November 1, 2021

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 issuing this important request for information, and for including a section specific to the unique needs of children. 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.

ABOUT NEMOURS CHILDREN'S HEALTH

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.

EXECUT19 pandemic has exacerbated a host of
families and contributed to the pediatric mental health
ing. Children have experienced more stress from changes
n the continuity of learning and health care, missed life
s of security and safety.

[2] 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.[3] Mental health-related emergency room visits have increased by nearly 25% for children age

5-11 and by over 30% for those 12-17 years.[4] Many children are requiring more immediate and intensive treatments, have a higher probability of admission, and are staying in the hospital longer.[5] These challenges may result in lasting impacts on children if they do not receive appropriate supports.

Notably, children from families with lower-incomes, those from marginalized racial and ethnic groups, and those from communities underserved by health and mental health care are more likely to have a family member impacted by COVID-19, including a disproportionate rate of caregivers who have died.[6] Preexisting inequity has important negative implications for child resilience in combination with additional COVID-related adversities.[7] To promote rapid improvements in the mental health and overall well-being of children in the United States and to promote equity, Congress should:

- Enact policies to bolster the workforce equipped to meet children's mental, emotional, and behavioral health (MEB) needs.
- Ensure access to a continuum of services by increasing reimbursement rates for children's mental health care in Medicaid, investing in care infrastructure for children, and supporting integration of mental health care into primary care, schools, early care and education programs, and other key child-serving settings.
- Prioritize prevention and early intervention.
- Authorize innovative payment and delivery models within the Center for Medicare & Medicaid Innovation (CMMI) in order to optimize MEB health and promote whole child health across the life-course.
- Elevate coordinated policy for children in the federal leadership structure by supporting a White House Office on Children and Youth and a Federal Children's Cabinet.

QUESTIONS FROM THE COMMITTEE

In the sections below, we provide more detailed responses to the Committee's questions. We do not answer every question, and some of our recommendations may span the jurisdiction of the Finance Committee as well as the Committee on

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NEMOURS
CHILDREN'S HEALTH

prevention.[14]

- Directing CMS to review the early and periodic, screening, diagnostic and treatment (EPSDT) requirements and how they are being implemented in 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,

- Advance the Children's Mental Health Infrastructure Act (H.R. 4943). The bill would provide funding to children's hospitals for the creation of additional pediatric care capacity for behavioral and mental health services. The funding would support costs associated with reallocating existing resources, including converting general beds to accommodate behavioral health patients, creating new capacity for "day hospital" care and supporting the associat2 (e)34.5 .3 (g)60.2 ( )]2W-48.4

We strongly recommend the following legislation and policy proposals to support access to behavioral health care for vulnerable children and youth. The Committee should:

- Provide 12-month continuous coverage for children eligible for Medicaid and CHIP.
- Amend the statute requiring CMMI to reduce short-term costs, as mentioned above.

Question 33: What key factors should be considered with respect to implementing and expanding telehealth services for the pediatric population?

Under the Medicaid program, states have significant flexibility to establish policies

infrastructure deficiencies must also be addressed. We strongly recommend the following:

- Permanently extend 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.
- 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. The bill would also remove several restrictions that limit access to behavioral health telehealth services under Medicare.
- Advance 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.

Expanding Telehealth

Telehealth is a critical tool in increasing access to a range of health services, and better leveraging the existing workforce as our nation works to address a significant shortage of providers. Amid the pandemic, when safety risks associated with in-person care were heightened, telehealth usage increased significantly with 77% of parents using telehealth, compared to 43% beforehand; and in pediatric care 79% of families used telehealth compared to 35% pre-pandemic. As mentioned previously, MEB health services at Nemours Children's shifted significantly to telehealth

Question 21: How can Congress craft policies to expand telehealth without exacerbating disparities in access to behavioral health care?

The public opinion survey referenced previously indicated a number of important factors related to dispae ()15.9 (e s)(or48.9 (m7 (es)-44 (i)-49.7 (n)-70.3 (a)-14.4 (c)-41.4 (c)-41.5 (es)-44 (s)-4 ea lt(s)-44 e(r)-60.6 (v)-62.4 (i)-49.7 (c)-41.4 ((s)-44 .)]TJ0 Tc 0 Tw7.7149 0 Td( )Tj-0.033 Tc -0.015 Tw01.2140

We strongly recommend that Congress:

- Encourage or require the creation of an Interagency Task Force to explore the potential opportunities and unique challenges associated with expanding telehealth access to early care and education settings. Such a task force should include, at a minimum, the Administration for Children and Families (ACF), the Office of Head Start (OHS), Office of Child Care (OCC), and the Center for Medicaid and CHIP Services (CMCS). Nemours is aware of many unique needs and challenges associated with the provision of health care generally, and telehealth specifically, in early care and education settings. Challenges not experienced in other care settings include but are not limited to: telepresenter licensure for early care and education staff, medication administration by early care and education staff, and policies governing mandatory release of sick children.[21] Fur anes.5 (n)-70.2 (d)-69(v)9 (i)-49.8 4 Td[(m)-43.8 (ea)-14.4

communication is nonverbal and thus, audio only visits would be quite limiting in many cases, particularly with children whose verbal skills are less developed. In addition, children with autism are best treated when they can be observed visually, as children with autism may be challenged with verbal communication. Audio

Question 28: What barriers exist to accessing telehealth services, especially with respect to availability and use of technology required to provide or receive such services?

Despite the opportunity for telehealth to improve children's health, multiple systemic barriers exist within and across Medicaid programs in the U.S. This discourages many providers from offering telehealth services to Medicaid patients or extending their services across state lines, even as patients are increasingly mobile and transient. Some of these barriers include:

- Administrative, transactional, and financial burden and confusion for providers when obtaining and maintaining licensure to practice across multiple states;
- Similar burdens relating to provider licensure, and enrollment in Medicaid, across multiple states;
- Highly variable definitions, rules, laws, regulations, and billing/coding adoption across state Medicaid programs and each managed care contract within each state; and

The 2019 RAND Corporation report as well as the Medicaid and CHIP Payment and Access Commission's (MACPAC) March 2018 report entitled "Telehealth in Medicaid" cite wide variation in telehealth policies among states, state Medicaid programs and Medicaid Managed Care Organizations (MCOs) as a barrier to telehealth adoption, expansion, and state-to-state learning. The barriers outlined above represent high-level, wide-ranging challenges faced by all provider types depending on the states in which they operate. The RAND Corporation report also highlights that some of these challenges are barriers to entry altogether, meaning that willing providers cannot justify the allocation of resources to overcome these barriers given the existing policy landscape. For example, low or no reimbursement for services and/or lack of clarity around allowable services under Medicaid were cited as the key barriers to entry and program sustainability.

While some states have made progress on certain elements of telehealth policy, the patchwork of Medicaid policies, rules and regulations will remain a barrier unless the federal government acts to bring more alignment, predictability and clarity to Medicaid telehealth policy. Nemours Children's recognizes the nuance and complexity of the state-federal partnership on the Medicaid program but encourages the Committee to consider the ways in which Congress can appropriately address these challenges.

Finally, one of the major barriers for telehealth access generally, and in schools and early care and education centers specifically, is the cost of equipment, particularly as federal law restricts the ability of providers to donate equipment. Even home-based telehealth services are challenging because most payers do not cover the costs of

remote patient monitoring devices or home diagnosis/evaluation equipment. We strongly recommend that the Committee:

- Support the EASE Act (S.2112/H.R.4036) (described above).
- Advance the TIKES Act (S.1798/H.R.1397), (described above).
- Direct CMS to issue guidance providing clarity and alignment on billing codes, modifiers and/or place of service designations for telehealth and other virtual care services. State Medicaid programs and providers alike have cited confusion, wide variability, and the resulting administrative burden surrounding billing and coding as both a dissatisfier and barrier. Further, unresolved billing/coding issues sometimes result in incorrect patient bills.
- Streamline provider licensing, credentialing and enrollment across states, state Medicaid programs, and MCOs to ensure access to board certified providers, especially pediatricians and pediatric specialists. Providers cite enormous administrative and cost burdens associated with obtaining and maintaining multiple state licenses to practice medicine, multiple credentialing processes across multiple state Medicaid programs and MCOs, and the inability to enroll as a Medicaid provider across multiple state Medicaid programs via a common, singular process as burdens and barriers to entry.
    - As previously mentioned, an intermediate step would be passage of the TREAT Act (S.168/H.R.708).

In some states, MEB services are "carved out" of the otherwise comprehensive Medicaid coverage offered to eligible enrollees, and instead offered only through certain

We strongly recommend that the Committee:

- Pursue policies that provide and/or allow reimbursement for MEB consultation services, and direct CMS to work with partners to

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they can find, even if it is a provider who does not have the expertise for that particular concern.

Further, reimbursement is so low that providers in the community often serve only self-paying patients, which contributes to health disparities. When coverage is available, commercial plans attempt to adhere to network adequacy standards for time and distance, requiring that the provider must provide access within a certain number of days, which is not always possible due to the demand. There are also contract negotiation challenges, wherein commercial plans request that the provider/group provide a huge breadth of services, which sometimes incentivizes providers to practice outside their areas of expertise.

We strongly recommend that the Committee:

- Provide funds to states to develop centralized intakes systems to link patients with appropriate providers, and help families access the care they need.
- Strengthen federal support for pediatric mental health care services by increasing Medicaid reimbursement rates for pediatric MEB health services to Medicare levels, or increasing FMA69.3 (e f)-5t/ (g)84.8 7 (n)-([ner)(M)-atrctri8./i0(8./i0(8)21.8 1.3 (I

In Delaware, for example, Medicaid behavioral health services are fragmented. Children's coverage under Medicaid managed care plans is limited to a certain number of visits per calendar year. Once that threshold is met, coverage then defaults to the traditional Medicaid benefits plan. For pr

[10] 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

[11] *Ibid.*

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