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May 17, 2022

Chairman Frank Pallone
House Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Ranking Member Cathy McMorris Rodgers
House Committee on Energy and Commerce
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, DC 20515

Chairwoman Anna Eshoo
House Committee on Energy and Commerce
Health Subcommittee
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Ranking Member Brett Guthrie
House Committee on Energy and Commerce
Health Subcommittee
U.S. House of Representatives
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chairwoman Eshoo, and Ranking Member Guthrie:

On behalf of the over 200 hospitals we serve, the Children's Hospital Association (CHA) is grateful for the leadership of the House Energy and Commerce Committee moving policies to begin to address the national emergency in children's mental health. As the committee moves forward, we urge you to take further action to adequately reflect the magnitude of the crisis our children are facing. We appreciate the progress that has been made to reauthorize and strengthen existing federal mental health programs, but we encourage you to continue working to advance bold, innovative and comprehensive policies and programs which directly support the pediatric mental health workforce and facilitate children's access to a full spectrum of mental health services and supports.

Our hospitals are dedicated to the health and well-being of our nation's children through innovations in the quality, cost and delivery of care. 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, the single largest payer of mental health services for children, serves as the backbone of children's health coverage.

Child and adolescent mental health has reached a crisis point in the U.S. In the fall of 2021, CHA, alongside the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry, [declared a national emergency](#) in children's mental health. In the months since then, we have continued to learn more about the severity and pervasiveness of this crisis, and how it is impacting children and their families. Just last week, a segment on [60 Minutes](#) illustrated the toll of this emergency by featuring the personal stories of children who experienced mental health challenges and the difficulty their parents faced in getting them the care they needed. National data indicate worsening trends, with the CDC finding that 4 in 10 teens reported persistent feelings of sadness or hopelessness and 1 in 5 reported that they have contemplated suicide in 2021, a notable increase from previous years.¹ An increased demand for mental health services across the continuum of care for children, but particularly for children in crisis, has stressed already inadequate and under-resourced systems, leaving far too many children waiting for needed mental and behavioral health care, frequently "boarding" in emergency departments until an appropriate placement becomes available.

¹ Centers for Disease Control and Prevention (CDC), [Morbidity and Mortality Week Report: Adolescent Behaviors and Experiences Survey, January – June 2021](#). April 1, 2022.

While we strongly believe more will be needed to address this national crisis in children's mental health, we appreciate the progress made by the legislation included in the full committee markup.

We support **H.R. 7233, the Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act, or the KIDS CARES Act**, which will facilitate continuity of coverage and care for youth as they are discharged from juvenile justice settings. The bill will also provide new guidance to assist schools in receiving Medicaid reimbursement for school-based health services. While we support this bill on its own, we greatly appreciate two of the amendments added to this bill during last week's Health Subcommittee markup.

We strongly endorsed **Chairwoman Eshoo's amendment** that passed during the Health Subcommittee markup which takes steps to better support children's access to mental health services under Medicaid, the single largest health payer for children. This amendment requires the Secretary of Health and Human Services (HHS) to conduct annual reviews of the implementation of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) with regards to pediatric mental and behavioral health services. An annual report will identify gaps and deficiencies in meeting federal EPSDT requirements and best practices for ensuring comprehensive coverage of behavioral health services, including for children without a diagnosed mental health disorder. The amendment also requires guidance to help states with best practices to support children's access to mental health services under Medicaid, including the use of telehealth. Finally, this amendment requires guidance on flexibilities to improve provider mental health capacity, including existing flexibilities that could be utilized to support children in crisis who urgently need behavioral health services.

We also supported the **amendment offered by Representatives Lisa Blunt Rochester and Michael Burgess** last Wednesday which reflects a portion of the Telehealth Improvement for Kids' Essential Services (TIKES) Act, a priority for children's hospitals. The amendment will require HHS to issue guidance providing states with strategies to improve the delivery of telehealth services through the Medicaid program and reduce current barriers to telehealth care. Telehealth, particularly for mental and behavioral health conditions, has helped children access the health care they need with limited interruption and reduced travel barriers.

Also included in Wednesday's markup, **H.R. 7666, The Restoring Hope for Mental Health and Well-Being Act**, is a bipartisan incremental step in the right direction, which reauthorizes several key programs within the Substance Abuse and Mental Health Services Administration (SAMHSA) and includes some meaningful enhancements and reforms. In particular, we applaud the elimination of the opt-out for self-funded, non-federal governmental health care plans. These plans cover first responders, public school teachers and other city and state workers and their families, and with this reform adults and children who are covered by these plans will now have the protection of the Mental Health Parity and Addiction Equity Act.

We are pleased to see the inclusion of the **Pediatric Mental Health Care Access Grant**, and particularly the addition of emergency departments and schools as additional settings for program expansion. Critically, the higher funding levels will enable this effective program to reach all 50 states and maintain that expanded reach after 2025. Consultation programs like those funded by this grant are especially important to make better use of our existing pediatric mental health workforce, as we know provider shortages can often delay children's access to even basic mental health care. Additionally, we strongly support the reauthorization of the Infant and Early Childhood Mental Health Promotion, Intervention, and Treatment program. Children's hospitals utilize these grants to support programs to improve outcomes for the most vulnerable children, including those born prematurely or with neonatal abstinence syndrome.

Additionally, while we are happy to see the reauthorization of the **Community Mental Health Services Block Grant**, which is the SAMHSA primary investment in community mental health services, we need to flag that children's needs continue to go unmet by this program. Children urgently need prevention and early intervention services to improve outcomes and prevent worsening conditions. We appreciate the 5% set aside for the Mental Health Block Grant targeted for prevention and early intervention included in this bill to begin addressing these needs not currently met by these funds. We recommend greater emphasis on addressing the mental health needs of children, especially young children

ages 0-5. Further, we strongly encourage greater transparency on the reach and impact of SAMHSA grant programs and recommend enhanced reporting to capture the impact on the child and adolescent population.

While children's hospitals recognize the value of the bipartisan mental health legislation being advanced by this committee, we encourage you all to do much more than reauthorize existing programs and take deliberate steps to support the full spectrum of care needed for children's mental health NOW. Children's hospitals strongly encourage you to bolster support for children's mental health in Medicaid by enhancing reimbursement for pediatric mental health services. Existing federal programs are **entirely insufficient** to address the scale of the national emergency impacting our kids and rarely make it down to the pediatric level. We urge you authorize **new programs** at HHS purposefully designed to bolster the pediatric mental health professional workforce, invest in essential pediatric mental health infrastructure and improve the availability of a full continuum of pediatric mental health services in communities nationwide. We support **H.R. 7236, the Strengthen Kids' Mental Health Now Act**, which would create three new programs at the Health Resources and Services Administration to advance these goals.

Children in crisis cannot afford to wait any longer for action. The dire circumstances faced by children and their parents, caregivers and pediatric mental health professionals will only worsen without deliberate intervention. Substantial investments and transformational reforms are needed now to better support and sustain the full continuum of care needed to care for the mental health needs of our children. These actions and investments will significantly impact our children and our country for the better as we avoid more serious and costly outcomes later.

Children's hospitals and their affiliated providers encourage you to prioritize addressing the national emergency in children's mental health and we stand ready to provide feedback and support as you move forward. If we can be of any additional assistance, please contact Aimee Ossman, Vice President, Policy, at Aimee.Ossman@childrenshospitals.org, or Elizabeth Brown, Vice President, Federal Affairs, at Elizabeth.Brown@childrenshospitals.org.

Sincerely,



Leah Evangelista
Chief Public Affairs Officer
Children's Hospital Association