Kudos to the Boston Globe for its July 17 Editorial calling for an ombudsman to advocate for and support children with mental health needs. Every day, pediatricians across the Commonwealth come face to face with the state’s fragmented and fractured mental health care system and its inadequacies in serving our state’s youngest and most vulnerable citizens. Despite improved screening and identification of behavioral concerns resulting from the Rosie D case and legislative support of the Massachusetts Child Psychiatry Access Project, children face intolerable waiting times for outpatient services, a severe shortage of in-patient beds, disjointed follow-up after inpatient hospitalization, and poor cross-provider communication.

While these challenges are not unique to our state, Massachusetts should be leading the country in testing innovative solutions. Instead, the mental health needs of children and adolescents are approaching crisis proportions. We are seeing dramatic increases in suicide, depression, anxiety, and substance abuse. Pediatric ER utilization for behavioral health concerns has increased 50%. Behavioral concerns now outstrip all others in pediatric offices.

We must provide services for children suffering with serious emotional difficulties and see that those in need have access to care. A dedicated children’s mental health ombudsman within the Office of the Child Advocate is an important step in ensuring such access. Another is to co-locate behavioral health services in the Pediatric Medical Home. Co-location expands access, decreases stigma, improves parent engagement, and with appropriate value-based financing, supports dissemination of preventive innovations. Children represent the future of the Commonwealth. Our social and economic vitality will suffer if we do not address this crisis now.

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Flavors have helped fuel the popularity of these products among kids because these flavors appeal to youth. According to a 2017 report\(^1\), candy and fruit flavored products are putting a new generation of kids at risk of nicotine addiction and the serious health harms that result from tobacco use. E-cigarettes are being sold in fruit and candy flavors including berry, peach, grape, mango, vanilla, chocolate, peanut butter cup, cookies ‘n cream, bubble gum, cotton candy, Atomic Fireball, mint, and menthol. These flavors are appealing to children. Moreover, greater than half of smokers ages 12-17 smoke menthols\(^2\). Menthol is associated both with higher initiation rates and lower quit rates among youth\(^3\).

Sadly, our success in reducing tobacco use among kids is being erased.

S. 1279 would ban the sale of flavored tobacco products in Massachusetts, including e-tobacco products, both on line and at retail shops. According to the Boston Globe, more than 140 municipalities in the Commonwealth ban flavored tobacco sales. Now is the time to enact a state wide ban.

**The MCAAP urges the Public Health Committee to protect youth from tobacco and nicotine addiction by reporting favorably S.1270. Tobacco products should not be sold in flavors that appeal to kids, let alone in flavors that seem harmless and like fun.**

Very truly yours,

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President, Massachusetts Chapter of the American Academy of Pediatrics

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\(^1\) The Flavor Trap: How Tobacco Companies Are Luring Kids with Candy-Flavored E-Cigarettes and Cigars. Issued by Campaign for Tobacco-Free Kids, American Academy of Pediatrics, American Cancer Society Cancer Action Network, American Heart association and American Lung Association, 2017

\(^2\) Menthol and other flavors in tobacco products. U.S. Food and Drug Administration Website. www.fda.gov/tobaccoproducts/labeling/productsingredientscomponents/ucm2019416.htm#reference