September 21, 2022

The Honorable Ron Wyden, Chairman
United States Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Tom Carper
United States Senate
513 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member
United States Senate Finance Committee
219 Dirksen Senate Office Building
Washington DC, 20510

The Honorable Bill Cassidy
United States Senate
520 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Wyden, Ranking Member Crapo, Senator Carper, and Senator Cassidy:

On behalf of the Child and Adolescent Mental Health (CAMH) Coalition, a group of organizations representing a diverse array of perspectives, dedicated to promoting the mental health and well-being of infants, children, adolescents, and young adults[1], we commend you for your bipartisan commitment to improving mental health care across the nation, especially for children and adolescents. CAMH is encouraged by many of the policies in the discussion draft "*Improving Access to Physical and Mental Health Care for Children and Youth Under Medicaid and CHIP*" and is eager to see the Finance Committee advance these policies for children and adolescents as well as the other focus areas announced by the Committee. We look forward to working with you to ensure vital investments in pediatric behavioral health to better support children's access to needed services and the workforce that cares for them.

The pandemic has exacerbated the existing child and adolescent mental health crisis. The challenges facing children's mental, emotional, and behavioral health are so dire that the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in child and adolescent mental health last fall. An urgent crisis such as this necessitates bold, immediate action and increased funding from Congress. While CAMH was encouraged by the mental health provisions in the *Bipartisan Safer Communities Act*, much more is needed to adequately address the youth mental health crisis and, as such, we urge you to move quickly to advance legislation through your committee that enhances pediatric mental health promotion, prevention, early intervention, and treatment, as well as the workforce which is the foundation for this care.

[1] CAMH is a coalition of organizations dedicated to promoting the mental health and well-being of infants, children, adolescents, and young adults. Our organizations reflect a diversity of viewpoints and expertise, ranging from clinical providers to school-based services to suicide prevention organizations and others. As a coalition, we seek to advance a robust mental health safety net, inclusive of programs, supportive payment models, and infrastructure, that provide the full continuum of mental health care, in a manner that facilitates easy and prompt access to services. Our coalition has prepared a set of core principles, available here. Our full coalition consists of over 30 organizations; entities specifically endorsing this statement are specified at the conclusion of this statement.

It is in this spirit that we offer the following comments on the discussion draft:

School-Based Health

CAMH appreciates that the discussion draft highlights the unique role of schools in supporting access to care and is encouraged by the provisions included in the *Bipartisan Safer Communities Act* that address school-based mental health. We urge the inclusion of early childhood programs in the definition of school-based health services in the draft and suggest that preventive services be specifically highlighted as an essential component of such programs. We also recommend noting that school-based health services require extra considerations and protections vis a vis confidentiality due to the setting where care is provided.

We also support the concept of a technical assistance center for this work and were pleased with its inclusion in the *Bipartisan Safer Communities Act*. Additionally, we urge you to codify and require coordination among school-based health mental health professionals, primary and specialty care clinicians, and behavioral health providers in clinics and other community settings in order to promote collaboration and continuity of care.

EPSDT

CAMH strongly supports reviewing state implementation of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit and was encouraged by the inclusion of this in the *Bipartisan Safer Communities Act*. EPSDT can offer essential access to prevention and early intervention services, as well as developmentally appropriate mental health and substance use disorder services. It is therefore important that such services be made available to a broad range of children and adolescents, including those without a formal diagnosis, but at risk for developing mental health and substance use disorders. As you know, our organizations work with many pediatric providers who frequently see children and adolescents who do not score highly enough on screening and diagnostic tools to warrant a formal diagnosis, and in other cases a child's age can be a factor in formal diagnosis. Yet, these children still need services to treat mental health symptoms. A nationwide assessment of implementation of the EPSDT benefit will help determine the extent each state's program design and implementation meets the needs of children with a variety of behavioral health conditions, including those without formal diagnoses, and provide those states with the tools to remedy any deficiencies in care. The data could also shed light into racial and ethnic disparities to advise new strategies to advance health equity, target outreach, and track performance. We also suggest consideration of options that CMS could use to enforce EPSDT in states that do not have effective implementation.

Workforce Flexibilities and Expansions

CAMH supports streamlining the enrollment process for eligible out of state Medicaid providers, given the dearth of practitioners specializing in mental health services for children and adolescents. Additionally, we urge you to ensure easier access to telehealth-amenable services within and beyond state lines. We view these actions as ways to maximize a limited subspecialty workforce which would help ensure that more children with emerging or diagnosed mental health disorders receive early and continuous treatment. We also suggest that states continue to

support and expand reimbursement for non-traditional healthcare workers such as peers and community health workers as an integral part of the behavioral health team in order to increase the supply of such services.

Prevention Coverage

CAMH supports increasing the availability and provision of mental health services under Medicaid and CHIP, with particular attention to culturally competent, developmentally appropriate and trauma-informed care. Prevention coverage must be included and should be broadened, and it should pertain not only to those children and young adults who are at high risk, but rather children at *any risk*.

Payment Reform

We applaud the inclusion of Medicaid coverage for mental health and primary care services provided on the same day, as restrictions on this type of billing create unnecessary barriers to care for children. This coverage should extend to CHIP, given how many children depend on this program for their health coverage. Furthermore, we believe telehealth services, which have dramatically increased in use in the wake of the pandemic, should be included as an allowable service for same-day billing. The coverage should include the full continuum of behavioral health services. We also ask for inclusion of additional Medicaid funding to support pediatric behavioral health services at the state level. This federal investment is critical to ensuring children's access and supporting the pediatric behavioral health workforce. Without this investment, we will not be successful in addressing the crisis effectively.

Enhanced Data Collection

We support the collection, analysis and publication of Medicaid mental health data, focused on utilization by levels of care, treatment settings, and expenditure data for children and youth ages 0 to 26. Such data specification will serve to better inform policy-makers on Medicaid spending on children's mental health services and where there are gaps in the available service array that may require resource reallocation or additional resources. While such data collection is important, we urge recognition of the burden such collection places on providers, and therefore ask that policymakers seek to minimize administrative provider requirements. CAMH supports the disaggregation of data, as appropriate, by race and ethnicity to further health equity goals, target outreach and track performance.

Youth in Transition

We appreciate that the discussion draft includes a provision to facilitate access to mental health care and reduce recidivism for youth in public institutions; specifically, we support the state option that would allow Medicaid and CHIP coverage of needed care for youth inmates who are pending release. We would additionally recommend including language about services offered during confinement such as requiring that youth receive the same level and standards of care, including mental health and substance use care, as nonconfined youth accessing care in their

communities, including voluntary initial mental health screenings for all youth confined for more than one week.

On behalf of our organizations, thank you for your commitment to addressing the mental health needs of children and adolescents. As the Finance Committee and the remaining working groups more forward with their proposals, we look forward to working with you and your staff to ensure that children and adolescents' unique needs are well addressed and incorporated within any final legislation. If we can be of further assistance, please contact Tamar Magarik Haro at tharo@aap.org.

Sincerely,

American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American Foundation for Suicide Prevention
American Psychological Association
Association of Maternal & Child Health Programs
Center for Law and Social Policy (CLASP)
Children's Hospital Association
First Focus Campaign for Children
The Jewish Federations of North America
MomsRising
National Alliance on Mental Illness
National Association of Pediatric Nurse Practitioners
Nemours Children's Health
Network of Jewish Human Service Agencies
School Social Work Association of America, SSWAA
School-Based Health Alliance
Society for Adolescent Health and Medicine
The National Alliance to Advance Adolescent Health