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September 09, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
Attention: CMS-1807-P

RE: Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments

On behalf of the nation's children's hospitals and the patients and families we serve, we appreciate the opportunity to provide comments on the proposed rule to make changes to Medicare physician payment policy for calendar year (CY) 2025, including the Physician Fee Schedule (PFS). Medicare changes often have a downstream effect on the Medicaid program, which is a critical source of coverage for children. We appreciate the opportunity to provide comments on this proposed rule, specifically related to mental health telehealth requirements and health-related social needs services.

The more than 200 children's hospitals that comprise the Children's Hospital Association (CHA) are dedicated to the health and well-being of our nation's children. Children's hospitals advance child health through innovations in the quality, cost and delivery of pediatric care—regardless of payer—and serve as a vital safety net for uninsured, underinsured, and publicly insured children. We are regional centers for children's health, providing highly specialized pediatric care across large geographic areas. Although they account for less than 5% of hospitals in the United States, children's hospitals care for almost one-half of children admitted to hospitals and serve the majority of children with serious illnesses and complex chronic conditions.

While Medicare is an important source of coverage, it only insures a limited subset of the pediatric population—less than 10,000 children and youth with end-stage renal disease. In contrast, Medicaid is the backbone of coverage for children in the United States. Children represent nearly half of all enrollees in the Medicaid program, with approximately 35 million children receiving their health care coverage through Medicaid at some point during a year. Children's hospitals are major Medicaid providers, accounting for 45% of all hospital days for all children on Medicaid and provide highly specialized and complex care to many children with special health care needs. Medicaid is a lifeline for children, providing affordable coverage with pediatric-appropriate benefits for children in low-income families.

As you know, Medicare policies often are adopted by state Medicaid programs and/or private insurers. In our comments, we focus on proposed policies that we believe are likely to have an impact on children and pediatric providers.

In particular, our comments highlight the following:

- We support the proposal to implement the Consolidated Appropriation Act (CAA) of 2023's policy to delay the requirement for an in-person visit with the physician or practitioner within six months prior to initiating mental health telehealth services until Jan. 1, 2026.
- We support the addition of three new G-codes for digital mental health treatment.

- We support the addition of six new G-codes for interprofessional consultation services.
- We are concerned with CMS' proposal to exclude audiology and speech language pathology (SLP) services from the proposed permanent authorized telehealth services list. We urge CMS to reconsider this proposal and include these services in the permanent telehealth services list.

Our more detailed comments are below.

Mental Health Telehealth Requirements

We support the proposal to implement the CAA 2023's policy to delay the requirement for an in-person visit with the physician or practitioner within six months prior to initiating mental health telehealth services until Jan. 1, 2026. With an ongoing youth mental health crisis, it is critical that access to pediatric mental health care is maintained, and delaying this requirement would help children's hospitals continue to provide various mental health services for children. Not requiring an initial in-person visit increases access to mental health care for children by decreasing the travel time that families require to make it to the child's appointment. Children's hospitals also provide care to children from out of state, typically due to access challenges in the child's home state. Not requiring an initial in-person visit helps to relieve these children and families from having to travel long distances for mental health care, which is critical in maintaining access to care for children that already face access issues. The delay of this requirement helps to reduce time taken away from school and work for children and families and can contribute to better adherence to mental health treatment.

In addition to the current youth mental health crisis, there is an existing mental health workforce shortage which has simultaneously impacted access to mental health care for children. Not requiring an in-person visit allows some children's hospitals to mitigate this workforce issue and expand their mental health workforce, by hiring providers who live out of state but are willing to obtain a license to practice in their state. These providers can then provide mental health care to children through telehealth, making mental health care accessible to more children.

Requiring an in-person visit for a patient to initiate mental health treatment would also be a significant operational task for providers. To comply with this requirement, providers would have to track patients' initial in-person visits prior to initiating the mental health services. Therefore, delaying this requirement prevents providers from the additional administrative burden that would be placed on the providers providing this mental health treatment.

Addition of New Digital Mental Health Treatment G-codes

We support CMS' proposal to create three digital mental health treatment (DMHT) codes: GMBT1, GMBT2 and GMBT3. Due to the current youth mental health crisis, demand for mental and behavioral health services and providers has significantly increased. Children's hospitals have aimed to address this crisis, by providing a variety of mental and behavioral health services to children, both in-person and via telehealth. DMHTs including teletherapy platforms, mental health apps, and digital cognitive behavioral therapy programs have shown to help fill gaps in access to mental health care and provide emotional support among children through digital therapeutics. DMHTs can reduce mental health care inequities by reducing access barriers. Furthermore, in adolescents, DMHTs can help prevent emotional distress symptoms from evolving into costly chronic mental health diagnoses. Having codes for DMHT services supports providers in integrating DMHT devices into treatment plans, and therefore alleviating one of the most significant barriers to telehealth care. Therefore, we support the creation of these three codes which will support children's hospitals' ability to continue providing accessible mental and behavioral health services.

Addition of New Interprofessional Consultation G-codes

We support CMS' proposal to create six new G-codes describing interprofessional consultations performed via communications technology by clinical psychologists, clinical social workers, marriage and family therapists, or mental health

counselors. Children's hospitals employ many of these providers, who provide mental and behavioral health services to children requiring mental health care. More specifically, the addition of these codes would support care for children with complex mental and behavioral health conditions, who often require care from multiple providers. As mentioned earlier, the youth mental health crisis has caused mental and behavioral health provider workforce shortages. The addition of these new codes would help to combat this workforce issue and provide the additional supports needed to allow pediatric mental and behavioral health providers to continue treating children in need of this care.

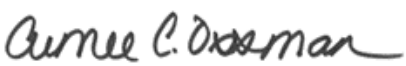
Permanent Telehealth Services List: Audiology and Speech Language Pathology

We are concerned with CMS' proposal to exclude audiology and speech language pathology (SLP) services from the proposed permanent telehealth services list. The codes for audiology and SLP services were authorized for telehealth services in March 2021 and are set to expire at the end of this year. Although we understand CMS' need to perform a comprehensive analysis of codes that currently have provisional approval to be included on the 2025 permanent telehealth services list, allowing the audiology and SLP services codes to expire in the meantime will negatively affect the care of children with hearing loss or deafness. The removal of these codes would impact children's hospitals' ability to provide care for children with hearing loss and deafness who reside in rural and remote communities, or have substantial transportation challenges, many of which have relied on telehealth to receive essential care and services.

We urge CMS to reconsider the proposed list of permanent telehealth services and add audiology and SLP services while it conducts its comprehensive review of these codes. Adding audiology and SLP telehealth codes to the permanent telehealth services list will ensure that children's hospitals can continue to provide essential and accessible health care services to children with hearing loss or deafness.

We thank you for the opportunity to provide comments and look forward to continuing to work with you to improve children's health care. Please contact Milena Berhane at milena.berhane@childrenshospitals.org (202)753-5521 should you need more information.

Sincerely,



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Children's Hospital Association