

COALITION FOR WHOLE HEALTH

September 17, 2010

Mr. Jim Mayhew
Office of Consumer Information and Oversight
Department of Health and Human Services
Attention: OCIO-9992-IFC
P.O. Box 8016
Baltimore, MD 2144-1850

RE: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act

Dear Mr. Mayhew:

Thank you for this opportunity to provide comments to the Departments of Labor, Health and Human Services, and the Treasury (the Departments) regarding the interim final rule on coverage of preventive services under the Patient Protection and Affordable Care Act (ACA). On behalf of the Coalition for Whole Health, a coalition of national organizations advocating for improved coverage for and access to mental health and substance use disorder prevention, treatment, rehabilitation, and recovery services, we strongly support the goals of healthcare reform to ensure that all Americans have access to high quality, affordable health care, including mental health and addiction care. We appreciate the opportunity to submit comments on the interim final rule on coverage of preventive services.

Under Section 2713 of the ACA, health insurers are required to provide, with no cost-sharing, access to a range of preventive health services, including critically important mental health and substance use services for children and adults. Improving access to preventive care has the potential to greatly improve the health of our nation's children, families, and communities. As the Departments work to implement the Section 2713 of the ACA, the undersigned organizations urge you to ensure that the Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act address the following:

1. Explicitly recognize the preventive mental health and substance use services that are included as covered preventive services under the ACA and ensure that primary care professionals receive adequate training to provide these services.
2. Encourage the U.S. Preventive Services Task Force to convene to consider evidence of effectiveness for additional substance use and mental health preventive services not yet required as reimbursable services.

3. Revise provisions of the Interim Final Rule that would make accessing the preventive services benefits of Section 2713 disproportionately burdensome for people with mental health and/or substance use disorders.
4. Ensure that the appropriate steps are taken to educate the public, service providers, and insurers so they understand the new requirements, and implement strong enforcement mechanisms to ensure compliance.

1. The need for explicit recognition of the preventive mental health and substance use services that are included as covered preventive services under the ACA and work to ensure that primary care professionals receive adequate training to provide these services

We are pleased that, under the ACA, a number of preventive services for mental health and substance use are clearly included as covered reimbursable services. These include the following screenings and interventions that have been identified as effective by the U.S. Preventative Task Force:

- Alcohol misuse screening and counseling for adults
- Depression screening for adolescents and adults
- Tobacco use counseling for adults and interventions for pregnant women

Preventive services covered by Section 2713 of the ACA also include a number of effective mental health and substance use preventive services for children and adolescents identified in the Health Resource Services Administration's (HRSA) comprehensive preventive guidelines. Services identified by HRSA that are reimbursable covered preventive services under the ACA include:

- Alcohol and drug use screenings for children and assessments for adolescents
- Developmental screenings for infants and young children
- Early childhood autism screenings
- Developmental surveillance for all children
- Psychosocial/behavioral assessments for all children.

We ask that the Departments make clear to health insurers that the above-listed mental health and substance use screenings and assessments are covered preventive services under the ACA.

In addition, we urge the Departments to ensure that the primary care workforce that will be providing these critically important services receives training on mental health and substance use conditions. It is imperative that the primary care professionals conducting these preventive services receive adequate education about and training on mental health and substance use disorders, effective screening and assessment tools, treatment, and recovery. This includes not just providers in traditional primary care settings, but also those in schools, juvenile justice facilities, and other primary care settings where prevention services related to substance use disorders and mental health are especially needed. It is also extremely important that primary care professionals are given guidance

about the need to refer individuals with mental health and/or substance use disorders in need of more intensive services to providers of treatment, rehabilitation and/or recovery support services.

2. In addition to those mental health and substance use screenings that are explicitly covered preventive services under the ACA, there are additional preventive screenings for substance use and mental health conditions that have been used for a number of years and are extremely effective. The following should also be included as reimbursable services.

Coverage for drug screening in adults: To date the U.S. Preventative Task Force has not yet determined the value of screening for illicit drug use due to insufficient evidence. The National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and other distinguished researchers have demonstrated that screenings for drug use are effective tools to help identify adults in need of brief interventions and treatment services. Recent research clearly demonstrates that rapid, economical screening and brief interventions reduce substance use and significantly reduce health care costs.¹

Coverage for suicide screening in adults: Screenings for suicide ideations have been used for a number of years and have been effective tools to help identify many youth and adults in need of services. Under the ACA, those screening procedures for adults would not be required cost-free services despite evidence of effectiveness.

Given the low risk and low cost of screening for substance use and mental illness, and the current state of knowledge about the consequences of untreated addiction and mental illness, the harms associated with not screening are too severe to be ignored. Therefore, covered screenings should include the full range of mental health and substance use preventive services that have demonstrated clear effectiveness.

¹ See Madras, B.K. ; Compton, W.M. ; Avula, D. ; Stegbauer, T.; Stein, J.B.; and Clark, W.H. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. *Drug and Alcohol Depend* [e-pub ahead of print], 2008.

Bernstein, J.; Bernstein, E.; Tassiopoulos, K.; Heeren, T.; Levenson, S.; and Hingson, R. Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug Alcohol Dependence* 77(1):49–59, 2005.

Humeniuk, R.; Dennington, V.; Ali, R.; and WHO ASSIST Phase III Study Group. The Effectiveness of a Brief Intervention for Illicit Drugs Linked to the ASSIST Screening Test in Primary Health Care Settings: A Technical Report of Phase III Findings of the WHO ASSIST Randomized Controlled Trial (Draft). Geneva, Switzerland, 2008.

Devlin, R.J., and Henry, J.A. Clinical review: Major consequences of illicit drug consumption. *Crit Care*.12(1):202, 2008. Available at http://www.ncbi.nlm.nih.gov/pubmed/18279535?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum.

3. Revise provisions of the Interim Final Rule that would make accessing the preventive services benefits of Section 2713 disproportionately burdensome for people with mental health and/or substance use disorders

We ask the Departments to reconsider provisions of the proposed regulations that would be particularly burdensome for people with mental health and/or substance use service needs to access these preventive services. Specifically, we ask that the Departments to:

- Reconsider the provision allowing cost-sharing to be imposed if a preventive service is billed separately from the office visit. The logical and convenient setting for many of the covered preventive services is during primary care office visits, however the regulations allow cost-sharing for otherwise covered preventive services if the preventive service is not the primary purpose of the visit. With substance use disorders and mental health screenings in particular, it is critically important that no-cost screenings be allowed during visits for other primary care services, since individuals most in need of mental health and addiction screenings are unlikely to seek them out on their own.
- Require plans to allow out-of-network providers to conduct preventive health screens if no in-network provider is reasonably available, without cost-sharing. The limited number of providers available to screen for substance use disorders and mental illness is a serious concern, and the regulations should require that plans allow out-of-network providers to conduct preventive screens without cost-sharing obligations if no in-network provider is reasonably available to provide those services. This is especially important in rural areas.
- Require plans to disclose the medical management criteria they use for preventive services to enrollees in advance of them accessing preventive care services. The regulations allow plan issuers to use “reasonable medical management techniques” to determine coverage limitations if a recommendation or guideline for a recommended preventive service does not specify the frequency, method, treatment or setting for the provision of that service. Given that there is no federal definition of “reasonable medical management,” plans should be required to disclose the medical management criteria they are using to plan participants in advance so participants will know whether the cost-sharing requirements of the service will actually be waived.

4. Ensure that the appropriate steps are taken to educate the public, service providers, and insurers so they understand the new requirements, and implement strong enforcement mechanisms to ensure compliance.

To maximize success of the new prevention benefits and improve public health, it is important for the Departments to recognize the need for strong consumer, family, and provider outreach and education efforts to help them to understand and utilize the new benefits. The regulations governing coverage of preventive services under the ACA should include a discussion of the outreach effort needed to inform and educate

consumers and providers about the specific provisions and requirements of the law. The Departments should also recognize the need for strong enforcement mechanisms to ensure compliance.

We appreciate the opportunity to give comments on the rules related to coverage of preventive services under the ACA. Thank you for your careful consideration. Please contact us if you have any questions or if we can be of further assistance on this matter.

Sincerely,

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