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January 31, 2012

Mr. Steve Larsen
Deputy Administrator and Director
Center for Consumer Information and Insurance Oversight (CCIIO)
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Mr. Larsen:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to comment on the proposed approach for rulemaking to define Essential Health Benefits (EHB), as outlined in the December 16, 2011, Essential Health Benefits Bulletin. AACAP supports the ACA's goal of providing meaningful coverage for children and adolescents. We are writing to encourage the use of a robust national medical necessity standard and to ensure that all necessary psychiatric services are covered by the Essential Health Benefits (EHB) package

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

AACAP supports a comprehensive essential health benefit package that provides a clear federal minimum standard (or national floor) to ensure coverage that meets the health care needs of diverse populations, including individuals with disabilities and chronic conditions. We recognize the EHB proposal departs from a national standard and extends wide flexibility to states and insurers on providing an EHB package to consumers based on a benchmark plan approach. Without a well-defined medical necessity standard, the promising essential benefits package could be threatened. We urge you to ensure that the EHB is not narrowly defined by acute treatment outcomes but rather broad enough to include services that improve, maintain, or prevent deterioration of childhood mental illnesses.

Parity for Mental Health and Substance Use Disorders

We appreciate the Administration's leadership during the health care reform debate to ensure extension of the MHPAEA to the individual market, and the application of parity to mental health and substance use disorder benefits in the context of the EHB. However, we ask for further guidance on the application of parity within the proposed benchmark plan approach – not withstanding our support for defining mental health and substance use disorder services.

It is also important that patients benefit from having information available to make meaningful decisions concerning their rights and available services. Thus, we recommend the Department of Health And Human Services (HHS) engage in a patient family education campaign that provides informed “navigation” services to individual consumers and their families. And it is paramount that HHS provide strong oversight to ensure states are adequately including mental health and substance use disorder services, including behavioral health treatments, to represent meaningful coverage for consumers. This is particularly important because the EHB Bulletin does not address matters of determining medical necessity nor does it specify a minimum definition for mental health and substance use disorder benefits.

Prevention

We urge HHS to assert the application of ACA Section 2713, Coverage of Preventive Health Services, to the EHB to ensure coverage without cost sharing of all recommended preventive services. Prevention and early intervention programs for children with mental illness produce positive outcomes for our youth and are cost-effective for our communities. However, while one in five American children has a mental illness or disorder, many never receive treatment. Nearly half of all diagnosable mental illnesses show symptoms by age 14 and 75% begin by the age of 24, yet only 1 in 5 adolescents between 12-17 years-old receive treatment or counseling. When left untreated, these disorders can lead to tragic and costly consequences, such as substance abuse, school dropout, involvement with law enforcement, and suicide. To ensure our children transition into healthy, productive adults, communities can implement prevention and early intervention programs to prevent, identify, and effectively treat youth with mental illness at the earliest stages.

We urge HHS to use Medicaid and the definitions of habilitation and rehabilitation (which references psychiatric rehabilitation), approved by the National Association of Insurance Commissioners, as a guide. Psychiatric rehabilitation services for children with mental illness are vital to resiliency and recovery efforts and help avoid placements in more costly care settings. In fact, many schools and school districts receive Medicaid reimbursement for such services provided in the school setting.

State Mandates and Benefit Design Flexibility

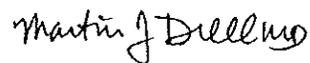
We urge HHS to develop an approach that requires states to provide all state mental health, substance use and behavioral health treatment mandated benefits and parity laws in the EHB. HHS should reject the benefit design flexibility as we strongly believe it would create

problems of adverse selection and confusing and deceptive marketing practices by insurance companies.

In conclusion, AACAP urges HHS to maintain a federal role with regard to the EHB to comply with the ACA's nondiscrimination and preventive services requirements (Section 2713), as well as to implement and enforce the Mental Health Parity and Addiction Equity Act (MHPAEA). Thank you for considering our recommendations and we look forward to working with you and your staff as you implement the Affordable Care Act.

If you have any questions, please contact Kristin Kroeger Ptakowski (kkroeger@aacap.org), Senior Deputy Executive Director, Director of Government Affairs and Clinical Practice.

Sincerely,

A handwritten signature in cursive script that reads "Martin J. Drell, M.D.".

Martin Drell, M.D.
President