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Requirement for Group Health Plans and Health Insurance Issuers to Provide Coverage of Preventive Services under the Patient Protection 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.

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General Comment

See attached file(s)

Attachments

IRS-2010-0017-0019.1: Comment on FR Doc # 2010-17242

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: File Code OCIO-9992-IFC

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 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 the nation's oldest and largest advocacy organization concerned with all aspects of mental health, Mental Health America understands the importance of early detection and intervention in promoting the nation's health and well-being.

We are pleased that 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.

The new rules provide benefits for and prohibit cost-sharing requirements for evidence-based items or services that have a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (Task Force), including the following preventive services for mental health and substance use:

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

The new rules 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

In an effort to maximize the benefits of preventive services to society as a whole, we urge the Departments to address the following as they implement Section 2713 of the ACA:

Clarify Requirements to Health Insurers

We are concerned that potential beneficiaries of the range of preventive services included in Section 2713 of the ACA could face unnecessary barriers if health plans and health insurance issuers do not clearly understand the requirements set forth in the regulations. We encourage the Departments to take appropriate steps to explicitly message the new preventive health services requirements to health insurers.

Adequate Workforce Training

We advocate that primary care professionals, who will provide these critically important preventive services, receive adequate training on mental health and substance use conditions, effective screening and assessment tools, treatment, recovery, and the appropriate use of referrals. This would include providers in traditional primary care settings, as well as 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.

Additional Preventive Services

As the body of literature supporting the effectiveness of prevention continues to grow, we encourage the Task Force to consider a wide range of evidence of effectiveness for additional substance use and mental health preventive services not yet required as reimbursable services. This might, for example, include services like coverage for drug screening in adults and coverage for suicide screening in adults. This might also include recommendations such as those set forth in the National Research Council and Institute of Medicine's 2009 report on Preventing Mental, Emotional, and Behavioral Disorders Among Young People.

Revise Certain Cost-Sharing Provisions

While we commend the Departments for working to address the current underutilization of preventive services, we ask them to go a step further by changing certain provisions that would be particularly burdensome for people with mental health and/or substance use service needs.

- Reconsider the provision allowing cost-sharing to be imposed if a preventive service is billed separately from the office visit
- Require plans to allow out-of-network providers to conduct preventive health screens if no in-network provider is reasonably available, without cost-sharing
- Require plans to disclose the medical management criteria they use for preventive services to enrollees in advance of them accessing preventive care services

Outreach Efforts

In order to maximize the success of these new prevention benefits, we encourage the Departments to engage in consumer, family, and provider outreach and education efforts to help these parties understand and utilize the new benefits.

We are encouraged by the expanded coverage for preventive services in the ACA. The effective and early detection and treatment of health conditions, including mental health and substance use conditions, will help ensure quality of life and may help to reduce overall medical expenditures.

Thank you for the opportunity to present our views on the rules related to coverage of preventive services under the ACA. We look forward to working with you.

Sincerely,



David L. Shern, Ph.D.
President & CEO
Mental Health America