

February 22, 2022

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

The Honorable Ron Wyden
Chairman

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

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

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

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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 .

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- ⁱ Centers for Disease Control and Prevention. (2020). COVID -19 parental resources kit . Retrieved 2021, May 11 from <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/index.html>
- ⁱⁱ Brown, S. M., Orsi, R., Chen, P. C. B., Everson, C. L. ., & Fluke, J. (2021). The impact of the COVID -19 pandemic on child protection system referrals and responses in Colorado, USA. *Child maltreatment* , 10775595211012476.
- ⁱⁱⁱ Leeb, R. T., Bitsko, R. H., Radhakrishnan, L., Martinez, P., Njai, R., & Holland, K. M. (2020). Mental health-related emergency department visits among children aged <18 years during the COVID -19 Pandemic - United States, January 1 -October 17, 2020. *MMWR. Morbidity and mortality weekly report* , 69(45), 1675–1680. <https://doi.org/10.15585/mmwr.mm6945a3>
- ^{iv} Krass, P., Dalton, E., Douplik, S. K., & Esposito, J. (2021). US pediatric emergency department visits for mental health conditions during the COVID -19 Pandemic. *JAMA Network Open* , 4 (4), e218533-e218533. <https://doi.org/10.1001/jamanetworkopen.2021.8533>
- ^v Centers for Disease Control and Prevention. (2021, March 22). Data and statistics on children's mental health . Retrieved 2021, May 27 from <https://www.cdc.gov/childrensmentalhealth/data.html>
- ^{vi} MACPAC states that Medicaid covers 43% of births: <https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf>
- ^{vii} Stamm, K., Doran, J., Kraha, A., Marks, L. R., Ameen, E., El -Ghoroury, N., Lin, L., & Christidis, P. (2015). How much debt do recent doctoral graduates carry?. *American Psychological Association's Center for Workforce Studies* , 46 (6). <https://www.apa.org/monitor/2015/06/datapoint>
- ^{viii} Melek, S., Davenport, S., & Gray, T. J. (2019, November 19). Addiction and mental health vs physical health: Widening disparities in network use and provider reimbursement . Milliman, Inc. <https://assets.milliman.com/ektron/Addiction-and-mental-health-vs-physical-health-Widening-disparities-in-network-use-and-provider-reimbursement.pdf>
- ^{ix} McClatchey IS, Vonk ME, Palardy G. Efficacy of a camp -based intervention for childhood traumatic grief. *Res Soc Work Pract*. 2009;19(1):19 –30.