Health and Children’s Hospitals
2021 Congressional Relief Request

The current bill being considered by Congress, the American Rescue Plan Act of 2021, includes numerous public health provisions we believe will benefit children and families during this crisis. We urge lawmakers to further strengthen the current legislation to address the unique impact of the pandemic on children’s health.

Include additional provider relief funding that supports children’s health

We urge Congress to provide additional provider relief funding to offset the growing cumulative damage of COVID-19 on children’s hospitals and pediatricians and protect their ability to serve children and families. We also recommend Congress include clear legislative intent specifying the importance of funding high Medicaid providers, including children’s hospitals and other providers caring for children.

Strengthen children’s access to mental, emotional and behavioral (MEB) treatment through Medicaid

- Provide an overall FMAP increase of a further 5.8% (bringing cumulative increase to 12%).
- Enact specific FMAP increase for pediatric MEB services.
- Provide a specific provider payment rate increase for pediatric MEB services, similar to Section 1202 of ACA.
- Enact specific FMAP increase for pediatric MEB telehealth services to 100% of Medicare rates.

Strengthen mental, emotional, and behavioral (MEB) provisions for greater impact on kids

To address the needs of a pediatric MEB care system that remains desperately under-resourced, we recommend the following further refinements to House-passed legislation:

- Community-based Funding for Local Behavioral Health Needs – Increase funding to $500 million and include language identifying children as a priority population to be served by this program. Include language explicitly clarifying children’s hospital eligibility (e.g., “nonprofit community-based entities including hospitals”).
- Funding for Behavioral Health Workforce Education and Training (BHWET) – Given the scope of current and future pediatric MEB needs, we urge increasing additional funding for the program by $200 million.
- Enhanced Federal Medicaid Support for Bundled Community-Based Mobile Crisis Intervention Services – Add language explicitly requiring states that want to access enhanced matching funds to demonstrate how children in crisis will be served and their unique needs addressed by mobile intervention crisis services.
- Funding for Block Grants for Community Mental Health Services – Add language directing SAMHSA to require states to prioritize increasing access to services for children with these additional funds.
- Pediatric Mental Health Care Access Program – We urge inclusion of additional funding to expand this program at the Health Resources and Services Administration (HRSA).

Advance workforce initiatives to support training and staffing for children’s health care needs

- The act provides $7.6 billion to expand and sustain a public health workforce to work in local communities. Congress should direct that a portion of these new workers be focused on outreach serving children.
- The Children’s Hospital Graduate Medical Education (CHGME) program is the most important federal investment in training the next generation of pediatric providers. CHGME is currently underfunded at half of the level provided by the Medicare GME program on a per-resident level. Congress can support expanded MEB pediatric training by increasing CHGME program support of children’s MEB trainees to 100% of comparable Medicare GME per-resident support.

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