January 5, 2021

HHS Agency Transition Team
1401 Constitution Avenue, NW
Washington, DC 20230

Dear HHS agency transition team,

Thank you for meeting with us on December 21, 2020 to discuss the impact of COVID-19 on children and youth and the urgent issues requiring immediate attention as we battle this pandemic together. Children’s health is being significantly undermined by the virus with the exacerbation of social and economic disparities already challenging families. Following are immediate near-term actions we recommend to the transition team, and we will follow up with the new HHS team on more specific administrative and legislative solutions to address these challenges over the mid-and longer terms.

We believe the following five actions should be considered in your immediate transition team action plan around what can be done within existing authority.

One, extend the public health emergency until the end of 2021, allowing enhanced federal Medicaid matching funds and current flexibilities supporting children’s health to continue. Support for the Medicaid program is essential to children and children’s providers. With over 40 million children enrolled in the program—and these numbers are expected to increase given the economic challenges on families—it is critical to children’s health that the program remains stable during and after the pandemic. Being able to plan a year out will help alleviate uncertainty for states, providers and those who depend on Medicaid.

Two, support the extension of telehealth for children. During the coronavirus pandemic, telehealth has emerged as a vital tool to increase children’s access to needed health care services and has been transformational to health care delivery for children and their families. Specifically, we ask you to support the extension of these flexibilities in the long term and enhancements that would ensure access to care for children including:

- **Provide guidance to state Medicaid programs to support the use of telehealth and enhancements to state policies that would further benefit children’s access, especially those in underserved communities.** The guidance should include strong encouragement and evidence of the positive impact of telehealth, including recommending long-term or permanent adoption of policies that support and expand access to telehealth services for children. This guidance should also include support for audio only, inclusion of a patient’s home as a covered site of service, any current authorities to streamline and support telehealth provision across state lines, strongly encourage state Medicaid adoption of the Medicare policy allowing hospital-based providers to cover administrative and clinical support needed through a facility fee, and enable pediatric providers to be reimbursed for remote patient monitoring under Medicaid.

- **Support telehealth policies more broadly, including Medicare policies and support for broadband.** Although changes to Medicare do not directly translate to children on Medicaid, changes in the program often impact policy more broadly with state Medicaid and/or private-payer adoption. We ask you to build on what has been done during the pandemic to support additional flexibilities that have broader impact—such as allowing audio only and flexibilities on originating sites—under Medicare. We also ask you to use

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any existing resources to support the expansion of broadband to ensure we are connecting with children and families struggling with unequal access to technology.

**Three, use current authority with approved, existing funding to support children and youth with severe behavioral health needs.** As we discussed in our meeting, the effects of the coronavirus pandemic have exacerbated what was already a growing national crisis: rising and increasingly severe, mental, emotional and behavioral health (MEB) challenges to children and youth due to traumatic stress such as social isolation and family unemployment. While longer-term investments in children’s health and well-being is necessary, immediate steps must be taken to better use existing provider capacity and leverage telehealth to increase access and mitigate the crush of patients, many suicidal, in children’s hospitals’ emergency departments.

Telehealth supports, particularly support for audio only, would help address early access-to-care challenges before children reach a crisis point and present in emergency departments. Current streams of funding within HHS agencies, including recently congressionally approved funding for mental health programs, could be used to support capacity and safe placement needs. We urge the incoming administration to make surge capacity flexibilities available for children in crisis, similar to how adult facilities have been allowed to change and expand their clinical capacity in response to COVID-19 surges. For example, flexibility in current inpatient psychiatric bed regulations and additional support would help children in immediate need.

**Four, bring into clearer focus a COVID-19 vaccine trial expansion and distribution plan that includes children.** This is vital to our collective efforts to ensure children can return to their routine activities, grow and thrive, and our broader communities’ health. We stand ready to collaborate and support this work through our national clinical communities.

**Five and finally, immediately distribute the remaining provider relief funding, recognizing the financial impact of COVID-19 on high Medicaid, pediatric providers.** Much of the pandemic relief response to date has been focused on adult/Medicare providers, which misses the 40+ million U.S. children supported by Medicaid.

In summary, we are highly concerned about the immediate and long-term effects of the coronavirus pandemic on children and the pediatric health system and safety net caring for them. We urge you to take actions now to keep Medicaid strong, enhance telehealth flexibilities, allocate funding to support children in crisis and ensure vaccine testing in children. We look forward to working with you to ensure the sustainability of our nation’s pediatric care and safety net for children during and well beyond the pandemic.

Thank you for your service, your interest in our nation’s children, and the work you are doing and will do to move our nation forward.

On behalf of children’s hospitals and those on the front lines for our nation’s kids, very best regards,

Mark Wietecha  
Chief Executive Officer  
Children’s Hospital Association