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June 23, 2025

Secretary Robert F. Kennedy Jr.
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: Make Our Children *Healthy* Again Assessment

Dear Secretary Kennedy,

On behalf of the more than 200 children's hospitals across the country, thank you for your attention to childhood chronic disease. We appreciate your efforts through the *Make Our Children Healthy Again: Assessment* to develop a federal approach to better understand the causes of childhood chronic disease and advance innovations and policies to reverse those trends. **As you develop strategies to address childhood chronic disease, we urge you to support children's hospitals' ongoing work to prevent and mitigate childhood chronic illness and encourage you to engage with, and build upon, these impactful child health improvement initiatives across the nation. We look forward to collaborating with you on our shared interest in ensuring that every American child has a safe and healthy childhood.**

Children's hospitals care for almost one-half of children admitted to all hospitals and serve the majority of children with chronic conditions, serious illnesses, complex conditions, and those in need of major surgical services. On average, more than half of the care provided at children's hospitals is funded by the Medicaid program, and we are committed to serving all children, regardless of their ability to pay. We are regional centers for children's health, providing highly specialized pediatric care across large geographic areas. Importantly, children's hospitals are unique assets in their local communities and play a major role in addressing children's health and wellbeing.

Children's hospital programs focused on wellness and chronic disease prevention are often sustained through partnerships with federal and state agencies – including Medicaid agencies – as well as private insurers and philanthropy. Those partnerships are key to program viability, spread, and growth in both urban and rural settings. We are committed to working with you to ensure that our partnership with HHS and other agencies continues so that all children have access to preventive care, nutritious food, and a healthy environment.

As you consider policies to reduce childhood chronic disease, we urge you to:

- **Protect and strengthen the Medicaid program for the millions of children who rely on it.**
- **Support and incentivize providers to engage in prevention and early intervention throughout their communities through appropriate payment policies and federal support for key public health programs.**
- **Strengthen the pediatric medical research infrastructure and prioritize the unique health needs of children in federal research.**

In our comments below, we share some innovative programs across the country that are focused on preventing childhood chronic diseases, enhancing children's overall health and well-being, and providing critical resources for patients and their families. Children's hospitals have long embraced holistic and preventive approaches to care, reflecting the pediatric field's longstanding understanding that children's health is deeply shaped by broader social and environmental factors, in addition to high-quality, timely, and age-appropriate clinical care when needed. They do so through connections with local communities, schools, and organizations, allowing them to extend their services beyond the hospital walls. We look forward to working to sustain and expand these innovative programs with positive outcomes for children's health and our nation more broadly.

Role of Medicaid in Preventing Chronic Disease

We believe that **a strong Medicaid program is the cornerstone of the nation's ability to eradicate childhood chronic illness.** Medicaid is the foundation for providing various types of preventive services, as well as specialty care. Medicaid support is vital to children's hospitals' ability to provide care to every child who needs it and helps kids grow into healthy and productive adults. Medicaid and the Children's Health Insurance Program (CHIP) combined provide essential health care coverage to 37 million children,[1] including coverage for almost half of all U.S. children with special health care needs.[2] Nearly three million children in military-connected families are covered by Medicaid.[3]

Medicaid provides children with access to a comprehensive set of services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. **Strong oversight and enforcement of the EPSDT benefit is key to ensuring that children have access to early intervention and preventive services**. EPSDT benefits are intended to detect, diagnose and treat childhood health conditions before they lead to serious or disabling health effects. This benefit ensures Medicaid covers the preventive services all kids need—things like immunizations, well-child checkups, and vision and dental services. Through EPSDT, Medicaid also covers medically necessary care, including a full range of behavioral health services, from early intervention and preventative care to intermediate and intensive services in the hospital, community and home so children can see a pediatric specialist or get the therapy they need. We encourage you to continue HHS' efforts to support the implementation of EPSDT at the state level to ensure the program meets its promise for children.

Examples of Children's Hospital Programs to Address Childhood Chronic Conditions

- **Childhood Obesity**
  We appreciate the MAHA Assessment's assertion that childhood obesity is a national health crisis and its support of a preventive health approach that leverages community-based services. Children's hospitals are on the frontlines of childhood obesity prevention, diagnosis, and treatment. **Federal strategies to prevent childhood obesity should include mechanisms to strengthen payments for the full array of preventive services and community-based programs across the continuum of care.** Inadequate reimbursement can

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[1] "January 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot," U.S. Centers for Medicare and Medicaid Services, May 2025.
[2] "5 Key Facts About Children with Special Health Care Needs and Medicaid," Kaiser Family Foundation, April 2025.
[3] "Medicaid: A Vital Resource for Nearly 3 Million Military-Connected Children," FTI Consulting, 2023.

hinder children's hospitals' ability to expand and sustain their childhood obesity programs as Medicaid programs and private payers offer limited coverage of evidence-based treatments and preventive interventions.

Children's hospitals' obesity-related programs are often focused on prevention, as well as early interventions for children with elevated Body Mass Index and excessive weight gain. Programs vary in format and focus – many offer classes that teach families about **healthy eating and physical activity**, while others connect children to case management services to promote **weight management**. Often children's hospitals connect families to pediatric gastroenterologists, behavioral specialists, and dieticians to ensure they are receiving early and proper care. Through these programs, children's hospitals have reached thousands of children and families. For example, one children's hospital saw 13,000 individuals enroll in their e-learning course that promotes education on healthy lifestyles.

Furthermore, children who are obese often have **co-occurring conditions,** such as joint issues, diabetes, sleep apnea, and more. Children's hospitals are equipped to provide the necessary care for these children to prevent further complications and improve their health outcomes.

- **Diabetes**

We commend the MAHA commission for its commitment to preventing diabetes among youth in the United States. Diabetes prevention and treatment is a priority for children's hospitals as rates continue to climb.

Children's hospitals are tackling Type 2 diabetes prevention through multiple avenues. For example, some children's hospitals offer clinics that work solely on **diabetes prevention and management**. These centers offer interventions at all stages of diabetes with many children's hospitals focused on **prevention for children diagnosed with pre-diabetes**. Clinics in those hospitals offer education and support for lifestyle changes to prevent the progression of Type 2 diabetes in children who are referred following a prediabetes diagnosis. The clinics also work to prevent the progression of Type 1 diabetes in children by screening individuals and their family members when they come to the clinic for services.

In addition, children's hospitals have established **diabetes-specific food pharmacy programs** that focus on improving patient health outcomes by providing access to healthy foods. Many food pharmacies are co-located in outpatient clinics, in an effort to increase child patients' access to healthy food and to encourage timely medical care, when needed.

Children's hospitals are also committed to engaging in **Food as Medicine partnerships**. For example, one children's hospital partners with a local agricultural organization to allow their child patients to participate in a community garden. This educates the children on the importance of healthy foods and grants them access to fresh produce. In addition to the community garden, there are partnerships that offer culinary classes to teach child patients and their families how to cook healthy meals and utilize the produce they grow. Food pharmacy programs and Food as Medicine partnerships address both diabetes and childhood obesity, as well as many co-occurring diseases.

It is important to note that **research** by children's hospitals has played a crucial role in the development of effective diabetes prevention strategies and approaches that help ensure that children living with Type 2 diabetes are connected early to the most appropriate treatment. For example, a cohort of pediatric centers across the

country is conducting research, funded by the National Institutes of Health (NIH), on why certain children who are obese develop Type 2 diabetes, and why others do not, with the goal of discovering a prevention protocol.

- **Childhood Cancer**
  We appreciate the MAHA Commission identifying childhood cancer as a top priority and demanding better federal coordination, accelerated innovation, and infrastructure investments. While cancer death rates among children from birth to 14 years of age have declined, cancer remains the leading cause of death from disease among children.[4] Unfortunately, children can experience long-lasting effects of cancer treatment. To provide the best care for children with cancer, children's hospitals collaborate across their hospital teams to **operate clinics and coordinate patient care**. They also work with child-focused community organizations, schools, and the child's family to provide continued monitoring and ongoing support, including **health and nutrition education, and care coordination**. These efforts are critical to helping children suffering from cancer live as normal a life as possible and prevent further complications.

  For example, children's hospitals have **survivorship programs** to coordinate care and education for patients who are at risk of secondary malignancies from their cancer treatment. Interventions can include **nutritional education about the need to avoid ultra-processed foods** to prevent the exacerbation of impacts from their cancer treatment. One children's hospital has **specialized summer camp partnerships** to provide supportive environments for children with chronic conditions, including cancer. These partnerships allow patients to experience summer camp in a medically safe environment, while also building social connections.

  Biomedical research has been foundational to advancements in pediatric cancer care and preventive interventions underway at children's hospitals. **Clinical trials** conducted at children's hospitals, in partnership with the NIH, have led to the development of curative therapies for a number of childhood cancers. Thanks to advances in effective therapies, the five-year survival rate for children with cancer has doubled over the last 50 years, reaching 85%.[4] However, survival rates for some pediatric cancers remain poor and 1,600 children and adolescents still die due to cancer each year in our country. **Sustained research support is needed to ensure that we continue to make the medical progress needed to further lower the mortality rate for childhood cancers.**[4]

- **Youth Mental Health**
  We share your concerns regarding the ongoing youth mental health crisis in the United States and hope to engage with you to expand access to pediatric mental health services across the continuum, beginning with early intervention and prevention. **It is especially important that public and private payers cover early intervention of mental health services, beginning in infancy and throughout childhood and adolescence, without imposing unnecessary and burdensome administrative barriers.**

  Enforcement and oversight of Medicaid's EPSDT benefit is critical to ensuring that children have access to preventive services to avoid experiencing a mental health crisis, as well as the full continuum of mental health services to treat any existing mental health conditions. **Full implementation and enforcement of the Mental Health Parity Enforcement and Addiction Equity Act** is also needed to ensure that private payers meet

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[4] "Cancer in Children and Adolescents," National Cancer Institute, National Institutes of Health, August 2024.

their coverage and payment responsibilities. In addition, it is critical that the pediatric mental health workforce crisis facing the nation is addressed. Investments in training, support and implementation of innovations that increase pediatric provider capacity and improve access to care, and mechanisms to rectify currently inadequate payment rates are urgently needed.

In 2021, CHA jointly declared a National State of Emergency in Children's Mental Health[5] with the American Academy of Pediatrics and the American Academy of Child and Adolescent Psychiatry. While progress has been made since this declaration, the mental health of America's youth remains a wide-spread crisis. We know that half of all mental illnesses begin by age 14,[6] making childhood a critical period to provide support and prevent worsening outcomes for youth. Proactive early intervention and prevention can dramatically change the trajectory of a child's life by addressing mental health issues before they escalate.

Children's hospitals are taking a **whole-child health approach** to pediatric mental and behavioral health. These efforts are not solely based in their outpatient clinics and inpatient hospital settings. They also include **school-based initiatives, mobile behavioral health units, and integration of behavioral health services into routine primary care.** These children's hospital programs are key to addressing the youth mental health crisis and align with the HHS mission to strengthen prevention efforts and address mental and behavioral health challenges.

For example, behavioral health therapists are being **integrated into primary care practices** to address mental and behavioral health conditions and provide opportunities for early intervention when concerns are present. This integrated model, as reported by a children's hospital, has been shown to increase access to behavioral health care, while also reducing emergency department and inpatient admissions for the patients served. One children's hospital alone completed over 4,000 patient visits with their integrated behavioral health program in 2024.

Additionally, children's hospitals incorporate patients' family members into care, while providing a comprehensive continuum of patient care services. This can include efforts to support mobile health units that can reach children who face systemic barriers to accessing care, while also partnering with local schools, shelters, and other community agencies to help provide **trauma-informed and evidence-based therapy** in targeted areas. Through these partnerships, children's hospitals are also helping educators to develop and implement supportive and trauma-informed learning environments to help students succeed. These educational efforts help develop a safe space for children to learn and grow, while simultaneously providing early mental health intervention services.

Children's hospitals are also actively engaged in initiatives focused on **suicide prevention.** In 2022, the second leading cause of death for adolescents and teenagers ages 10 to 14 was suicide.[7] Since 2020, almost 40 children's

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[5] "AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health," American Academy of Pediatrics, October 2021. American Academy of Pediatrics, October 2021.

[6] Kessler, Ronald C., et al., "Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication," *JAMA Psychiatry*: Vol. 62, No. 6, 2005.

[7] "WISQARS Leading Causes of Death Visualization Tool," Web-based Injury Statistics Query and Reporting System, U.S. Centers for Disease Control & Prevention, 2022.

hospitals have been involved with Zero Suicide, a quality improvement model that strives to make system-wide transformations for suicide prevention and care. These hospitals worked collaboratively to develop the Zero Suicide Toolkit for Children's Hospitals, along with implementation strategies and resources tailored to support health care systems that serve children and adolescents.

Examples of the impact of this effort include one children's hospital that implemented its own suicide prevention program that supports patients in these situations. The program has conducted more than 48,000 screenings and has identified 35 patients who were at an imminent risk of suicide. These patients were offered immediate care and support. Additionally, 5% of the patients screened were identified to be at risk for suicide, but not imminently, which has led to over 1,000 patient visits with the program's mental health therapists.[8]

Telehealth services for mental and behavioral health care are critical to those that face barriers to accessing in-person services. Therefore, we support the extension of current federal telehealth flexibilities. There are numerous ways that **children's hospitals are using telehealth to provide early intervention** and other services to children and their families who may be at risk of mental or behavioral health challenges. For example, one children's hospital provides evidence-based caregiver coaching via telehealth to teach key behavior management skills that extend into patients' home and community settings, with the intention of reducing the need for more intense behavioral and educational support services in the future.

Finally, we caution against eliminating key child mental health programs that are currently administered by the Substance Abuse and Mental Health Services Administration and, instead, continuing to support early intervention, as well as targeted child and adolescent mental health services across the continuum of care. Those programs provide vital funding to children's hospitals and community organizations that enable them to partner to address children's mental health challenges as early as possible.

Addressing the Drivers of Increases in Childhood Chronic Diseases

We share your concerns about the incidence of chronic diseases in children and are committed to working with you to better understand and address their underlying causes. We provide some specific examples below of ongoing innovative efforts by children's hospitals to address some of the key drivers of poor health highlighted in the report.

While funding for these efforts come from a variety of private and public funding sources, children's hospitals are concerned that proposed funding cuts will compromise their ability to address these drivers of disease. Therefore, **we urge you to support continued funding for key public health programs in the Department of Health and Human Services and other agencies that are focused on protecting children from food and environmental hazards and to work with us to bolster programs focused on child wellbeing and health.**

- **Ultra-Processed Foods**
  Children's hospitals are dedicated to ensuring children and families have access to healthy food. They serve many children and families who are enrolled in the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants, and Children (WIC) program and work with community entities to ensure that eligible families

[8] "Outcome Story: Phoenix Children's," Zero Suicide, Education Development Center, 2024.

are enrolled. In particular, **children's hospitals in states with low enrollment in WIC and other programs partner with community-based organizations to connect eligible families to benefits**. These partnerships allow children to have access to whole and healthy food. Through these efforts, children's hospitals and WIC organizations have been able to educate health professionals on engaging in conversations with families, create referral systems, and unify messaging. Children's hospitals also work with schools to educate families about SNAP and WIC benefits to **promote healthy eating habits.** We urge you to ensure there is adequate funding for the WIC and SNAP programs as they play a critical role in increasing access to healthy foods for children and families across the nation.

Children's hospitals also promote **healthy eating** amongst their patients more generally and **educate on the harms of ultra-processed foods for individuals with certain diseases, such as cancer.** For example, some children's hospitals work with patients who are at risk for secondary malignancy to educate them on the importance of decreased sugar intake and avoiding processed foods.

Children's hospitals have also established **food clinics** to provide families and communities with healthy food**.** Many children's hospitals place their food clinics in or near their primary care sites. This allows families to grab healthy snacks and food while visiting the doctor's office. One children's hospital has reported that their clinic had more than 45,000 visits and provided more than 160,000 bags of healthy food to families.

- **Chemicals in the Environment**
  We commend the MAHA Commission for addressing the impact environmental factors play in chronic disease diagnoses in children. Children's hospitals recognize the role the environment can play in chronic diseases and are committed to addressing these factors in a variety of ways.

  For instance, children's hospitals are focused on **lead poisoning prevention**, given the detrimental impact that lead ingestion can have on a child's development. Many children's hospitals have implemented programs to remove lead hazards from homes. For example, one children's hospital has completed over 400 home visits focused on the identification and removal of lead. Additionally, children's hospitals have established programs to increase lead testing and enhance patient outcomes for children who have been exposed to lead.

  Children's hospitals are also focused on **environmental impacts on asthma**, with a focus on preserving lung function and **preventing Chronic Obstructive Pulmonary Disorder**. For example, children's hospitals often partner with schools to reach children with asthma diagnoses to develop personalized treatment plans. The goal of these programs is to increase attendance at school, ultimately improving school outcomes. In addition, some children's hospitals have **published asthma resources** that school nurses can utilize to ensure they have accurate information to treat children with asthma. Children's hospitals have also conducted hundreds of **home visits** for families who received an asthma diagnosis to ensure their home is not exacerbating symptoms.

  Children's hospitals are also acutely aware of the **unique impact natural disasters and the environment can have on children's physical and mental health**. Many children's hospitals located in areas that more frequently experience natural disasters are developing climate resilience plans to protect children's health in times of uncertainty. Additionally, children's hospitals are working with their local counties and health departments to track data, develop partnerships, and prepare communities for possible negative environmental experiences.

- **Use of Medications**
  We encourage the commission to confer with pediatric mental health experts as it considers the appropriate role of medications in pediatric behavioral health care. **It is critically important that children have access to the full range of needed interventions to help them thrive during their critical developmental years.**

  Children's hospitals are committed to providing comprehensive mental and behavioral health services, centered on individualized treatment plans, that address the full continuum of needed services from prevention and early intervention to more intensive care. Collaboration between all medical providers involved in a child's care, the child themself, and the family is key to determining the most suitable treatment plans for each patient, which includes the appropriate and safe use of medication, when clinically indicated. Furthermore, scientists at children's hospitals are continually conducting real-world research on FDA-approved medications to identify and understand any adverse events early on so as to ensure their appropriate use.

  In addition, we would like to urge caution when considering changing long-standing vaccination guidelines for children. We agree that parents must have accurate and trustworthy information about vaccines for their children. We support pediatric vaccine research, including well-designed clinical trials, focused on ensuring vaccinations remain safe and effective for our nation's children.

  We also support efforts to educate families about vaccines. As trusted resources, pediatricians working in our nation's children's hospitals and health systems work with parents to make the empowered choice to get their children vaccinated to help prevent public health tragedies within our communities. This is especially important for children with medical complexity or chronic conditions who are at an increased risk of contracting additional illnesses due to their compromised immune systems.

- **Supporting Gold Standard Scientific Research**
  As global leaders in pediatric medical training and research, **children's hospitals are committed to advancing scientific innovation that focuses on pediatric patients and medical conditions that emerge in childhood**. We are eager to work with the MAHA Commission to strengthen the pediatric medical research infrastructure and prioritize the unique health needs of children.

  We urge you to support sustained and robust investments in pediatric research to enable us as a nation to combat childhood chronic disease. In particular, federal research funding through the NIH, combined with direct investments from children's hospitals, provides critical support that enables pediatric clinical research teams to identify the underlying causes of pediatric chronic diseases, determine how best to promote optimal child development, and develop safe treatments for complex pediatric medical conditions that can improve long-term health outcomes.

  Using NIH funding, children's hospitals are facilitating **the development of curative and life-enhancing therapies for children with chronic and life-threatening illnesses**. Their areas of focus include, but are not limited to, prevention of chronic and infectious diseases, infant and child safety, nutrition, and the effects of environmental factors on children's health. For example, a child patient with a rare genetic chronic disorder undergoing treatment at a children's hospital recently received a personalized gene editing therapy treatment developed by the hospital. The patient is now growing well and thriving thanks to regular monitoring from their

health care support team. Another hospital has developed a therapeutic medication to treat neurological movement disorders in children. The product is also intended to manage Parkinson's disease in adults. NIH funding support was vital for the research that underpinned these – and many other – clinical breakthroughs that will improve the long-term outlook for many children.

We appreciate the opportunity to respond to the MAHA Commission report and your focus on children's health and chronic disease prevention. We look forward to working with you to advance our shared goal of eradicating chronic childhood illnesses. Please reach out to Jan Kaplan at jan.kaplan@childrenshospitals.org should you need additional information.

Sincerely,

Aimee C. Ossman

Aimee C. Ossman
Vice President, Policy
Children's Hospital Association