

# AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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January 24, 2019

Seema Verma, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4180-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Re: Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses (File Code CMS-4180-P)

*Submitted Electronically*

Dear Administrator Verma:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide comments on the proposed rule outlining new policies that would apply to Medicare Part D and the Medicare Advantage programs. AACAP is the professional home for 9,400 child and adolescent psychiatrists, some of whom also treat adults. Our mission is to promote the healthy development of children, adolescents, and families. We therefore have a strong interest in policy issues that could adversely affect how psychiatric services are provided to patients, no matter what their age. We are particularly concerned about aspects of this proposed rule because elements of the regulatory framework for Part D and Medicare Advantage are often later adopted by private payers, the Children's Health Insurance Plan, and Medicaid. As you know, Medicaid and the Children's Health Insurance Plan provide healthcare coverage to more than 35 million children in the United States<sup>1</sup>.

The proposed rule outlines revisions to Medicare Part D and Medicare Advantage plans that would affect protected classes of prescriptions which include antidepressants and antipsychotic drugs that are frequently prescribed for patients who are being treated for mental health conditions. The proposals would permit Part D sponsors and Medicare Advantage plans to implement broader use of prior authorization and step therapy protocols in addition to excluding a protected class drug from a formulary if the price of the drug increased beyond a certain threshold over a specified look-back period.

In both cases, these proposals would effectively undermine work by organized medicine to protect patients from restrictive prior authorization policies, step therapy provisions, and potential exposure to increased out-of-pocket costs. Individuals who are being treated for and are stable on a particular drug for a mental health condition should not be subject to step therapy protocols and prior authorization,

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<sup>1</sup> <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

nor should prescribing physicians face the administrative burdens associated with excessive prior authorization requirements. The regulatory framework should include exceptions for individuals who are being successfully treated on a particular drug. Optimal patient care dictates that individuals have the ability to remain on drugs that are proven to work for them, without interruption. Newly introduced prior authorization policies or changes in pricing that could make needed medications unaffordable for many have the potential to impede good patient care.

Children and adolescents already face many barriers to treatment, starting with severe workforce shortages of child and adolescent psychiatrists. AACAP has created workforce shortage maps that illustrate the magnitude of the crisis<sup>2</sup> and is actively working to increase the interest of medical students and psychiatric residents who could continue on to become child and adolescent psychiatrists. Young patients who need and deserve appropriate care for mental health conditions should not face additional obstacles to care. Creating increased barriers to appropriate medications with onerous utilization management protocols would represent yet another barrier to effective treatment for anyone seeking mental health care.

AACAP, along with many other medical specialties, joined with the American Medical Association in 2017 to develop principles for prior authorization reform.<sup>3</sup> The document, entitled *Prior Authorization and Utilization Management Reform Principles* identifies 21 principles that address approaches to utilization management that put patient care first, while reducing administrative burdens to health care providers. We strongly recommend that the Centers for Medicare and Medicaid Services (CMS) consider the principles in this document before finalizing the policies outlined in this proposed rule.

In summary, AACAP urges CMS to reconsider its proposals with respect to protected classes of drugs, given the potential to interrupt effective medication therapies for vulnerable patients who need these drugs while creating additional administrative burdens for health care professionals who could better spend their time treating patients. We believe these policies are contrary to efforts of healthcare professionals, working on behalf of their patients, to address the negative effects of overly restrictive health plan prior authorization proposals.

We thank you for your serious consideration of our concerns. Please contact Karen Ferguson, Deputy Director of Clinical Practice, at [kferguson@aacap.org](mailto:kferguson@aacap.org) with any follow-up questions you may have. We would invite further dialog on this important issue.

Sincerely,



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<sup>2</sup> [https://www.aacap.org/aacap/Advocacy/Federal\\_and\\_State\\_Initiatives/Workforce\\_Maps/Home.aspx](https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx)

<sup>3</sup> <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-with-signatory-page-for-slsc.pdf>