



## **Improve Access to Children’s Behavioral Health Care: Accessing Child and Adolescent Psychiatrists**

### **ISSUE**

Children and their families do not have adequate access to high-quality specialty child and adolescent behavioral health care.

### **BACKGROUND**

- Child and adolescent psychiatrists are physicians uniquely trained to identify and treat complex relationships between physical illness and mental and behavioral health disorders over the lifespan of a patient and across diverse care delivery settings.
- Child and adolescent psychiatrists practice in a wide range of settings and further facilitate access to treatment through telemedicine consultation and collaborative care arrangements with primary care providers, schools, and other child-facing systems.
- AACAP, the American Academy of Pediatrics, and the Children’s Hospital Association jointly [declared](#) a national emergency in children’s mental health October 2021.
- Over 80% of states and 90% of counties in the U.S. have a severe shortage of child and adolescent psychiatrists. There are currently 14 child and adolescent psychiatrists for every 100,000 children in the U.S.
- There is currently a shortage of inpatient child and adolescent psychiatric beds.
- Psychiatrists typically receive lower in-network reimbursement than non-psychiatrist medical doctors for many of the same services.

### **SOLUTIONS**

- Public and private insurance programs should support children’s access to high quality and timely mental health care by covering the full range of evidence-based behavioral and developmental health care services, including care delivered via telemedicine, at parity with physical health care services and by adequately reimbursing physicians to provide that care.
- Integrated care models, including collaborative care arrangements, in which child and adolescent psychiatrists consult with primary care providers or colocated behavioral health and primary care practices facilitate timely and convenient access to behavioral health specialty care for children and youth who may need mental and behavioral health services.
- Physicians who serve children and adolescents with complex mental health needs typically interface with multiple child-serving systems including the primary care medical home, education, child welfare, juvenile justice, developmental disabilities, and early childhood systems. Children should have access to a full array of prevention, early intervention, and treatment options within all child-facing systems.



## CONGRESSIONAL REQUEST

*Support integration of pediatric behavioral health care in all child-facing systems and parity for behavioral health services in Medicare Advantage, Medicare Part D, Medicaid, and CHIP.*

**HOUSE:** Support H.R. 2412, “Helping Kids Cope Act,” introduced by Reps. Lisa Blunt Rochester (D-DE) and Brian Fitzpatrick (R-PA). This legislation would:

- Integrate pediatric behavioral health care across a wide range of child-facing systems/settings of care; and
- Recruit and retain a diverse, evidence-informed pediatric mental health workforce.

**SENATE:** Support S. 923, “Better Mental Health Care for Americans Act,” introduced by Sens. Michael Bennet (D-CO) and Ron Wyden (D-OR). This legislation would:

- Require parity for mental and behavioral health services in Medicare Advantage, Medicare Part D, and Medicaid;
- Encourage mental and behavioral health integration with physical care by increasing reimbursement rates for Medicare and Medicaid;
- Establish a demonstration project to increase access to integrated mental and behavioral health care for children across different setting, like schools; and
- Increase accountability and oversight of integrated mental and behavioral health care under Medicare, Medicaid, and private health insurance plans.

## APPROPRIATIONS REQUEST

AACAP requests an appropriation of **\$10 million for grants to states to support mental health and substance use disorder parity implementation.**

- This grant was authorized but not appropriated at \$10 million/year for five years in the *Consolidated Appropriations Act of 2023*.
- Parity implementation grants would allow state insurance departments to better enforce and ensure compliance with mental health and substance use disorder parity by hiring staff with the technical knowledge to review health plan comparative analysis and help eliminate nonquantitative treatment limits applied to mental health and substance use disorder benefits.