
Children's Hospital Association Statement for the Record

House Energy and Commerce Committee Health Subcommittee Markup May 11, 2022

The Children's Hospital Association (CHA), representing over 220 children's hospitals, thanks the Energy and Commerce Committee for holding this markup and including policies to begin to address the national children's mental health emergency. We call on this committee to join us in recognizing the magnitude of the situation and advancing meaningful and transformational solutions to address it. Specifically in this markup, we strongly support Chairwoman Eshoo's amendment to ensure steps are taken under Medicaid to address this crisis and thank you for your bipartisan work to reauthorize programs that serve some children. We look forward to continuing to partner with the committee on further steps that are needed to support our nation's children through this crisis.

Children's hospitals serve as a vital safety net for all children across the country, regardless of insurance status, including those that are uninsured, underinsured and enrolled in Medicaid. Medicaid is the single largest health insurer for children in the U.S. and serves as the backbone of children's health coverage. Children account for over 40% of Medicaid enrollees, and a large portion of children served by children's hospitals are covered by the program.

The statistics illustrate an alarming picture for our children. Prior to the pandemic, almost half of children with mental health disorders did not receive care they needed.¹ This is not limited to one state or one community—children in states across the country face similar challenges accessing the necessary mental health care to address their needs.² Children's mental health conditions are common. One in five children and adolescents experience a mental health disorder in a given year,³ and 50% of all mental illness begins before age 14.⁴ For children needing treatment, it takes 11 years on average after the first symptoms appear before getting that treatment.⁵ Substantial investments are needed now to better support and sustain the full continuum of care needed for children's mental health. These investments will significantly impact our children and our country for the better as we avoid more serious and costly outcomes later—such as suicidal ideation and death by suicide.

Between 2016 and 2021, children's hospitals saw a:

- 31% increase in mental health inpatient visits for children and teens ages 3-18
- 153% increase in ED visits for suicide attempts and self-injury for kids ages 5 to 18
- Nearly 100% increase in feeding and eating disorder inpatient visits for youth ages 10-18

¹ Daniel G. Whitney and Mark D. Peterson, "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children," *JAMA Pediatrics* 173, no. 4 (2019): 389-391, [doi:10.1001/jamapediatrics.2018.5399](https://doi.org/10.1001/jamapediatrics.2018.5399).

² Ibid.

³ Centers for Disease Control and Prevention (CDC), "[Key Findings: Children's Mental Health Report](#)," March 22, 2021.

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA), [Adolescent Mental Health Service Use and Reasons for Using Services in Specialty, Educational, and General Medicaid Settings](#), March 5, 2016.

⁵ National Alliance on Mental Illness, "[Mental Health Screening](#)," accessed on Nov. 10, 2021.

Our current pediatric mental health infrastructure is fragmented and insufficient to meet the current needs of our children. Demand for mental health care is outstripping supply causing kids in crisis to wait in children's hospital EDs for long periods of time, otherwise known as boarding. Medicaid investments in the full spectrum of pediatric mental health services are critical in making immediate strides to address the crisis end of the continuum, which is overstretched right now, and prevent emergencies in the future. We need more capacity across the continuum of care and immediate support for greater access and coordination of existing capacity to meet the current crisis, while building stronger systems of prevention for the future.

This is an historic opportunity to make a national impact for children and prevent larger and more costly problems in the long term and the Chairwoman Eshoo amendment examines how we can better support children under the Medicaid program. As the single largest health payer for children, Medicaid investment, through better support for services, integrated care and consistent implementation of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, is critical to supporting children's mental health needs across the continuum and before diagnosis to prevent future and more serious problems. We strongly encourage the committee to pass Chairwoman Eshoo's amendment with bipartisan support that will take steps under Medicaid to better support children's access to mental health services. This proposed amendment would:

- Require guidance to the states on how they can best support children's access to mental health services under Medicaid, including the use of telehealth. This guidance would include best practices so states can learn from each other on ways to better meet children's needs. Best practices are sorely needed on effective programs for the provision of services, reaching underserved communities, flexibilities for children's hospitals and other providers to help them address the significant increases in children requiring services, and recruitment and retention of providers.
- Take steps to confirm that EPSDT is delivering on its promise for children. We have heard stories from across the country of gaps in care from early identification through treatment that need to be identified and addressed. We should not have to wait for lawsuits to be filed by children and families to spread best practices for how the EPSDT benefit should be provided to meet children's needs. This amendment will take a proactive approach to better supporting states in a consistent application that ensures children receive "medically necessary" care as the law requires.
- Require guidance on flexibilities to improve provider mental health capacity. The Secretary of HHS would provide guidance to states on existing flexibilities that could be utilized to support children in crisis who are in immediate need of behavioral health services.

In addition to this amendment, we support the reauthorization of existing programs that address children's mental health and appreciate changes proposed to help these programs better address children's needs, within H.R. 7666, Restoring Hope for Mental Health and Well-Being Act. In particular, we support the inclusion of prevention and early intervention services in the Community Mental Health Services Block Grant, since that has long limited its ability to support children's care. We further support the reauthorization of the Pediatric Mental Health Care Access Program at a higher funding level which will allow the program to maintain its current footprint while expanding into additional states and settings.

Although these are positive first steps, much more is needed to address the national emergency in children's mental health. Current federal grant programs have not been enough to manage the increased demand for mental health

services for kids across the continuum of care and immediate investment is urgently needed to grow the pediatric mental health workforce to meet children's needs. We believe increased Medicaid investments in pediatric mental health services and new HHS programs with dedicated and tailored funding are also critical to recruit and develop the pediatric behavioral health workforce, expand community-based mental and behavioral health services and strengthen critical pediatric mental health infrastructure. Children cannot afford to wait for bold, comprehensive action to address this crisis.

Children's hospitals are eager to partner with committee members to advance policies, like this amendment to make further steps on measurable improvements in children's lives. Please call on us and our members as you advance these important policy improvements to stem the tide of the national emergency for children's mental health. Children need your help now.