

May 27, 2009

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-4140-NC

Dear Gentilepersons:

The National Association for Children's Behavioral Health (NACBH) appreciates the opportunity to comment on the development of regulations for the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

NACBH represents multi-service treatment agencies providing a wide array of behavioral health and related services. Services provided by NACBH members include assessment, crisis intervention, residential treatment, therapeutic group homes, in-home services, therapeutic foster care, independent living, alternative educational services, respite, day treatment, outpatient counseling and myriad community outreach programs. Providers serve clients from the mental health, social service, juvenile justice and educational systems.

Nearly one hundred percent of the clients served by NACBH members are publicly funded, many due to disability or family income, but many as a result of inadequate mental health benefits under their families' private health insurance. We are hopeful that Congress' intent to close the loopholes of the 1996 parity law will improve families' ability to access timely and appropriate mental and addiction treatment services as well as reduce cost-shifting from the private to the public sector.

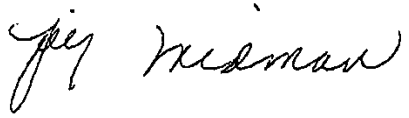
In addition to the Mental Health Liaison Group's comments, to which we signed on, there is another area of clarification that could minimize the potential for continued under-insurance of children and youth. In defining "treatment limitations," we encourage the Department to consider more than number of inpatient days and outpatient visits. For example, if a health plan does not explicitly include or exclude physical health diagnoses or treatment settings, parity would dictate the same for mental or addiction diagnoses and treatment settings. Medical necessity and utilization review criteria, which would continue to be defined by the health plans, would avert unnecessary use of services.

We refer the Department to the National Business Group on Health's recent *Employer's Guide to Child and Adolescent Mental Health* for an excellent review of the current – and recommended – state of the art in developmentally appropriate dependent coverage. It details the direct and indirect costs to businesses of employees' children's behavioral health disorders, outlines the types, prevalence and age of onset of disorders in children and youth, and discusses related treatment and cost trends. We believe it would be useful in conducting both the fiscal impact analysis required by the Regulatory Flexibility Act and a determination of whether and how family well-being would be affected as required by Section 654 of the Treasury and General Government Appropriations Act of 1999.

Centers for Medicare and Medicaid Services
May 27, 2009
CMS-4140-NC

We appreciate the opportunity to comment and offer the resources of this Association as you consider the unique needs of children and youth in crafting the new parity regulations.

Sincerely,

A handwritten signature in black ink, reading "Joy Midman". The signature is written in a cursive style with a large initial "J" and "M".

Joy Midman
Executive Director