



**House Public Health Committee
In Support of House Bill 1600
Testimony of Pritesh Gandhi, MD, MPH
March 14, 2017**

Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association
Texas Academy of Family Physicians

Chairman Price and Committee Members,

My name is Pritesh Gandhi and I am a pediatrician and Associate Chief Medical Officer at People's Community Clinic here in Austin, Texas. I am testifying on behalf of the Texas Pediatric Society, Texas Medical Association, and the Texas Academy of Family Physicians. Our organizations are registered in support of House Bill 1600 and its goal to increase access to mental health screenings for adolescents enrolled in Medicaid.

Approximately half of all mental health conditions begin by age 14.¹ The American Academy of Pediatrics recommends annual mental health screening for adolescents beginning at age 12.²

According to the CDC, 1 in 5 children experience a mental disorder and an estimated \$257 billion is spent on childhood mental disorders in a given year. The same report found suicide to be the second leading cause of death in the adolescent population.³ Children with mental health disorders are at higher risk for poor educational achievement and increased involvement in the child-welfare and juvenile justice systems.⁴

Additionally, children with mental health disorders more often have chronic health conditions such as asthma and obesity and are at increased risk for mental illness in adulthood.⁵ Long-term, the lifespan of people with severe mental illness is actually shorter compared to the general population.⁶ When children are diagnosed and treated early, we reduce the chance of these detrimental outcomes.

At People's Community Clinic, we conduct mental health screenings at each well-child visit because we know that physical and behavioral health go hand-in-hand and that truly comprehensive medical care considers both.

HB 1600 addresses limited access to mental health screenings for adolescents enrolled in Texas Medicaid, allowing payment for, but not requiring, physicians to conduct a mental health screening at each annual well-child exam.

Currently in Texas Medicaid policy, physicians are required to conduct at least one mental health screening for adolescents ages 12 through 18 enrolled in Medicaid using one of four standardized, validated screening tools recognized by Texas Health Steps. However, the designated Medicaid procedure codes for this screening may only be used once per lifetime.

HB 1600 mirrors current Medicaid policy stating that the physician must conduct a mental health screening using a standardized validated screening tool *only once* for every child between the ages of 12 and 18. Additionally, HB 1600 would *allow* reimbursement for, but not require physicians, to conduct this screening and be *reimbursed up to once per annual well-child exam*, aligning Texas with the national standard of care.

In its Interim Report to the 85th Legislature, the House Select Committee on Mental Health listed increased access to children’s mental health screenings as its first recommendation for addressing children’s mental health in Texas.⁷

Dr. Anu Partap, pediatrician and Texas Pediatric Society Mental Health Committee Co-chair, testified at an interim Mental Health Select Committee hearing in support of increased access to adolescent mental health screenings. “It is imperative that children and families receive expert care the moment they present,” she stated. “A better designed health system will mean more immediate access to timely, evidence-based mental health treatments...” As the report concluded, Texas is well-positioned to be a national leader for mental and behavioral health care.⁸ By increasing access to early detection of mental health disorders in children, the proposed legislation takes Texas a step closer to this goal, giving Texas children a better chance at health and success.

Thank you for providing me the opportunity to speak today in support of HB 1600. With the help of the legislature, we truly can make Texas a leader in mental health care.

¹ Kessler R.C., et al. (2005). Lifetime Prevalence and Age of Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 62(6): 593-602. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/15939837>

² American Academy of Pediatrics. (2017). Recommendations for Preventative Pediatric Health Care. *Bright Futures, 4th Ed*. Retrieved from: https://www.aap.org/en-us/documents/periodicity_schedule.pdf

³ Centers for Disease Control and Prevention. (2016). Children’s Mental Health Report. *CDC Features: Life Stages and Populations*. Retrieved from: <https://www.cdc.gov/features/childrensmentalhealth/>

⁴ American Academy of Child and Adolescent Psychiatry. (2013). Child and Adolescent Psychiatry Workforce Crisis: Solutions to Improve Early Intervention and Access to Care. Retrieved from: https://www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/cap_workforce_crisis_201305.pdf

⁵ Perou, R., et al. (2013). Mental Health Surveillance Among Children. *Morbidity and Mortality Weekly Report*. Retrieved from: https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w

⁶ De Hert, M., et al. (2011). Physical Illness in Patients with Severe Mental Disorders. *World Psychiatry*. 10(2). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048500/>

⁷ House Select Committee on Mental Health. (2016). Interim Report to the 85th Texas Legislature. Retrieved from: <http://www.house.state.tx.us/media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf>

⁸ House Select Committee on Mental Health. (2016). Interim Report to the 85th Texas Legislature. Retrieved from: <http://www.house.state.tx.us/media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf>