

pediatricians and physicians as recommended by the American Academy of Pediatrics,” they wrote.

Fontanella said she is presently involved in a study that is exploring primary care professionals’ screening practices for suicidality.

Supports universal screening

Fontanella said that while the study paper stops short of recommending universal behavioral health screening for youths, she said she is a “big proponent” of that concept.

She said this study was the first to examine service use patterns and clinical profiles of young suicide victims in the Medicaid population. She believes the findings from the group of 16 states are generalizable to Medicaid populations in other states, but it cannot be concluded that they also can be generalized to the privately insured or uninsured population. However, she said, many of this study’s findings resemble those that have been reached in adult suicide studies.

Fontanella and colleagues pointed out that despite strong recommendations from the Joint Commission and other entities for more widespread use of screening for suicide risk in a variety of settings, routine screening has remained the exception and not the rule. They stated that emergency departments and inpatient care settings could produce significant results in identifying at-risk youths.

They cited as an example of a successful initiative the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE), which combines a suicide risk screening with a brief intervention administered during and after the emergency visit. A study of ED-SAFE, published in *JAMA Psychiatry* in 2017, found that the screening and brief intervention significantly reduced the risk of subsequent suicidal behavior, the researchers reported. •

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BRIEFLY NOTED

APA calls for telecommunications use to prevent virus spread

The American Psychological Association (APA) on March 24 called on states and insurers to move quickly to allow people to connect with their mental health providers remotely using telehealth as the need for mental health services rises during the COVID-19 pandemic. “We are asking state policymakers to temporarily suspend state licensing requirements for telepsychological services, which would allow patients greater access to their providers and ensure continuity of care during this crisis,” Arthur C. Evans Jr., Ph.D., APA’s CEO, said in a statement. “The federal government has just identified psychologists as critical, essential workers in the U.S. response to COVID-19. But this does not mean that psychologists and psychology trainees must do work in person,” he said. “Essential psychological services can, and in many cases, should be delivered through telehealth. It is critically important that psychologists are able to meet the needs of their patients and communities during this difficult time, without further increasing the risk of contagion.”

Senate approves coronavirus relief bill

The U.S. Senate approved an estimated \$2 trillion stimulus package to battle the harmful effects of the COVID-19 pandemic, though concerns with the unemployment provisions remain, according to the National Conference of State Legislatures. A few highlights of what’s included in the package:

- Provides an additional \$4.3 billion, through the Centers for Disease Control and Prevention, to support federal, state and local public health agencies to prevent, prepare for, and respond to the coronavirus.

- Creates a \$150 billion Coronavirus Relief Fund for state, local and tribal governments.
- Provides \$30 billion for an Education Stabilization Fund for states, school districts and institutions of higher education for costs related to the coronavirus.
- Provides \$45 billion for the Disaster Relief Fund for the immediate needs of state, local, tribal and territorial governments to protect citizens and help them respond and recover from the overwhelming effects of COVID-19.
- Expands unemployment insurance from three to four months, and provides temporary unemployment compensation of \$600 per week, which is in addition to and the same time as regular state and federal UI benefits.
- Establishes a \$500 billion lending fund for businesses, cities and states.

CMS approves additional state Medicaid waivers

The Centers for Medicare & Medicaid Services on March 26 approved an additional 10 state Medicaid waiver requests under Section 1135 of the Social Security Act (Act), bringing the total number of approved Section 1135 waivers for states to 23. The waivers were approved within days of states’ submitting them, and offer states new flexibilities to focus their resources on combatting the outbreak and providing the best possible care to Medicaid beneficiaries in their states. The waivers were approved within days of states’ submitting them, and offer states new flexibilities to focus their resources on combatting the outbreak and providing the best possible care to Medicaid beneficiaries in their states. These waivers support President Trump’s commitment to a COVID-19 response that is locally executed, state managed and

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