



February 22, 2022

Nemours Children's Health
10140 Centurion Parkway North
Jacksonville, FL 32256

The Honorable Ron Wyden
Chairman
Committee on Finance
U.S. Senate
219 Dirksen Senate Office
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
U.S. Senate
219 Dirksen Senate Office
Washington, D.C. 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of Nemours Children's Health, thank you for holding this important hearing, *Protecting Youth Mental Health: Part II – Identifying and Addressing Barriers to Care*, on February 15th, 2022. We are pleased to submit this letter as written testimony for your consideration as you develop a mental health legislative package. We urge you to include the policies outlined below that support the health and well-being of children and families, as well as the mental health infrastructure needed to provide them with accessible, high-quality care.

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, including two free-standing children's hospitals and a network of nearly 75 primary and specialty care practices. Nemours Children's seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe, and high-quality care, while also caring for the health of the whole child beyond medicine. Nemours Children's also powers the world's most-visited website for information on the health of children and teens, KidsHealth.org.

The Nemours Foundation, established through the legacy and philanthropy of Alfred I. duPont, provides pediatric clinical care, research, education, advocacy, and prevention programs to the children, families and communities it serves.

Background

The COVID-19 pandemic has exacerbated a host of stressors for children and families and contributed to the pediatric mental health crisis we are currently facing. Children have experienced more stress from changes in their routines, breaks in the continuity of learning and health care, missed life events, and an overall loss of security and safety.ⁱ In addition, sentinel agencies are reporting declines in referrals as fewer child-serving professionals are making reports of concern for child safety, such as the decline in referrals for concerns about maltreatment and neglect to child welfare agencies since March 2020.ⁱⁱ

Nationally, mental health-related emergency department visits increased by nearly 25% for children age 5-11 and by over 30% for those 12-17 years during April through October 2020, compared to the same period in 2019.ⁱⁱⁱ Many children are requiring more immediate and intensive treatments, have a higher probability of admission, and are staying in the hospital longer.^{iv} These challenges may result in lasting impacts on children if they do not receive



appropriate supports. Unfortunately, it is estimated that more than 45% of children diagnosed with a behavioral health disorder do not receive treatment.^v

At Nemours Children's Hospital, Delaware, our emergency department saw an increase of more than 80% in visits for suicidality or intentional harm in 2021 compared to 2020. Nemours Children's Hospital, Florida from 2020 to 2021, saw a 55% increase in patients in our emergency department with chief concerns of suicidality or intentional harm. Our behavioral health providers across our system have shared that our patients are increasingly experiencing higher levels of anxiety and depression, and grief from deaths of caregivers or family members. In outpatient and ambulatory care across our Florida operations, 85% of children screened had anxiety, depression, or another form of a behavioral health symptom.

We applaud the Surgeon General for raising the youth mental health crisis as a priority public health challenge. As the Surgeon General notes in his advisory, it will take time to resolve the many mental, emotional and behavioral (MEB) health challenges that children and youth are facing. However, the time to begin is now. We urge Congress to consider these five priorities to address barriers to providing high quality pediatric and youth mental health preventive services, supports and care:

- Address the social factors that contribute to poor mental health
- Support the pediatric MEB health workforce
- Strengthen reimbursement for MEB health services
- Sustain and expand access to telehealth
- Invest in pediatric MEB health infrastructure

Address the Social Factors that Contribute to Poor Mental Health

We urge Congress to center its approach to addressing MEB health issues for children and youth in prevention. With a healthy start in life and appropriate care and developmental supports, a child's health trajectory can be significantly improved.

There is great opportunity through the Centers for Medicare and Medicaid Services (CMS) to go well beyond medicine to advance innovative, multi-sector, integrated care models that address the unique providers, settings and needs of children, with a focus on prevention and optimal development. The Medicaid program is an important lever because it covers 27 million children and 42% of births nationally.^{vi}

Over the past few years, CMS and the Department of Health and Human Services (HHS) have taken significant strides to test new models as well as improve interoperability and exchange of health data, which is critical to promoting holistic approaches. Additionally, CMS has promoted options for states, providers and payers to address social determinants of health (SDOH) and advance value-based care through guidance, waivers and new models. For the most part, these efforts have been limited to a few vanguard states. To help support a broader segment of the pediatric population while focusing on prevention and early identification of MEB health needs, we need to incentivize holistic pediatric payment and delivery models that address physical health, MEB health and SDOH. CMS can help catalyze these models that have great potential for long-term impact.

We suggest that Congress authorize and fund a Whole Child Health demonstration model within the Centers for Medicaid and CHIP Services (CMCS). The demonstration would support



and test integrated, community based pediatric collaborations that align financial incentives and resources across Medicaid and other public and private programs to address SDOH, improve MEB health and well-being, and reduce health disparities among pediatric populations. Models would be designed with input and engagement from community residents, Medicaid beneficiaries, and organizations, and be informed by a comprehensive needs and assets assessment in target communities.

Additionally, we encourage Congress to direct CMS to review the early and periodic, screening, diagnostic and treatment (EPSDT) requirements and how they are being implemented across the states to support access to needed mental health services and early intervention services critical to children's well-being. CMS should provide guidance to ensure consistent application across states on what is required to ensure children are better supported at the community and family levels, addressing the social challenges contributing to health disparities and a lack of healthy early development and prevention services.

Finally, we support enactment of the [LINC to Address Social Needs Act \(S.509\)](#), which would provide states with up to \$150M for public-private partnerships to develop or enhance integrated, cross-sector solutions to better coordinate health and social services.

Support the Pediatric MEB Health Workforce

MEB health provider shortages are persistent and severe in pediatric health care, and these shortages are projected to worsen over time. There is an opportunity to ensure that workforce development programs support a broad base of provider types, including MEB health specialists, primary care physicians, developmental and behavioral pediatricians, nurses, social workers, community health workers, and others. Developing this capacity and integrating more providers into the MEB health care model would help address the provider shortage by promoting identification of concerns and referrals from a variety of providers. To ensure children have care options that meet their needs, resources must support a range of child and adolescent-centered, community-based prevention and treatment services.

We support the [Helping Kids Cope Act](#) of 2021 (H.R. 4944). This bill would provide funding for pediatric behavioral health care integration and coordination, allowing flexibility to fund a range of community-based activities such as recruitment and retention of community health workers or navigators to coordinate care, pediatric practice integration, supporting pediatric crisis intervention, community-based initiatives such as school-based partnerships, and initiatives to decompress emergency departments.

The high cost of education is another contributing factor to current provider shortages. Students who graduate with psychology doctorates, for example, have a median student loan debt of \$82,000.^{vii} We support pediatric mental health workforce training and loan repayment programs such as the Health Resources and Services Administration's (HRSA) Pediatric Subspecialty Loan Repayment Program, and recommend that funds are made available for MEB health providers across adult and pediatric specialties. Additionally, we support loan repayment incentives, such as those offered through the Minority Fellowship Program, to increase workforce diversity across child-serving behavioral health providers.

Strengthen Reimbursement for MEB Health Services

Provider shortages are compounded by low reimbursement, discouraging individuals from entering the profession. Commercial health insurers, Medicaid, the Children's Health



Insurance Program (CHIP) and other payers have historically provided insufficient coverage and payment for MEB health services.^{viii} Payment rates for behavioral health providers are typically based on a fee schedule that is considerably lower than that of a medical/surgical provider. Lower rates based on these fee schedules has spillover effects on contract negotiation with payers, challenging children's hospitals to successfully contract with payers in a way that appropriately reimburses for MEB health services. When such negotiations are not successful, access to services becomes even more limited in a patient's covered provider network.

Sustainable reimbursement that supports Medicaid providers is needed to enhance children's access to the full continuum of care. We urge Congress to increase Medicaid reimbursement rates for pediatric MEB health services to Medicare levels, or to increase the Federal Medical Assistance Percentage (FMAP) for pediatric MEB health services to 100%. We also support inclusion of an increased FMAP for a *High Performing Child Medical Home*. A High Performing Child Medical Home would include components that promote prevention, child development, parenting supports, behavioral health, and referrals to various service providers that can address social needs, risk factors and determinants of health. Such an approach — which includes coordinated, team-based, whole-person care models — could help to promote positive social and emotional development and potentially prevent MEB health issues from arising.

Finally, we support expanded utilization of family and youth peer support specialists through enhanced Medicaid reimbursement, funding to train and certify peer support specialists, and technical assistance for state Medicaid programs interested in expanding the model. Peer specialists can extend the existing provider workforce by using their lived experience with MEB health needs to support others. In bright spots across the country, peer support specialists are integrated into care teams or into schools, and peer-led organizations as valued community partners. Grief counseling, rising to new importance during COVID-19, has long found benefits of peer support in normalizing experiences for children, youth, and caregivers.^{ix} Unfortunately, youth and family peer support is not systematic, and few children have access, while many peer supporters do not receive the reimbursement and support they need. The same is true for many other professionals and paraprofessionals in supporting roles, such as community health workers (CHWs).

Sustain and Expand Access to 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. Nationwide, psychiatry continues to rely on telehealth at a far greater rate than any other physician specialty. Between January 2021 to February 2022, nearly 65% of all Nemours Children's psychology and psychiatry visits were conducted via telehealth..

Extending and expanding telehealth for children and families also helps address regional shortages with respect to the availability of mental health care generally (e.g., in underserved rural areas), and specific competencies (e.g., evidence-based approaches to grief counseling) that are not widely available. This is a pathway to increase access and address inequity, though additional barriers including access to technology and broadband internet will remain for some families. These infrastructure deficiencies must also be addressed.



We strongly recommend permanent extension of the telehealth flexibilities provided during the pandemic, particularly those that allow providers to care for patients across state lines. One intermediate step would be to pass the [Temporary Reciprocity to Ensure Access to Treatment \(TREAT\) Act](#) (S.168/H.R.708), which would provide temporary licensing reciprocity for health care professionals for any type of services provided, within their scope of practice, to a patient located in another state during the COVID-19 pandemic.

Additionally, we support the [Enhance Access to Support Essential Behavioral Health Services \(EASE\) Act](#) (S.2112/H.R.4036) to expand the scope of required guidance, studies, and reports that address the provision of telehealth services under Medicaid, including in schools. Another important bill is the [Telehealth Improvement for Kids' Essential Services Act \(TIKES\) Act](#) (S.1798/H.R.1397), which would promote access to telehealth services for children through Medicaid and CHIP, as well as study children's utilization of telehealth to identify barriers and evaluate outcomes.

Invest in Pediatric MEB Health Infrastructure

Finally, investments in pediatric mental health infrastructure are critical and urgently needed to prevent children in crisis from boarding in emergency departments and to enable their swift placement in appropriate care. 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 support the [Children's Mental Health Infrastructure Act](#) (H.R. 4943) to support additional pediatric care capacity for behavioral and mental health services.

CONCLUSION

Nemours stands ready to leverage our expertise and relevant experiences to assist the Committee as it works to develop a comprehensive mental health legislative package. Thank you for your consideration of our recommendations, and we look forward to continued collaboration. Please do not hesitate to reach out to me at Daniella.Gratale@nemours.org or to Katie Boyer at katie.boyer@nemours.org with questions or requests for additional information.

Sincerely,

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