

May 28, 2026

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

The Honorable Tammy Baldwin
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 Capito, Ranking Member Baldwin, 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) 2026 and to request \$31 million for the program in the FY27 Labor, HHS, Education (LHHS) appropriations bill. Thanks to funding from Congress and annual grants distributed by HRSA, there are currently 54 PMHCA programs that received federal funding in 46 states, D.C., and several U.S. territories and tribal nations. As supplemental funding was exhausted last year, fewer than half of these programs will receive federal funding now. HRSA expects to distribute only 22 grants in this current cycle.ⁱ Appropriating the authorized amount of \$31 million in FY27 will help build stronger programs and reach the states that do not receive grant awards this fiscal year. These programs enhance access to mental health care for their patients, and the need couldn’t be more urgent.

The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association declared a national emergency in child mental health in 2021ⁱⁱ —a call echoed by over 140 other organizations.ⁱⁱⁱ

Suicide is the second leading cause of death for youth ages 10-24 in the United States.^{iv} In 2023, 29% of high school students reported experiencing poor mental health, 40% reported feeling persistently sad or hopeless, and 1 in 5 seriously contemplated suicide.^v Additionally, approximately 18% of youth had a major depressive episode yet many – about 40% of those youth – did not receive mental health treatment.^{vi} 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.^{vii} 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.^{viii} 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 2019 RAND study concluded that federal investments to substantially expand child psychiatric telephone consultation programs could significantly increase the number of children receiving mental health services.^{ix} In FY 2024, PMHCA grant awardees reported that nearly 15,000 enrolled primary care providers received training, and pediatric primary care providers who contacted their PMHCA mental health team served over 30,000 children and adolescents.^x Providers participating in PMHCA programs report screening more patients in their practices and most agreed that more of their patients received needed treatment for a behavioral health condition as a result of participating in the program. Pediatric clinicians have also reported gains in skills, competence, and confidence in addressing patients' mental health care following engagement with PMHCA programs.

The PMHCA program was last reauthorized by Congress in 2022 as part of the *Bipartisan Safer Communities Act* (BSCA), which authorized \$31 million for the program each year in FY 2023-2027. The reauthorization also extended PMHCA program access to school-based health care providers and emergency departments. 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. The current appropriation of \$13 million has been supplemented by \$80 million in additional funding through the *American Rescue Plan Act* (ARPA) and BSCA. The supplemental funding has permitted HRSA to provide grant funding to programs in more states, territories, and tribal nations throughout the United States, as well as to stand up technical assistance. Unfortunately, the additional funding is now exhausted, and the \$13 million in funding that has been proposed in HRSA's budget over the past few years is insufficient to maintain the existing grant awards, much less grow the programs or expand to new jurisdictions.

Given the mental and behavioral health crisis our youth are facing, we urge you to include \$31 million for the program in the FY27 LHHS appropriations bill to allow HRSA to rebuild support for the PMHCA program across more states, and to reject any abrupt discontinuations of critical child mental health care services.

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 children and 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 Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association of Maternal & Child Health Programs
Children's Hospital Association
Family Voices National
First Focus Campaign for Children
Mental Health America
National Alliance on Mental Illness
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Network of Child Psychiatry Access Programs (NNCPAP)
Nemours Children's Health
Network of Jewish Human Service Agencies
Perigee Fund
Primary Care Development Corporation
The National Alliance to Advance Adolescent Health
The National Federation of Families
ZERO TO THREE

State Organizations

Arizona

Arizona Chapter of the American Academy of Pediatrics

California

American Academy of Pediatrics California Chapter 1
American Academy of Pediatrics, CA Chapter 3

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.

Idaho

Idaho Chapter of the American Academy of Pediatrics

Illinois

Illinois Chapter, American Academy of Pediatrics

Kansas

Kansas Chapter, American Academy of Pediatrics

Maine

Maine Chapter, American Academy of Pediatrics

Maryland

Maryland Chapter, American Academy of Pediatrics

Massachusetts

Massachusetts Chapter of the American Academy of Pediatrics

Minnesota

Minnesota Chapter, American Academy of Pediatrics

Mississippi

Mississippi Chapter of the American Academy of Pediatrics

Nebraska

Nebraska Chapter of the American Academy of Pediatrics

New Hampshire

NH Psychiatric Society

NHAAP

New Mexico

New Mexico Pediatric Society, New Mexico Chapter of the AAP

New York

NYS AAP - Chapter 2

NYS AAP - Chapter 3

North Carolina

NC Pediatric Society

Ohio

Ohio Chapter, American Academy of Pediatrics

Pennsylvania

PA Chapter, American Academy of Pediatrics

South Carolina

South Carolina Chapter of the American Academy of Pediatrics

Tennessee

Tennessee Chapter of the American Academy of Pediatrics

Utah

American Academy of Pediatrics, Utah Chapter

Virginia

American Academy of Pediatrics, VA Chapter

Washington

Washington Chapter of the American Academy of Pediatrics

West Virginia

West Virginia Chapter, American Academy of Pediatrics

Wyoming

Wyoming chapter of the American Academy of Pediatrics

ⁱ Health Resources and Services Administration. Pediatric Mental Health Care Access Program Forecasted Grant Opportunity, HRSA-26-058; 2026. <https://simpler.grants.gov/opportunity/c9600234-8193-43f0-8c4c-c7163fc6532c>.

ⁱⁱ A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association. American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association; 2021. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

ⁱⁱⁱ Washington Correspondent, AAP calls for renewed action on youth mental health. AAP News; October 2022. <https://publications.aap.org/aapnews/news/22445/AAP-calls-for-renewed-action-on-youth-mental>.

^{iv} Web-based Injury Statistics Query and Reporting System (WISQARS). Leading Causes of Death, United States. Centers for Disease Control and Prevention; 2024. <https://wisqars.cdc.gov/>.

^v Youth Risk Behavior Survey Data Summary & Trends Report, 2013-2023. Centers for Disease Control and Prevention; 2024. <https://www.cdc.gov/yrbs/dstr/index.html>

^{vi} Substance Abuse and Mental Health Services Administration. Highlights for the 2023 National Survey on Drug Use and Health; 2024. <https://www.samhsa.gov/data/sites/default/files/NSDUH%202023%20Annual%20Release/2023-nsduh-main-highlights.pdf>.

^{vii} 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>

^{viii} Wolfe I, Satherley R, Scotney E, et al. Integrated Care Models and Child Health: A Meta-analysis. Pediatrics. 2020;145(1):e20183747

^{ix} Child Psychiatry Telephone Consultation Programs Help Increase Mental Health Services for Children. RAND; 2019. <https://www.rand.org/news/press/2019/07/15.html>.

^x Administration for a Healthy America. Fiscal Year 2027 Justification of Estimates for Appropriations Committees. US Department of Health and Human Services; 2026. <https://www.hhs.gov/sites/default/files/fy-2027-aha-cj.pdf>.