CHILDREN'S HOSPITAL ASSOCIATION

Champions for Children's Health

March 9, 2022

Children's Hospital Association Statement for the Record

U.S. House of Representatives Committee on Ways and Means Hearing on Substance Use, Suicide Risk, and the American Health System
March 2, 2022

On behalf of the nation's more than 220 children's hospitals and the children and families we serve, thank you for holding this hearing on the mental health and substance use disorder crisis that faces our nation. We look forward to working together to address this critical issue, particularly as it affects our children and youth. As you consider program improvements and other policy options, we urge you to recognize the tailored and dedicated mental emotional and behavioral health support and care that children, adolescents and young people need, and to advance meaningful and transformational solutions.

Well before the COVID-19 pandemic, mental health challenges facing children and youth were of great concern, with one in five experiencing a mental health condition and too many waiting for or never receiving appropriate treatment. Fifty percent of all mental illness begins before age 14[1], and on average 11 years pass after the first symptoms appear before treatments begins.[2] Although the trends in pediatric mental health were worrying before the COVID-19 emergency, demand over the past 18 months for all levels of crisis care for children and teens has risen significantly. Between March and October of 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24% for children ages 5-11 and 31% for children ages 12-17.[3] There was also a more than 50% increase in suspected suicide attempt emergency department visits among girls ages 12-17 in early 2021, as compared to the same period in 2019[4]. In 2020, suicide was the second leading cause of death for kids and teens ages 10-14.[5]

Furthermore, there has been a troubling increase in substance use disorder among teens of all ages. According to the CDC, nearly 15% of high school students reported using an illicit drug and about 14% had misused prescription opioids in 2019.[6] In 2020, the median number of weekly visits by teens ages 11-18 to a children's hospital for substance use disorder treatment increased by 14.3%.[7] There was also an 8% increase in substance-related and

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[1] 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.
[2] National Alliance on Mental Illness, "Mental Health Screening," accessed on Nov. 10, 2021.
[3] Centers for Disease Control and Prevention (CDC), "Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020," Nov. 13, 2020.
[4] CDC, "Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021," June 18, 2021.
[5] CDC, Preventing Suicide, February 2022.
[6] CDC, Youth Risk Behavior Survey Data Summary & Trends Report 2009-2019.
[7] Abbey R. Masonbrink et al., "Substance Use Disorder Visits among Adolescents at Children's Hospitals During COVID-19," *Journal of Adolescent Health*, Dec. 31, 2021.

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addictive disorders emergency department visits among children ages 10-14, and a 7% increase among teens ages 15-18 in 2021, compared to the same period in 2019.[8]

The challenges facing children's mental, emotional and behavioral health are so dire that we joined with the American Academy of Pediatrics and the American Association of Child and Adolescent Psychiatrists—on behalf of the members we represent—to declare a national emergency in child and adolescent mental health last fall. As the surgeon general recognized when he issued his national advisory on children's mental health, the pandemic dramatically changed life for children, including how they attend school, interact with friends and receive health care. As a result, the pandemic continues to take a serious toll on children's mental health. Further, we know that children who interact with the child welfare system have often had traumatic experiences, and when families struggle to find mental health care or do not have coverage for that care, their kids are at greater risk for experiencing poor health outcomes and lower well-being over the long-term.

The pandemic has struck at the health and stability of families. As reported in *Pediatrics* in December 2021, more than 140,000 children in the United States lost a primary or secondary caregiver, with youth of color disproportionately impacted.[9] The emotional impact of losing a parent or caregiver, including trauma and grief, is often compounded with loss of material stability and economic hardship and an increased risk of poor educational and long-term mental health consequences. During the pandemic, our national epidemic of drug-related overdose deaths has continued to worsen. Exposure to substance abuse at home and losing a parent or primary caregiver to overdose are adverse childhood experiences, which can have lasting negative impacts on a child's development, health and well-being.

Furthermore, the pandemic has exacerbated and highlighted existing disparities in mental health outcomes and access to high-quality mental health care services for children of color. In 2019, the Congressional Black Caucus found that the rate of death by suicide was growing at a faster rate among black children and adolescents and that black children were more than twice as likely to die by suicide before age 13 than their white peers.[10] Studies of Latino communities have found higher reported rates of depression symptoms and thoughts of suicide among Latino youth, but comparatively lower rates of mental health care utilization. The needs of children from racial and ethnic minoritized communities and the added barriers they frequently face must be addressed in any and all approaches to promote children's mental health and strengthen access to mental health and substance use disorder treatment.

Unfortunately, our nation's national emergency in child and adolescent mental health has led to a parallel emergency of kids in mental health crisis "boarding" in hospital emergency departments. Youth boarding is when patients with mental health needs, including those who present at risk for suicide or who require substance use disorder treatment, remain in an emergency room or acute care bed until a more appropriate placement—such as a psychiatric treatment program—can be found or the patient is transferred to another facility that can provide the specialized pediatric mental health treatment needed. While boarding keeps our vulnerable children and youth physically safe from injury, waiting in an emergency department does not provide them with the comprehensive mental health or substance use disorder treatment they need. In addition to delaying treatment and recovery, prolonged boarding also puts undue stress on kids and their caregivers. Furthermore, for providers, boarding that lasts weeks or even months drains critical acute care resources and staff in overtaxed environments, making timely treatment challenging. The current boarding crisis comes on top of the already unprecedented pediatric volumes

[8] Children's Hospital Association (CHA), analysis of CHA PHIS database, n=38 children's hospitals.
[9] Susan D. Hillis et al., "COVID-19–Associated Orphanhood and Caregiver Death in the United States," *Pediatrics* 148, no. 6 (2021).
[10] Congressional Black Caucus, Ring the Alarm: The Crisis of Black Youth Suicide in America, Dec. 17, 2019.

that our children's hospitals are facing. The unparalleled number of children in need of mental health services has placed an extraordinary burden on frontline workers, with staff retention a critical issue for children's hospitals.

Historically, the specific needs of children and adolescents have often been overlooked by broad federal mental health and substance use disorder programs. However, the effects of this pandemic on child and teen mental health painfully illustrate the importance of strengthening child-focused mental health systems of care to ensure that kids' needs will be adequately addressed. With the right mental health services and supports, kids can recover from mental health crises and substance use disorders and learn the skills they need to manage mental and behavioral health conditions. Investments made now to better support children's mental health will pay off for them and our country by avoiding more serious and costly outcomes later.

We appreciate the Ways and Means Committee's recognition of the mental health and substance use disorder crisis that is worsening in our country. As you continue your work on this issue, we urge you to pay particular attention to children and youth and their unique needs, as well as pregnant and parenting mothers whose mental health and substance use disorder treatment needs too often go unmet. We recommend the following policy solutions that will help improve access to the full continuum of mental health services for children.

- **Fully enforce the Mental Health Parity and Addiction Equity Act (MHPAEA).** The Department of Labor's (DOL) 2022 annual report on private health plan compliance with the MHPAEA, clearly shows that health plans miss the mark on parity. For the 43% of the nation's children who have private insurance coverage through employer-sponsored or Marketplace plans, the violations cited in the report mean needless delays in care or no access to care at all. For these children, their mental health and substance use disorder treatment coverage under their insurance plan is simply a set of meaningless words on paper, with service denials, inadequate provider networks and coverage exclusions of needed therapies common practices.

  It is unacceptable that payers are failing to cover needed mental health and substance use disorder services by establishing non-qualitative treatment limits, not otherwise seen in medical and surgical benefits. When children are unable to access timely and needed services, they are more likely to experience a preventable mental health crisis with long-term implications for their well-being. Congress should give the DOL and states the tools they need to enforce parity requirements. Furthermore, Congress should explore ways to strengthen health plan network adequacy requirements for pediatric mental health and substance use disorder treatment providers, as network adequacy assessments are a key aspect of ensuring access to needed services under the MHPAEA.

- **Ensure children and teens have access to crisis care and substance use disorder treatment.** Most of existing programs that provide crisis care services are focused on adults. These programs do not consistently have the providers or expertise to meet the unique needs of children and teens in crisis. It is imperative that Congress work with the DOL to ensure that private insurers not only include coverage for a full continuum crisis response services and substance use disorder services in their plans, but that those coverage policies, including utilization review standards, do not unfairly limit access to those services as required under the MHPAEA.

- **Facilitate access to mental health services through telehealth.** Telehealth has been a crucial tool to connect children and adolescents to mental and behavioral health care services during the pandemic. Congress should extend the regulatory telehealth flexibilities that were established during the pandemic past the COVID-19 public health emergency, including coverage for audio-only services and lifting originating site restrictions and geographic limitations.

- **Fix the family glitch.** The "family glitch," which results from the exclusion of dependents in the calculation used to determine eligibility for Marketplace premium tax credits, has had a particularly large impact on children's coverage. More than half of those who have been unable to access affordable coverage through the Marketplaces due to the family glitch are children. We know that children and youth without access to affordable health insurance coverage are less likely to receive timely mental health, suicide and substance use disorder prevention and intervention services and are more likely to end up in the emergency room due to a crisis. It is time for Congress to act and fix this barrier to coverage and, ultimately, timely care.

- **Address the mental health needs of children in the child welfare system**. Children and youth served by the child welfare system must have timely access to a full continuum of developmentally appropriate, trauma-informed mental health and substance use disorder services and supports, including screening, assessment and treatment that meets their mental health needs. When a child or adolescent enters or re-enters the child welfare system, they are more likely to have had traumatic experiences, including the separation from their family. Prevention, therefore, is a critical component of supporting children connected with the child welfare system and should include supportive services for both caregivers and the child to address social determinants of health and prevent adverse childhood experiences.

- **Bolster states' efforts to address the needs of infants with neonatal abstinence syndrome.** Under the Child Abuse Prevention and Treatment Act (CAPTA), states are required to develop "plans of safe care" to address the needs of infants affected by prenatal substance use. These plans are critical to ensuring that appropriate services are available to stabilize families impacted by substance use and ensure infants' safety. A GAO report in 2018 recommended that HHS provide additional guidance to states on how to best meet the CAPTA requirements. Congress should require HHS to release further information to states to support their work to provide needed services and supports to these families and report to Congress on the law's implementation and its impact on families, particularly families from minority backgrounds.

- **Support investments in the pediatric mental health workforce.** We urge this committee to support investments in the pediatric mental health workforce as workforce shortages are persistent, are projected to increase over time and are a foundational cause of the current mental health crisis our children and youth face. Those investments must relieve the current pressures on the existing pediatric mental health workforce, and address the need for long-term expansion across disciplines to meet the ongoing and growing pediatric mental health crisis.

Children's hospitals are eager to partner with you to advance policies that can make measurable improvements in children's lives. Please call on us and our members as you develop these important policy improvements to stem the tide of the national emergency for children's mental health.