

Children's Hospital Association Statement for the Record

House Ways and Means Committee Hearing on America's Mental Health Crisis February 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 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 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 14¹, 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. 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.

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, kids are at greater risk for experiencing long-term impacts on their health and well-being.

The pandemic has struck at the health and stability of families. As reported in *Pediatrics* in December of 2021³, more than 140,000 children in the United States lost a primary or secondary caregiver, with youth of color

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 Hillis SD, Blenkinsop A, Villaveces A, et al. [COVID-19–Associated Orphanhood and Caregiver Death in the United States. *Pediatrics*. 2021;148\(6\):e2021053760.](#)

disproportionately impacted. 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.

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.⁴ 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 care.

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 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 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 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 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 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 House Ways and Means Committee’s recognition of the mental health crisis that is worsening in the country. As you continue your work on this issue, we urge you to pay particular attention to children and youth and their unique needs. 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 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

⁴ Congressional Black Caucus, [Ring the Alarm: The Crisis of Black Youth Suicide in America](#), Dec. 17, 2019.

care or no access to care at all. For these children, their mental health 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 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 Department of Labor 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 providers, as network adequacy assessments are a key aspect of ensuring access to needed services 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 not been able to access affordable coverage through the Marketplaces as a result of 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 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 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.
- **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.