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September 28, 2011

The Honorable Kathleen Sebelius

Secretary

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Re: Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans; Proposed Rule CMS-9989-P

Dear Secretary Sebelius:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to provide our comments concerning the Department of Health and Human Services' (HHS) proposed rule on *Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans*.

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.

Subpart B – General Standards Related to the Establishment of an Exchange by a State; Stakeholder Consultation (§155.130)

AACAP supports section 1311(d)(6) of the Affordable Care Act, which requires that Exchanges consult on an ongoing basis with key stakeholders, including advocates for enrolling hard-to-reach populations, such as individuals with a mental health or substance abuse disorder. Nearly 1 in 5 children and adolescents live with mental illness severe enough to cause significant impairment in their day-to-day lives, yet a majority do not receive treatment. The creation of Exchanges will allow for more children to be insured, which consequently will ensure that more children have access to services. It is critical that advocates for these children and their families are consulted as Exchanges and Qualified Health Plans are developed and implemented to ensure that their unique needs are adequately met.

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202.966.7300 800.333.7636
Fax 202.966.2891
Email: executive@aacap.org
<http://www.aacap.org>

AACAP supports HHS's proposal to require consultation with additional key stakeholders, including health care providers. We strongly recommend you require consultation with numerous providers to ensure that expertise in all age ranges and disciplines is included. More specifically, you should require consultation with pediatric mental health providers, such as child and adolescent psychiatrists. Child psychiatrists are the only physicians who specialize in the diagnosis and the treatment of mental health and behavioral disorders affecting children, adolescents, and their families. As such, they play a pivotal role in the review of medical necessity of care for children and adolescents.

Only qualified psychiatrists should be employed or utilized by any and all types of health care fiscal intermediaries, health care utilization review programs, and/or healthcare case management entities as physician reviewers of medical necessity and/or appropriateness of treatment. The physician consultant must be a licensed physician of the same specialty, working within the same state, and familiar with the resources available in the community. In the case of children with mental illnesses who are 14 years of age and younger, the appropriate individual is a physician certified by the American Board of Psychiatry and Neurology as a child and adolescent psychiatrist or who, in addition to completing training in general psychiatry, is a graduate of a training program in Child and Adolescent Psychiatry accredited by the ACGME i.e., a fully qualified child and adolescent psychiatrist.

Subpart K – Exchange Functions: Certification of Qualified Health Plans; Establishment of Exchange Network Adequacy Standards (§155.1050)

AACAP supports the Affordable Care Act's goal to ensure that enrollees in Qualified Health Plans can readily obtain services, including those who work or reside in areas where accessing health care providers may be challenging. In order for families to receive quality health care, there MUST be improved access to various healthcare professionals.

One of the key barriers to treatment is the shortage of available specialists trained in the identification, diagnosis and treatment of children and adolescents with emotional and behavioral disorders. There are currently about 9,000 child and adolescent psychiatrists practicing in the U.S. The Bureau of Health Professions projects that between 1995 and 2020, the use of child and adolescent psychiatrists will increase by 100%, with general psychiatry's increase at 19%. Provider shortages have been documented in private practices, community clinics, public hospitals and public mental health care systems alike. It is becoming even more difficult to recruit, train, and retain mental health professionals in rural areas. In fact, half of the counties in the United States do not have a single mental health professional.

The workforce shortage also places a tremendous burden on families who are often told that they must wait months for their child to see a mental health professional or must travel long distances for help. There are numerous instances where acutely suicidal or physically violent children and their parents have to wait overnight in an emergency room before being seen by a mental health professional. Even then, subsequent outpatient follow-up is often delayed for weeks leaving families feeling frustrated, alienated and hopeless. Consequently, many children never get to their follow-up appointment, which often leads to more violence, emergency room recidivism, and juvenile detention. All of these alternatives significantly increase the costs to the states, Medicaid and to society, which is counter to the intent of the Affordable Care Act.

Qualified Health Plans must ensure accessibility to an adequate network of providers in all pediatric specialties. In particular, they must maintain a network of qualified, available, and licensed children's mental health professionals, including sufficient child and adolescent psychiatrists. The creation of Exchanges and the establishment of network standards provide an opportunity to ensure there are incentives for specialists to participate in Qualified Health Plans. If incentives are not provided, many children will be left without needed quality care, particularly in specialties with a severe shortage such as

child psychiatry. Additionally, strategies must be implemented to ensure recruitment and retention of these professionals.

In some areas of the country there will never be the workforce to meet the need of the population. In the case of children with mental illnesses, primary care providers report seeing a large number of children and adolescents with mental health problems, and have difficulty finding available clinicians to take referrals. An April 2009 Health Affairs study reported that pediatricians were more likely than other primary care physicians to be unable to refer their patients to outpatient mental health services due to a shortage of providers.

To address the severe shortage of child and adolescent psychiatrists, AACAP has created a guide on collaborative mental healthcare between primary care physicians and child and adolescent psychiatrists. There have been many child and adolescent psychiatry and pediatric collaborative care programs developed around the country to address the access issue. Because primary care physicians are often the de facto provider for many children with mental health needs, consultation is often needed and in more severe cases, coordinated care is required. However without changes in billing, increased reimbursement and coordinated support for services rendered by the pediatrician and the child and adolescent psychiatrists, these types of models will fail. The Qualified Health Plan should develop and provide these innovative models to address adequacy network standards.

Thank you for the opportunity to comment. We would be happy to speak 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,

A handwritten signature in cursive script that reads "Laurence A Greenhill M.D.".

Laurence Greenhill, M.D.
President