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Requirement for Group Health Plans and Health Insurance Issuers to Provide Coverage of Preventive Services under the PatientProtection and Affordable Care Act

Comment On: IRS-2010-0017-0002
Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc.

Document: IRS-2010-0017-0023
Comment on FR Doc # 2010-17242

Submitter Information

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Organization: American Academy of Child and Adolescent Psychiatry

General Comment

We urge the Departments to ensure that the primary care workforce providing these critically important services receives training on mental health and substance use conditions. It is imperative that primary care professionals conducting preventive services receive adequate education about and training on mental health and substance use disorders, effective screening, and assessment tools and treatment. This includes not only 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.

Section 2713 should apply to Medicaid and Medicaid managed care programs. While the EPSDT mandate requires coverage of all preventive care services, access to preventive coverage varies widely across programs. Although Medicaid managed care is federally-financed, medical care is organized, delivered, and coordinated by private plans. Not only will this ensure that plans provide these critical services to children, but it will increase uniformity among the plans (not currently required under EPSDT), and ultimately, accountability.

Grandfathered plans should provide full access to preventive care. We remain concerned that Section 2713 does not apply to grandfathered plans. This provision will delay access to inexpensive preventive care for millions of children. Families expecting to obtain coverage may be uncertain whether their insurance is "grandfathered", and forced to wait an unknown period of time before receiving access to services without cost-sharing. Concerns about preventive services

coverage by grandfathered plans could be mitigated if strict limitations are put in place on the types of changes in coverage that can be made without losing grandfather status.

Educational outreach about the preventive benefit to parents and providers is essential. Families may not be aware of their new rights.

Attachments

IRS-2010-0017-0023.1: Comment on FR Doc # 2010-17242

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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September 17, 2010

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Hilda Solis
Secretary
U.S. Department of Labor
200 Constitution Ave, NW
Washington, DC 20210

The Honorable Timothy Geithner
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Ave, NW
Washington, DC 20220

Dear Secretaries Sebelius, Solis, and Geithner:

On behalf of the American Academy of Child and Adolescent Psychiatry (AACAP), I am submitting comments on the 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 (ACA), as published in the *Federal Register* on July 19, 2010.

AACAP is a medical membership association established by child and adolescent psychiatrists in 1953. Now over 8,000 members strong, AACAP is the leading national medical association dedicated to treating and improving the quality of life for the estimated 7-12 million American youth under 18 years of age who are affected by emotional, behavioral, developmental and mental disorders. AACAP's members actively research, evaluate, diagnose, and treat psychiatric disorders and pride themselves on giving direction to and responding quickly to new developments in addressing the health care needs of children and their families.

Despite living in the wealthiest nation in the world, many of our children in need of help lack access to a child mental healthcare worker. Less than a third of youth with mental illnesses receive treatment. If left untreated

mental illnesses are devastating to our nation's youth and their families. Mental illnesses are implicated in 90% of suicides, which are the third-leading cause of death for young people. Many children with unidentified and untreated mental disorders fail or drop out of school, fail to develop friendships and social skills, and could end up in the juvenile justice systems. The adverse impact on youth and their families cannot be overstated. A major factor in this epidemic of untreated mental illnesses is the lack of prevention efforts.

The United State Preventive Task Force (USPTF) recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. We are pleased that this is included in the ACA as research demonstrates that early detection is key to successful treatment outcomes.

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 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 and treatment. This includes not only 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 important that primary care professionals are given guidance about when to refer individuals with mental health and/or substance use disorders in need of more intensive services to appropriately trained providers.

Under Section 2713 of the ACA, health insurers are required to provide, with no cost-sharing, access to a range of preventive health services. In order to realize these benefits, this section must be implemented thoughtfully and thoroughly, with steps taken to avert possible consequences that might reduce rather than increase access to preventive care. We recommend that the final rules discuss the following:

Section 2713 should apply to Medicaid and Medicaid managed care programs. Over 30 million children are currently covered by Medicaid programs across our nation. While the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate requires coverage of all preventive care services, access to preventive coverage varies widely across programs. Although Medicaid managed care is federally-financed, medical care is organized, delivered, and

coordinated by private plans. Therefore we ask that the Final Rule clarify that Section 2713 apply to all Medicaid and Medicaid managed care contracts. Not only will this ensure that plans provide these critical services to children, but it will increase uniformity among the plans (not currently required under EPSDT), and ultimately, accountability.

Grandfathered plans should provide full access to preventive care. We remain concerned that Section 2713 does not apply to grandfathered plans. This provision will delay access to inexpensive preventive care for millions of children. Moreover, families expecting to obtain coverage for preventive care may be uncertain whether their insurance is "grandfathered", and thus forced to wait an unknown period of time before receiving access to these services without cost-sharing. While a statutory requirement of the ACA, the Secretary of Health and Human Services is afforded great flexibility in defining essential health benefits and setting quality standards in health plans. Concerns about preventive services coverage by grandfathered plans could be mitigated if strict limitations are put in place on the types of changes in coverage that can be made without losing grandfather status.

Education. We want to emphasize that educational outreach about the preventive benefit to parents and providers is essential. Without concerted education and outreach many families will not be aware of their new rights under the ACA. We encourage you to work with states and Insurance Commissioners to develop educational strategies to promote these benefits.

Thank you for the opportunity to comment. We would be happy to talk with you further about our comments. Please contact Kristin Kroeger Ptakowski, Director of Government Affairs and Clinical Practice at kkroeger@aacap.org, 202-966-7300, ext 108.

Sincerely,

Laurence Greenhill, M.D.
President