



Children's Hospital Association Statement for the Record

U.S. Senate Committee on Finance

Protecting Youth Mental Health: Part II – Identifying and Addressing Barriers to Care
February 15, 2022

The Children's Hospital Association (CHA), representing over 220 children's hospitals, thanks the Senate Finance Committee for holding this hearing, "Protecting Youth Mental Health: Part II – Identifying and Addressing Barriers to Care," 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 it.

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. The emergency for our children is broadly recognized—now we need to work together on immediate action.

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 is 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 in your work for focus 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.¹ This is not limited to one state or one community—

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).

children in states across the country face the same 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 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 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.

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 12-17.⁶
- In 2021, children’s hospitals reported emergency room visits for self-injury and suicide attempts or ideation in children ages 5-18 at a 44% higher rate than during 2019.⁷
- 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 2019.⁸

Demand 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.

The challenges and limitations of the current mental health care system are affecting all children, but the pandemic has exacerbated and highlighted existing disparities for children of color in mental health outcomes and access to high-quality mental health care services. 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.⁹ 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.

Military and veteran families are also affected. Military and veteran families face additional challenges with separation from parents and caregivers, frequent moves and caregivers or parents with their own trauma and mental health pressures.

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.

⁶ 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.

⁷ Children’s Hospital Association (CHA), analysis of CHA PHIS database, n=38 children’s hospitals.

⁸ 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.

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

We appreciate the Senate Finance Committee's recognition of the children's mental health emergency and continuing focus on this specific population and their unique needs. As you work to develop legislative solutions, we ask you to advance the following policy priorities, which will result in improved access to mental health services for children, from promotion and prevention through needed treatments:

- **Increase Medicaid investments in pediatric mental health services to address the current crisis and better support coordination and integration of care.** Medicaid is the largest payer for behavioral health services, but there continue to be access issues. In 2018, only 54% of non-institutionalized children on Medicaid and CHIP who experienced a major depressive episode received mental health treatment.¹⁰ According to MACPAC, “Just 35 percent of psychiatrists accepted new patients enrolled in Medicaid in 2014-2015, in contrast with 62 percent accepting new patients covered by Medicare and private insurance (Heberlein and Holgash 2019).”¹¹ We believe creating equity between what Medicaid and Medicare pay for similar services will improve access for the millions of children who rely on this program for care. Low payment rates weaken provider engagement and participation in the Medicaid program and directly relate to the mental health workforce shortages and access challenges for children. The primary care payment bump passed in 2010 was found to increase access to these services and to support continued engagement of primary care physicians.¹²
- **Direct CMS to review how EPSDT is implemented in the states to support access to prevention and early intervention services, as well as developmentally appropriate mental health services across the continuum of care, and provide guidance to states on Medicaid payment for evidence-based mental health services for children that promotes integrated care.** The EPSDT benefit is tailored to children's unique needs and provides an important opportunity to support early identification even before diagnosis. Children's hospitals report that there are significant gaps in the intermediate level of care, including intensive outpatient services and day programs, which can prevent hospitalizations and help transition children back to their homes and community after a hospitalization. We can do a better job of implementing and supporting this benefit more consistently for children to ensure they receive care as early as possible and at every point along the continuum when needed.
- **Facilitate access to mental health services through telehealth.** Throughout the COVID-19 pandemic, greater state and federal regulatory flexibilities have increased the availability and convenience of telehealth services for children and families. Psychiatry continues to rely on telehealth at a far greater rate than any other physician specialty. Congress should extend these flexibilities past the COVID-19 public health emergency, including covering audio-only services, lifting originating site restrictions and geographic limitations, and encouraging state Medicaid programs to continue telehealth coverage and payment. For children, Medicaid and private insurance are major insurers, and we ask the committee to ensure that telehealth support and flexibilities are supported across payers, in addition to Medicare, to give everyone the opportunity that telehealth provides.
- **Ensure strong implementation, oversight and proactive enforcement of the Mental Health Parity and Addiction Equity Act.** It is unacceptable that payers and plan administrators are failing to cover needed mental health and substance use disorder care by creating barriers to in-network mental health care,

¹⁰ MACPAC, [Response to Senate Finance RFI on behavioral health](#), Nov. 15, 2021.

¹¹ Ibid.

¹² Laura Tollen, “[Health Policy Brief: Medicaid Primary Care Parity](#),” *Health Affairs*, May 15, 2015.

limited provider networks and establishing non-qualitative treatment limits not otherwise seen in medical and surgical benefits. In addition, public and private payers routinely exclude payment for mental health services provided by a primary care provider. Congress should work to remove payment barriers that hinder access to mental health services in the primary care setting.

- **Increase investments to support the recruitment, training, mentorship, retention and professional development of a diverse clinical and non-clinical pediatric workforce.** Currently, there are dire shortages of minority mental health providers, which represents an added burden on racial and ethnic minority communities who already face inequitable access to care. More dedicated support for a larger and more diverse pediatric workforce is critical to addressing children's mental health needs now and in the future. Stronger Medicaid investments supporting children's mental health services will improve engagement in the program and encourage more people to enter these fields.

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, the Senate should consider [H.R. 4944, the Helping Kids Cope Act of 2021](#), bipartisan legislation that provides flexible funding for communities to support a range of child and adolescent-centered community-based services, as well as efforts to better integrate and coordinate across the continuum of care. It also invests in pediatric mental health workforce development for a wide array of physician and non-physician mental health professions, to ensure children's long-term access to providers and services across the continuum of care.

- **Dedicate support for the pediatric mental health system and infrastructure, which is currently woefully underfunded.** Children's hospitals recommend that lawmakers take additional actions this year to strengthen pediatric behavioral health infrastructure and improve access to care, both immediately and long term. We urge Congress to provide resources to support efforts to scale up inpatient care capacity, including costs associated with the conversion of general beds to accommodate mental health patients. There is also a vital need to increase access to alternatives to inpatient and emergency department care including step-down, partial hospitalization, intensive outpatient services and day programs. These types of programs ensure that children and adolescents continue to receive intensive services and supports they need while alleviating pressure on acute care settings. We note that bipartisan legislation has been introduced in the House, [H.R. 4943, the Children's Mental Health Infrastructure Act of 2021](#), which would provide grants to children's hospitals to increase their capacity to provide pediatric mental health services such as those described above.

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. Children need your help now.