

PUBLIC SUBMISSION

As of: May 15, 2009
Received: May 14, 2009
Status: Pending_Post
Tracking No. 80992016
Comments Due: May 28, 2009
Submission Type: Web

Docket: EBSA-2009-0010

Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Comment On: EBSA-2009-0010-0001

Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Document: EBSA-2009-0010-DRAFT-0057

Comment on FR Doc # E9-9629

Submitter Information

Name: Laurie Flynn

Address:

1775 Broadway, Suite 610
New York City, NY, 10019

Phone: 212-265-4453

Organization: National Center for Mental Health Checkups

General Comment

The TeenScreen National Center for Mental Health Checkups is submitting comments to encourage the federal government to require health insurance plans as part of compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 to cover annual mental health screenings for youth age 12 to 18 during the yearly well-child/annual exam visit.

Attachments

EBSA-2009-0010-DRAFT-0057.1: Comment on FR Doc # E9-9629



May 14, 2009

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4137-NC
P.O. Box 8017
Baltimore, MD 21244-8010.

To Whom It May Concern:

As executive director of the TeenScreen National Center for Mental Health Checkups at Columbia University (National Center), I am submitting comments to the Centers for Medicare and Medicaid Services (CMS) with regard to the public notice for comment [CMS-4140-NC] on implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). I am writing to encourage the agency to incorporate into the MHPAEA regulations a requirement for insurance plans to cover adolescent mental health checkups for youth age 12 to 18. The National Center believes that this step is necessary to raise mental health care to the same level of importance as physical care for our nation's young people.

The National Center is a non-profit, privately funded mental health initiative. Our mission is to expand and improve early detection of mental illness by mainstreaming mental health checkups as a routine procedure in adolescent health care, schools, and other youth-serving settings. The goal of the National Center is to prevent adolescent suicide and reduce disability associated with mental illness. To achieve this goal, the National Center works to advance public policy and promote best practices to expand the availability and utilization of mental health checkups nationwide. The National Center provides voluntary mental health screenings in more than 500 sites in 43 states.

The MHPAEA was intended to ensure equitable access and coverage of mental health services for all American consumers. Specifically, it is intended to ensure that there are no separate cost-sharing requirements that are applicable only with respect to mental health or substance use disorder benefits. We believe that for youth age 12 to 18 this requirement should provide coverage of an annual mental health screen, or mental health checkup, during the yearly well-child/annual exam visit. Incorporating an annual screen into the well-child/annual exam visit will ensure that for adolescents their mental health will be routinely monitored and that an additional visit to a medical professional to assess their mental health will not be required. This will promote equity in coverage and meet parity with regard to cost requirements.

According to the National Institute of Mental Health, 50 percent of all lifetime mental health disorders start by age 14. Yet, because the early signs of a disorder often are missed, the average diagnosis regularly occurs 10 years or more after the onset of symptoms. Missing the early

symptoms can result in disorders that create a lifetime of disability or result in suicide. Suicide remains the third leading cause of death for Americans age 15 to 24 and mental illness is the leading cause of disability for Americans age 15 to 44. However, after decades of research, we now know that in youth up to age 21 there is a window of opportunity of two to four years, between the first symptoms and the onset of the full-blown diagnosable disorder, when treatment is most effective at reducing the severity of specific disorders. If mental health checkups are incorporated into the yearly well-child/annual exam visit for youth 12 to 18, the identification of mental illness at its earliest stages would be greatly increased and the cost to the individual and society – an estimated \$247 billion annually – would be greatly reduced.

The importance of early detection, through screening, and treatment of mental illnesses has been well documented through medical research and by governmental entities. In 2002, the President's New Freedom Commission on Mental Health was developed to improve services and coordination for Americans suffering from mental illness. A key recommendation from the Commission's report *Achieving the Promise: Transforming Mental Health Care in America* was the necessity to increase early identification efforts and engage primary care physicians in providing first-line detection of mental illness. Most recently, on February 13, 2009, the National Research Council and the Institute of Medicine (IOM) in their report *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* recommended that the federal government make preventing mental, emotional and behavioral disorders and promoting mental health in young people a national priority.

The IOM states that screening in primary care settings offers the potential to intervene early and prevent fully developed disorders. The IOM also notes a number of programs are effective and promote mental health and should be implemented more broadly. The IOM conclusions include: 1) Interventions before the disorder occurs offer the greatest opportunity to avoid the substantial costs to individuals, families and society that these disorders entail; and 2) Validated screening tools are available at little or no cost to primary care providers. Further, in April 2009, immediately following the IOM report, the influential U.S. Preventive Services Task Force (USPSTF) medical panel called upon doctors in primary care settings to screen all adolescents age 12 to 18 annually for Major Depressive Disorder. This recommendation is based on peer-reviewed evidence that screening instruments developed for primary care accurately identify depression in adolescents.

The medical professions also have spoken about the importance of using annual screenings to promote early identification of mental illness. In 2007, The American Academy of Pediatrics (AAP) called for annual, confidential screening and referral for behavioral health problems. Since that time, AAP has embarked on a multi-state effort to provide discussion guides to physicians to assist them in inquiring about adolescent mental health. This spring the Academy endorsed the USPSTF recommendations and called on families and children to have access to mental health screening, assessment and services to appropriately address mental health conditions in primary care. According to the AAP national pediatric practice guidelines, administering a mental health screening test is considered one of the most efficient ways for health care professionals to improve the recognition and treatment of psychosocial problems in children and adolescents. The AAP now recommends annual preventive health care visits for adolescents age 11 to 21 that include confidential screening and early illness identification.

However, access to annual mental health screenings for America's youth will only become a reality when insurers begin to compensate primary care physicians and pediatricians for the time they spend with a child at risk. Based on the National Center's work in eight primary care sites located in eight states, we believe a mental health checkup can be adopted by primary care physicians into the yearly well-child/annual exam visit at little or no expense. However, for the approximately 14 to 20 percent of young people who will screen positive, insurers should be required to compensate primary care physicians for the time they spend further evaluating and treating the youth. To do otherwise will continue to place mental health on a lower priority level than physical health for young people age 12 to 18.

Our nation stands at a crossroad. We can continue to treat mental illness as a substandard medical condition, resulting in a long term disability for millions, or we can choose to chart a new course by prioritizing identification and treatment of mental illness. If we take this new course and begin to screen for the warning signs in adolescence, we will identify those at risk when signs first present and treatment is most effective and least invasive. According to the IOM, doing so will improve the long term health of individuals and result in significant cost savings to the American health care system and America's social safety-net. I urge the Centers for Medicare and Medicaid Services to require health plans to incorporate a mental health screen into the yearly well-child/annual exam visit and compensate providers for their time spent treating patients.

Sincerely,

A handwritten signature in cursive script that reads "Laurie Flynn". The signature is written in black ink and is positioned below the word "Sincerely,".

Laurie Flynn
Executive Director
TeenScreen National Center for Mental Health Checkups