



Response to Centers for Medicare & Medicaid Services (CMS) Request for Information: Promoting Efficiency and Equity Within CMS Programs

The U.S. Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) is seeking public input on accessing healthcare and related challenges, understanding provider experiences, advancing health equity, and assessing the impact of waivers and flexibilities provided in response to the COVID-19 Public Health Emergency (PHE). This Request for Information (RFI) is part of the Biden-Harris Administration's ongoing work to advance health equity and reduce health disparities. CMS is committed to engaging with partners, communities, and individuals across the health system to understand their experiences with CMS payment policies and quality programs, particularly how existing and proposed CMS payment policies and quality programs impact the experience of healthcare.

ACCESSING HEALTHCARE AND RELATED CHALLENGES

CMS wants to empower all individuals to efficiently navigate the healthcare system and access comprehensive healthcare. We are interested in receiving public comment on personal perspectives and experiences, including narrative anecdotes, describing challenges individuals currently face in understanding, choosing, accessing, paying for, or utilizing healthcare services (including medication) across CMS programs.

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 more than 70 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 well 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.

Nemours stands ready to leverage our expertise and relevant experiences to assist the Centers for Medicare and Medicaid Services (CMS). Thank you for your consideration of our recommendations, and we look forward to continued

collaboration. Please do not hesitate to reach out to Daniella Gratale, Director of the Office of Child Health Policy and Advocacy, at Daniella.Gratale@nemours.org with questions or for additional information. References contained in this response are available upon request.

Nemours directly cares for more than 480,000 children annually.¹ We also provide approximately 270 million people with doctor-reviewed advice on physical, emotional, and behavioral health information through Nemours KidsHealth.org.¹ Our response below provides insight into the challenges some of our patient families experience in understanding, choosing, accessing, paying for, and utilizing healthcare services.

PRIMARY CARE

Primary care is the foundation of our nation's health care system, especially for families. From the earliest days of a child's life, families rely on pediatric primary care to ensure their children meet developmental milestones, receive appropriate referrals and care coordination, and, increasingly, receive mental and behavioral health services. However, according to the Association of American Medical Colleges, the nation will have a shortage of 17,800 to 48,000 primary care physicians by 2034.² Among those who focus on pediatric medicine, the Health Resources and Services Administration (HRSA) projects nonmetro areas will only have 67% of the primary care providers needed by 2030.³ Among family medicine, HRSA projects only 87% adequacy by 2030, including 88% in metro areas and 80% in nonmetro areas. This a concerning trend for the nation and especially so for nonmetro regions, including rural areas.

SPECIALITY CARE

Unfortunately, we are also encountering shortages among pediatric sub-specialists, who care for the approximately 20% of children who have special health care needs.⁴ In 2020, only 84% of open residency slots for pediatric subspecialties matched.⁵ This is especially acute in fields like developmental and behavioral pediatrics, endocrinology, infectious disease, and nephrology, which had residency match ratios of only 60 to 70%.⁵ Children's hospitals often have vacancies in these areas and others for more than a year.⁶ Children in need of specialty care often wait significant periods of time for appointments. This can also delay care when specialists must advise on treatment plans. Medicaid covered children face an especially acute challenge as many providers only accept private insurance.

MENTAL AND BEHAVIORAL HEALTH

We are also experiencing challenges hiring mental and behavioral health providers, especially given the increased need for these services in recent years.⁷ Behavioral health providers across our system have shared patients are experiencing higher levels of anxiety and depression. From 2020 to 2021, the emergency departments at Nemours Children's Hospital, Delaware and Florida saw an increase in visits for suicidality or intentional harm of more than 80% and 55%, respectively. We have also seen statistically significant increases in the percentage of positive screens for adolescent depression during well child visits from just over 9% in 2019 to more than 13% in 2021 in Delaware, and similar trends in Pennsylvania.

DENTAL AND VISION

While Medicaid-covered children have coverage for dental and vision services through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, our patients continue to report a lack of access to and awareness of coverage for these services. Too few dental providers accept Medicaid. In addition, benefit limits, such as one pair of eyeglasses per year, are insufficient for children.

Recommendations for how CMS can address these challenges through our policies and programs.

EXPAND REIMBURSEMENT

Our first recommendation is to work with Congress to increase reimbursement for Medicaid covered services, including mental and behavioral health services, to Medicare levels or another widely accepted benchmark. Low reimbursement remains a major barrier to access and quality for families seeking Medicaid covered services. This is especially a challenge in pediatrics, which typically has lower reimbursement levels compared to adults for the same care.

Nemours serves Medicaid covered populations as part of its mission. However, many medical, mental and behavioral health, vision, dental, and other types of providers do not. While certain Medicaid policies or reporting requirements may play a role, low reimbursement remains the most significant factor impacting patients' challenges in accessing, paying for, and utilizing healthcare services.⁸ A Medicaid and CHIP Payment and Access Commission presentation in January 2019 cited a study demonstrating a one percentage point increase in the Medicaid-to-Medicare fee ratio would increase Medicaid acceptance among providers by 0.78 percentage points.⁹

In addition, we urge CMS to consider, in some states, supplemental payments are insufficient to make up for the sizeable shortfall in Medicaid reimbursement, particularly for hospitals serving a large Medicaid population. Supplemental payments also rely on a complex set of factors and financial tools. CMS should delay any efforts to reform supplemental payment methodologies until it undertakes a

comprehensive analysis of the impact such reforms would have on access and quality in the short and long term.

PROMOTE SCHOOL-BASED HEALTH

We commend CMS's August 18, 2022, bulletin, Information on School-Based Services in Medicaid. We urge CMS to build upon this work by expanding access to and reimbursement for Medicaid covered services in school settings. Expanding school-based services will allow children to receive care in a location where they already go regularly. Nemours operates several school-based health centers and would be honored to share our learnings with CMS in greater detail.

ADDRESS MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH

In September 2021, Nemours and Mental Health America published an issue brief outlining numerous recommendations Congress and the Executive Branch can implement to address the mental, emotional and behavioral (MEB) health crisis among children and youth.¹⁰ Many of these recommendations would benefit both patients and providers. The recommendations related to CMS include:

- Develop new approaches to oversight of existing laws that protect children's rights to access services while allowing payers flexibility in implementing strategies to fill gaps in access.
- Implement Medicaid demonstrations allowing states to create regional infrastructure to support the integration of mental health services, either with in-person or virtual providers, across child-serving settings with a specific goal of achieving access to integrated care for all children.
- Collaborate with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration for Children and Families (ACF) to update subregulatory guidance on promoting children's MEB health in Medicaid and Children's Health Insurance Program (CHIP) and provide technical assistance to states, through the Innovation Accelerator Program or another mechanism, to implement the guidance in ways that best serve the children in each state.
- Coordinate with SAMHSA and ACF to provide education and technical assistance to states on improving access to home- and community-based behavioral health services for children and adolescents with mental health conditions covered by Medicaid and CHIP.
- Issue regulatory guidance regarding the implementation of benefits for children and adolescents with mental health conditions covered by Medicaid and CHIP.
- Review how states are implementing EPSDT requirements and provide guidance for how to ensure children have access to appropriate behavioral

health services, including increasing enforcement where current practices violate federal law.

- Collaborate with states to advance and provide enhanced reimbursement for patient-centered, high-performing pediatric medical homes that include coordinated, team-based, whole-person care models and MEB supports for families with children.
- Develop new approaches to oversight of existing laws protecting children's rights to access services while allowing payers flexibility in implementing strategies to fill gaps in access.

UNDERSTANDING PROVIDER EXPERIENCES

CMS wants to better understand the factors impacting provider well-being and learn more about the distribution of the healthcare workforce. We are particularly interested in understanding the greatest challenges for healthcare workers in meeting the needs of their patients, and the impact of CMS policies, documentation and reporting requirements, operations, or communications on provider well-being and retention.

As is the case in many health care institutions, providers at Nemours continue to face numerous challenges following more than two years of navigating a global pandemic. Many providers left the field due to overwhelming stress. We continue to face difficulty hiring enough providers across many disciplines. In addition, many of our patients, especially those covered by Medicaid, have multiple unmet health related social needs. Despite our provider's best efforts, many express that various federal policies, in addition to predominate delivery and payment models, make it more challenging for them to assist children and families with achieving optimal health and development.

PANDEMIC STRESSORS

In addition to the stressors experienced by all people during the COVID-19 pandemic, frontline medical providers often faced additional burdens. Providers were at greater risk of exposure to COVID-19, especially before the widespread availability of vaccines. Many remained isolated from family and loved ones because of their daily exposure. In addition, the politicization of public health measures, including vaccination, has made it challenging for providers to inform patients about recommended guidance from authorities such as CMS and the Centers for Disease Control and Prevention. For these reasons and others, 63% of providers had at least one manifestation of burnout in 2021, an all-time high.¹¹

PROVIDER RECRUITMENT

Nemours and the wider health care industry continue to face difficulty recruiting providers across many disciplines. This is partly due to many providers leaving the

field during the pandemic as well as an undersupply of new providers. Those currently practicing are absorbing additional patient volumes, causing delays in care and further contributing to burnout. This will not be sustainable over the long-term. CMS should partner with other agencies and providers to develop short-term approaches to address the self-perpetuating cycle and long-term solutions to ensure a robust supply of health care providers.

MENTAL AND BEHAVIORAL HEALTH

Similar workforce issues exist in the mental and behavioral health field. As previously cited, children and youth are experiencing a great need for these services. We continue to face challenges recruiting all types of providers and receiving sustainable reimbursement for services. Nemours has sought to address these challenges by cross-training nurse practitioners and other provider types while providing them with appropriate oversight. We have also expanded the availability of behavioral health services through school-based health centers. While these are positive steps, low reimbursement continues to be a major factor influencing the supply of providers necessary to address the ongoing youth mental health crisis.

METHODS OF COMMUNICATION

A variety of methods of communication have increased in prevalence during the pandemic. Due to limitations of in-person care, patients increasingly communicated through online portals, email, and other mechanisms. Greater communication between providers and patients is a positive outcome. However, health systems often must hire more staff or utilize currently overstretched personnel to handle these encounters. In addition, historical reimbursement models do not compensate for these encounters.

SOCIAL DRIVERS OF HEALTH

Children's health systems, like Nemours, serve a high percentage of Medicaid covered patients compared to the average health system. Many Medicaid-covered patients live with social risk factors that can negatively affect their health. For example, a lack of transportation can make it challenging for patients and families to complete recommended follow-up and referrals. Our providers express that despite providing world class health care, patients and families living with these challenges struggle to achieve optimal health and development. We continue to develop tools and approaches to address these factors. Although, we know a long-term approach requires partnership and coordination with CMS and other partners. Health-related social needs is the term used in InCK.

Recommendations for CMS policy and program initiatives that could support provider well-being and increase provider willingness to serve certain populations.

DEVELOP THE WORKFORCE

We encourage CMS to develop a comprehensive approach to enhance the workforce necessary to implement the full range of Medicaid covered services. In addition to increasing reimbursement rates, we urge CMS to collaborate with Congress and executive agencies to develop workforce development approaches that lower the upfront cost of education and ongoing training. Our recommended strategies include partnerships with academic institutions (four- and two-year schools), incentives for residencies targeted at especially acute workforce shortages, loan repayment programs, and subsidies for training programs.

CMS, in partnership with other federal agencies, could also encourage local hiring, training, and related programs so frontline clinical roles represent and speak the language of community members. These programs could expand opportunities for community health workers and other non-traditional roles that are critical to address the social drivers of health. As a next step, CMS could compile and distribute best practices from states that have advanced these approaches and provider types.

SUPPORT VARIOUS METHODS OF COMMUNICATION

We encourage CMS to explore opportunities to expand reimbursement for the methods of communication patients increasingly prefer, including phone, email and online portals. In addition, expanding reimbursement for asynchronous responses to consults with other providers would increase access to, and efficiency of, care.

ADDRESS SOCIAL DRIVERS OF HEALTH

Nemours supports a variety of strategies that would enable providers to assist families more effectively with meeting their social needs. We commend CMS' recently approved Medicaid Section 1115 demonstration initiatives in Massachusetts, Oregon, Arizona and Arkansas. We urge CMS to continue working with other states interested in advancing similar approaches.

We also commend HHS for publishing the January 21, 2021, Notice of Proposed Rulemaking to modify the Health Insurance Portability and Accountability Act of 1996 Privacy Rule. We encourage CMS, in partnership with HHS, to continue addressing provider concerns related to which conditions covered entities can share Protected Health Information with social service organizations.

Moreover, our response related to whole child health models in the "Advancing Health Equity" section builds on these recommendations.

PROMOTE ACCESS AND REDUCE ADMINISTRATIVE BURDENS

Finally, we offer a variety of recommendations to promote access and reduce administrative burdens of providers and health systems.

- Strengthen federal requirements to ensure children enrolled in managed care plans have timely access to all covered services (from primary to tertiary and quaternary care).
- Ensure network adequacy standards include requirements for access to pediatric specialists. Managed care organization (MCO) networks often do not include pediatric specialists if the state or federal standard does not specifically require them.
- Require MCOs to contract with at least one children’s hospital in each service area. This could include a standalone children’s hospital or one part of a broader health system.
- Ensure state Medicaid agencies (SMAs) and MCOs adequately reimburse providers for services furnished to Medicaid and CHIP beneficiaries, paying particular attention to high-cost drugs and therapies used in specialty care.
- Reduce provider administrative burdens related to credentialing and enrollment of providers into Medicaid and CHIP. Doing so would encourage more providers to serve patients insured by Medicaid and CHIP, increase the efficiency of the health care system, and expand patient access.
- Collect, aggregate, review, and act on data that enhances network adequacy oversight and accountability in Medicaid and CHIP. In addition, CMS should continually audit for enforcement, encourage states to take enforcement actions, and take further steps likely to result in SMAs and MCOs addressing underlying access issues.

ADVANCING HEALTH EQUITY

CMS wants to further advance health equity across our programs by identifying and promoting policies, programs, and practices that may help eliminate health disparities. We want to better understand individual and community-level burdens, health-related social needs (such as food insecurity and inadequate or unstable housing), and recommended strategies to address health inequities, including opportunities to address social determinants of health and burdens impairing access to comprehensive quality care.

Research indicates nonmedical drivers of health, often called “social determinants of health” (SDOH), account for up to 80 percent of an individual’s health outcomes. These include “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and

quality-of life outcomes and risks.”¹² Social factors can have particularly profound results for children, including increases in disease burden across adolescence and adulthood.

Of course, the COVID-19 pandemic has placed additional stressors on children and families. It has taken a substantial toll on the physical, mental and social wellbeing of children. This resulted in the U.S. Surgeon General issuing a public health advisory in December 2021 declaring a youth mental health crisis.

WHOLE CHILD HEALTH MODELS

While a limited set of states are testing value-based payment models for children, they primarily focus on high-cost, high-risk pediatric patients. CMS facilitated efforts include the Center for Medicare and Medicaid Innovation’s Integrated Care for Kids (InCK) and Maternal Opioid Misuse (MOM) models. There is an opportunity to invest in whole child health models that focus on keeping children healthy and thriving, rather than only managing their care once they are sick or at risk.

Whole child health models engage child health providers, payers, community-based organizations and other multi-sector partners in improving population health and addressing social needs and broader SDOH affecting children, youth and their families. Currently, many states, providers and payers lack the expertise, alignment and resources necessary to carry out these models. In addition, stakeholders often do not understand how to combine funds from multiple federal and non-federal sources, commonly known as blending or braiding. These factors and others limit the ability of states to advance holistic whole child care for children and families.

MULTI-GENERATIONAL HEALTH

Decades of research demonstrates reducing disparities requires a multi-generational approach. Addressing health issues in the early years of a child’s life, or even preconception, provides substantive opportunities to build a foundation of strong health, education, and economic outcomes for future generations.¹³ Whole child health models that address multi-generational factors are critical.

Evidence shows factors like trauma and stress in a mother’s life prior to conception, during pregnancy, and throughout the early postnatal care period can impact the life course of her child.¹⁴ Such negative impacts on a child’s health can result from both severe but also more moderate levels of stress and trauma on the mother.¹⁵ Other research shows how the preconception diet of a mother, her lifestyle and health behaviors, and the overall health of both parents can all have long-lasting impacts on a child’s health and well-being.¹⁶ The father’s health at preconception can also have a significant impact on a child’s health in areas including preterm birth, low birth weight, and stays in the neonatal intensive care unit.¹⁷

ADVERSE CHILDHOOD EXPERIENCES

Evidence on adverse childhood experiences (ACEs) – such as domestic violence, parent mental illness or having an incarcerated family member – shows they are strong indicators of poor adult health, health risk behaviors, and even chronic diseases.^{18,19} Studies show Black and low-income individuals were far more likely to report ACEs compared to White or higher-income individuals – partially explaining the significant adult health disparities that exist between these groups.^{18,20} To improve equity, CMS can advance whole child approaches that effectively avoid, or address the consequences of, ACEs and other challenging childhood experiences.

POVERTY

Children raised in low-income households are more likely to have poorer neurocognitive outcomes, less educational attainment and lower economic productivity in adulthood – all in turn contributing to the repeated potential for intergenerational poverty.²¹ Children who live in the most economically disadvantaged counties in America die at rates up to five times those of their peers in the same state.²² The same children are three times more likely to lack regular access to healthy food and are 14 times more likely to drop out of high school.²² In addition, teen pregnancy rates are up to 26 times higher in these counties.²² There is perhaps no single more significant indicator of long-term health and development than poverty. While some approaches to addressing poverty fall outside of CMS's jurisdiction, whole child models can include partnerships with other stakeholders and ultimately address poverty and improve equity.

Recommendations for how CMS can promote efficiency and advance health equity through our policies and programs.

IMPLEMENT WHOLE CHILD MODELS

We urge CMS to advance whole child health models by supporting states in the design and implementation of payment and delivery reforms that integrate prevention and SDOH approaches into healthcare for children and youth eligible for Medicaid and CHIP. The House and Senate Fiscal Year 2023 Labor, Health and Human Services Appropriations Subcommittee reports contain a “Whole Child Health” section. Each subcommittee report (Chairman's mark in the case of the Senate) encourages establishing a whole child health demonstration program to address the health and social factors impacting children served by Medicaid and CHIP and to improve health equity.

In addition, a bipartisan and bicameral group of lawmakers recently introduced the KIDS Health Act of 2022 (S.5011/H.R.9037) to further this work. The bill would fund a demonstration program to support states in the design and implementation of

pediatric payment and delivery reforms that advance whole child health. States would enhance training for their healthcare workforce and improve health information technology systems to better facilitate data sharing, early intervention and care coordination across child-serving sectors. Models through the KIDS Health Act would also support multi-sector partnerships, primary care integration, school-based health and wellness, the design, implementation and adaptation of a value-based payment arrangements, and the coordination of multiple funding sources to finance whole child health services. We urge CMS, through the Center for Medicaid and CHIP Services, to implement these priorities.

Finally, we appreciate CMS's 2020 letter to state health officials, *SHO# 21-001 RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health*. As CMS continues implementing the InCK and MOMs models, approving new 1115 waivers, and exploring whole child models, we encourage CMS to update this letter and continue to highlight examples, successes and challenges of these efforts through additional letters and guidance to States.

UTILIZE IMPACT ASSESSMENTS

We urge CMS to utilize Equity Impact Assessments to conduct systemic evaluations of how a policy, decision or action will affect specific groups of individuals. The Annie E. Casey Foundation (AECF) developed a Race Equity and Inclusion Action Guide with the goal "to provide key audiences with transferrable insights and tools that can help them understand what steps to take to make sure they are creating equitable opportunities for the populations they serve."²³ While the AECF guide specifically describes best practices for race-related issues, the approaches apply to a variety of issues related to equity. In addition, CMS should consider implementing child impact assessments. See the Kids Impact Initiative for recommendations.²⁴

INTEGRATE LIVED EXPERIENCE AND CREATE ADVISORY BOARDS

We also urge CMS to utilize a variety of strategies to engage with and incorporate the lived experiences of individuals. As a resource, *Lived Experience: The Practice of Engagement in Policy*²⁵ highlights how a comprehensive approach to community engagement should include outreach, consultation, collaboration and shared leadership with community members. Cultivating relationships with community members and including them in decision-making processes is of the utmost importance in policy change focused on promoting health and development.

We also encourage CMS to launch family councils or advisory boards. The boards should be diverse, inclusive and have membership from Medicaid beneficiaries. *Ascend at the Aspen Institute* outlines best practices from their extensive experience piloting family councils and advisory bodies within state government.²⁶

DEVELOP INTERGOVERNMENTAL STRUCTURES

Nemours and other partners have urged the Biden Administration to launch a White House Office on Children and Youth and a federal children’s cabinet.²⁷ While the White House would lead the development of such structures, we believe CMS can help elevate the importance of this type of cross-sector governmental structure and play a leading role in implementation. These structures would address the cross-sector needs of children and youth. This is especially important because the many children and families served by Medicaid and CHIP would benefit from improved whole child coordination across federal government programs.

ADVANCE HEALTH CARE ANCHOR PROPOSALS

Finally, we urge CMS to encourage and incentivize health systems and other providers to incorporate principles advanced by the Healthcare Anchor Network (HAN) to promote equity in health system service areas. As a member of HAN, we are leveraging our economic power to increase local and inclusive hiring, purchasing, place-based investing, and adoption of environmental sustainability strategies. Widespread health sector adoption of health anchor principles can promote economic equity and community health.

IMPACT OF THE COVID-19 PUBLIC HEALTH EMERGENCY (PHE) WAIVERS AND FLEXIBILITIES

CMS wants to understand the impact of waivers and flexibilities issued during the COVID-19 PHE, such as eligibility and enrollment flexibilities, to identify what was helpful as well as any areas for improvement, including opportunities to further decrease burden and address any health disparities that may have been exacerbated by the PHE.

The declaration of the current PHE has allowed CMS to use Section 1135 waivers to implement several innovative approaches to health care delivery via telehealth. CMS has broadened access to Medicare, Medicaid and CHIP telehealth services so patients can receive a wider variety of health care services. Further, every state and the District of Columbia issued temporary waivers to increase telehealth flexibilities (in both public and commercial plans).²⁸ Section 1135 federal waivers, together with state waivers, removed many longstanding barriers to telehealth implementation and utilization, helping to expand telehealth access in ways we have never seen before. While these waivers have different jurisdictions, they rely on continuous extensions of the PHE.

Federal and state waivers have helped show the value of telehealth as a critical tool for increasing access to a range of health services, helping to better leverage the existing workforce as our nation works to address a significant shortage of providers.

At Nemours, the ability to receive reliable reimbursement for telehealth services across our specialties – because of the current flexibilities - has been critical. When all waivers were still in place, we were able to leverage telehealth across all our specialties, experiencing over a 700% increase (as of March 2022) in visit volume compared to pre-pandemic volumes. The flexibilities provided during the pandemic helped our doctors and patients work together to avoid the negative consequences of delayed care, whether preventive, routine or chronic.

Waivers, such as expanding the definition for covered sites of service for telehealth, allowed our patients to access care via telehealth in their own homes, enabling continuity of care. Additionally, allowing audio-only visits to be reimbursable has been beneficial to our patients, some of whom could not access video. For example, audio-only has been critical for families without internet and/or smart phones; families in transit; and adolescents experiencing discomfort discussing personal issues while on camera.

We urge CMS to work with Congress to permanently extend these waivers so patients can continue accessing care through telehealth and other modalities with their preferred providers.

Further, as a multi-state pediatric health system, we know the administrative burden our providers face when providing telehealth services across state lines. Prior to the pandemic, our health care providers operating in Florida, Delaware, New Jersey or Pennsylvania would have to go through extensive and costly licensing processes in multiple states to provide telehealth across state lines, even for patients within the Nemours system. Since the PHE declaration, every state waived or streamlined the process for allowing out-of-state providers to register with the state to provide telehealth services, though most did so temporarily.²⁸⁻³⁰ This increased access to care for children across the country. Nemours is supportive of the Section 1135 waiver's federal medical licensure exemption and of states' actions to provide streamlined approaches to licensure for healthcare professionals to offer telehealth services across state lines. Unfortunately, many state licensure waivers have expired, returning to previous costly and restrictive policies.

We urge CMS to convene states to explore licensure reciprocity that would expand telehealth access, including across state lines.

RESOURCES

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