

May 6, 2024

The Honorable Tammy Baldwin
Chair
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States Senate
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States Senate
Washington, DC 20510

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human
Services, Education & Related Agencies
United States House of Representatives
Washington, DC 20515

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt and Ranking Member DeLauro:

As organizations that care deeply about the health and well-being of our nation’s children, we write to thank you for providing \$13 million in funding for the Pediatric Mental Health Care Access (PMHCA) Program at the Health Resources and Services Administration (HRSA) in Fiscal Year (FY) 2024 and to request \$13 million for the program in the FY25 Labor, HHS, Education (LHHS) appropriations bill. Thanks to funding from Congress and annual grants distributed by HRSA, there are PMHCA programs in 49 states, D.C., and several U.S. territories and tribal nations. These programs enhance access to mental health care for their patients, and the need couldn’t be more urgent.

Emotional and behavioral health challenges were at a crisis point before the COVID-19 pandemic, and the public health emergency acutely exacerbated these challenges, prompting the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association to declare a national emergency in child mental health in 2021—a call echoed by over 140 other organizations.

Suicide is the second leading cause of death for youth ages 10-18 in the United States.ⁱ In 2021, 42% of high school students reported feeling persistently sad or hopeless, and 29% reported experiencing poor mental health.ⁱⁱ Additionally, 20.1% of youth ages 12 - 17 had a major depressive episode in the past year, compared to only 15.7% of youth in 2019.ⁱⁱⁱ The CDC also found a more than 50% increase in suspected suicide attempt ED visits among girls ages 12-17 in early 2021 as compared to the same period in 2019.^{iv} Behavioral health clinicians have reported over the last several years that children and adolescents are increasingly “boarding” in emergency departments for days because they do not have sufficient supports and services.

The PMHCA Program supports pediatric primary care practices with telehealth consultation by child mental health teams, thereby increasing access to mental health services for children and enhancing the capacity of pediatric primary care to screen, treat, and refer children with mental

health concerns. Integrating mental health and primary care has been shown to substantially expand access to mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous treatment.

The HRSA PMHCA Program is an effective investment in enhancing mental health care for children. A RAND study found that 12.3% of children in states with programs such as the ones funded under this HRSA program had received behavioral health services while only 9.5% of children in states without such programs received these services.^v The study's authors concluded that federal investments to substantially expand child psychiatric telephone consultation programs could significantly increase the number of children receiving mental health services. Programs funded by HRSA have increased pediatric provider capacity to screen, refer, or treat children's mental health, increased screening, incorporated health equity, and supported quality improvement. According to data from HRSA funded programs, 61% of participating providers report screening more patients in their practices and 60% of providers agreed that more of their patients received needed treatment for a behavioral health condition as a result of participating in the program.

We urge you to include \$13 million for the program in the FY25 LHHS appropriations bill to allow HRSA to maintain all existing grantees and allow programs to expand the services they offer to additional settings, including schools and emergency departments as specified in the *Bipartisan Safer Communities Act*, which reauthorized the program for five years. These are critically important sites for enhancing the availability of pediatric mental health team consultations because they are sites where children are often in need of care.

Given the mental and behavioral health crisis our youth are facing, we urge you to continue supporting this program with robust funding so that all states, D.C., tribal nations, and the territories can benefit. Thank you for your consideration. Our organizations are grateful to you for your commitment to the mental health and well-being of our nation's families.

Sincerely,

National Organizations

American Academy of Family Physicians
American Academy of Pediatrics
American Association of Child and Adolescent Psychiatry
American Foundation for Suicide Prevention
American Psychological Association Services
Anxiety and Depression Association of America
Association of Maternal & Child Health Programs

BPC Action
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Hospital Association
Eating Disorders Coalition for Research, Policy & Action
Family Voices
First Focus Campaign for Children
Mental Health America
MomsRising
NAADAC - The Association for Addiction Professionals
National Association of Pediatric Nurse Practitioners
National Alliance on Mental Illness
National Children's Alliance
National Federation of Families
National League for Nursing
National Network of Child Psychiatry Access Programs
Nemours Children's Health
Primary Care Development Corporation
REDC Consortium
School-Based Health Alliance
The Kennedy Forum
The National Alliance to Advance Adolescent Health
Youth Villages

State Organizations

Alabama

Alabama Chapter-American Academy of Pediatrics

Arizona

Arizona Chapter of the American Academy of Pediatrics

Arkansas

Best Start Pediatrics

Central Arkansas Pediatric Clinic

California

American Academy of Pediatrics, CA Chapter 3

American Academy of Pediatrics - Orange County Chapter

Colorado

American Academy of Pediatrics, Colorado Chapter

District of Columbia

American Academy of Pediatrics, DC Chapter

Florida

Florida Chapter of American Academy of Pediatrics, Inc.

Georgia

Georgia Chapter-American Academy of Pediatrics

Hawaii

Hawaii Chapter, American Academy of Pediatrics

Idaho

Idaho Chapter of the American Academy of Pediatrics

Illinois

Illinois Chapter American Academy of Pediatrics

Iowa

Iowa Chapter American Academy of Pediatrics

Maine

Maine Chapter, American Academy of Pediatrics

Maryland

Maryland Chapter, American Academy of Pediatrics

Massachusetts

The Massachusetts Chapter of the American Academy of Pediatrics

Montana

Montana Chapter of the American Academy of Pediatrics

Nebraska

Nebraska Chapter of the American Academy of Pediatrics

Nevada

Nevada Chapter, American Academy of Pediatrics

New Hampshire

NH Chapter American Academy of Pediatrics

New York

NYS American Academy of Pediatrics, A Coalition of Chapters 1, 2 & 3

North Carolina
NC Pediatric Society

Ohio
Ohio Chapter, American Academy of Pediatrics

Oklahoma
Oklahoma Chapter American Academy of Pediatrics

Oregon
Oregon Pediatric Society

Puerto Rico
PRAAP

South Carolina
SCAAP

Tennessee
Tennessee Chapter of the American Academy of Pediatrics

Utah
American Academy of Pediatrics, Utah Chapter

Wyoming
Wyoming Chapter of the American Academy of Pediatrics

ⁱ National Vital Statistics System. Leading Causes of Death, United States. Centers for Disease Control and Prevention; 2020 <https://wisqars.cdc.gov/data/lcd/home>.

ⁱⁱ Youth Risk Behavior Survey Data Summary & Trends Report, 2011-2021. Centers for Disease Control and Prevention; 2023. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

ⁱⁱⁱ Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. US Department of Health and Human Services; 2020. <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>; Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. US Department of Health and Human Services; 2023. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

^{iv} Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:888–894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1>

^v <https://www.rand.org/news/press/2019/07/15.html>