



# Children's Hospital Association Statement for Record

## U.S. House Committee on Energy and Commerce "Communities in Need: Legislation to Support Mental Health and Well-Being"

April 5, 2022

The Children's Hospital Association (CHA), representing over 220 children's hospitals, thanks the House Energy and Commerce Committee for holding this hearing, "Communities in Need: Legislation to Support Mental Health and Well-Being," focused on this critical issue for children, families, the pediatric health care workforce and our entire nation. We call on this committee to join us in recognizing the magnitude of the situation and advancing meaningful and transformational solutions to address the children's mental health emergency.

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 challenges facing children's mental, emotional and behavioral health are so dire that we joined the American Academy of Pediatrics and American Academy of Child and Adolescent Psychiatry in declaring a [national emergency](#) in child and adolescent mental health last fall. On the same day that we declared a national emergency, we launched the [Sound the Alarm for Kids initiative](#) to raise the visibility of the children's mental health crisis and build momentum for action. Over 60 partner organizations and more than 70 children's hospitals have joined the call. The emergency for our children is broadly recognized and now we need to take immediate action to address it.

We strongly encourage the committee to put forward tailored and dedicated policies and support for children to better address their emotional, mental and behavioral health needs. The current mental health system for children has been under-resourced for years and now requires significant attention by this committee. It's an historic opportunity to make a national impact for children and prevent larger and more costly problems in the long term.

As the single largest 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 ask the committee to remember that broader supports and those provided through Medicare do not reach children. There is a need for a focus in your work on children's unique needs and the major programs, like Medicaid, that support much of the pediatric mental health services provided in our country. 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.<sup>1</sup> This is not limited to one state or one community—children in states across the country face the same challenges accessing the necessary mental health care to address

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<sup>1</sup> 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).

their needs.<sup>2</sup> Children’s mental health conditions are common. One in five children and adolescents experience a mental health disorder in a given year,<sup>3</sup> and 50% of all mental illness begins before age 14.<sup>4</sup> For children needing treatment, it takes, on average, 11 years after the first symptoms appear before getting that treatment.<sup>5</sup> Significant 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 for the better our children and our country as we avoid more serious and costly outcomes later—including suicidal ideation and death by suicide.

As reported from children’s hospitals:

- 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.<sup>6</sup>
- In the first three quarters of 2021, children’s hospitals reported emergency room visits for self-injury and suicide attempts or ideation in children ages 5-18 at a 42% higher rate than during the same time period in 2019.<sup>7</sup>
- There was also a more than 50% increase in emergency department visits for suspected suicide attempts among girls ages 12-17 in early 2021 as compared to the same period in 2019.<sup>8</sup>

Medicaid investments in pediatric mental health services are critical to making immediate strides in addressing the crisis end of the continuum that is so stretched right now and prevention of emergencies in the future.

The challenges and limitations of the current mental health care system are affecting all children, but 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.<sup>9</sup> 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. As the Senate Finance Committee weighs recommendations to promote children’s mental health and strengthen access to care, the needs of children from racial and ethnic minority communities and the added barriers they frequently face must be addressed.

We appreciate the House Energy and Commerce Committee’s recognition of the children’s mental health emergency and continuing focus on this specific population and their unique needs. We are encouraged that a number of bills included in today’s hearing work to address the challenges our children and their providers are currently facing.

We are grateful to Energy and Commerce members Anna Eshoo and Lisa Blunt Rochester, as well as Brian Fitzpatrick for introducing H.R. 7236, the Strengthen Kids' Mental Health Now Act. All too often, federal resources

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<sup>2</sup> Ibid.

<sup>3</sup> Centers for Disease Control and Prevention (CDC), “[Key Findings: Children’s Mental Health Report](#),” March 22, 2021.

<sup>4</sup> 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.

<sup>5</sup> National Alliance on Mental Illness, “[Mental Health Screening](#),” accessed on Nov. 10, 2021.

<sup>6</sup> Centers for Disease Control and Prevention, [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.

<sup>7</sup> Analysis of Children’s Hospital Association PHIS database, n=38 children’s hospitals.

<sup>8</sup> Centers for Disease Control and Prevention, [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.

<sup>9</sup> Congressional Black Caucus, [Ring the Alarm: the Crisis of Black Youth Suicide in America](#), Dec. 17, 2019.

to address mental health do not make their way to children or the pediatric providers who serve them. H.R. 7236 puts kids first by purposefully addressing children's unique needs through reforms and investments to bolster the pediatric mental health workforce and ensure the availability of a full continuum of care for kids. Specifically, the Strengthen Kids' Mental Health Now Act will:

- **Strengthen support for pediatric mental health through Medicaid:**
  - Increase reimbursement for pediatric mental health services to better support the pediatric mental health workforce.
  - Guide states toward best practices for improving access to a full continuum of mental, emotional and behavioral health services for children, including through telehealth.
  - Review state implementation of EPSDT annually to identify barriers and opportunities to improve the availability of pediatric mental and behavioral health services.
  
- **Improve timely access to community-based care and support:**
  - Identify regulatory and legal barriers which inhibit providers' ability to increase care capacity and promote existing flexibilities states might use to expand pediatric mental health service availability.
  - Create a new grant program at the Health Resources and Services Administration (HRSA) uniquely focused on strengthening community-based pediatric mental health services and enabling communities to implement or develop new programs and policies tailored to meet the mental and behavioral health needs of children and adolescents
  
- **Develop and grow the pediatric mental health workforce:**
  - Establish a new HRSA workforce grant program focused specifically on bolstering the pediatric mental and behavioral health workforce through expanded training for the current workforce and targeted investment in the recruitment, retention and diversity of the next generation of pediatric mental health professionals.
  
- **Investment in critical pediatric mental health infrastructure:**
  - Create a HRSA program dedicated to strengthening critical pediatric mental health infrastructure and expanding our national capacity to deliver appropriate care for children with more intensive treatment needs, including inpatient psychiatric care and step-down care, such as day programs or intensive outpatient services.

In addition to H.R. 7236, CHA strongly supports Reps. Blunt Rochester and Fitzpatrick's H.R. 4944, the Helping Kids Cope Act, which is also included in today's hearing. At the core of a strong pediatric mental health care delivery system is a strong, interconnected network of pediatric mental health providers and supportive services that are available to deliver high-quality, developmentally appropriate care. To expand and strengthen these networks at the community level, this bipartisan legislation supports flexible funding for communities to support a range of child and adolescent-centered community-based services, as well as to support efforts to better integrate and coordinate care across the continuum of care. It also bolsters the pediatric mental and behavioral health workforce through expanded training and targeted investments in the recruitment, retention and diversity of a wide range of physician and non-physician pediatric mental health professionals.

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 advance these important policy improvements to stem the tide of the national emergency in children's mental health. Children need your help now.