

February 19, 2019

The Honorable Seema Verma, Administrator Centers for Medicare and Medicaid Services Department of Health and Human Services Attention: CMS–9926–P P.O. Box 8016 Baltimore, MD 21244–8016

Dear Administrator Verma,

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to comment on the Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020 proposed rule (proposed rule). ABHW is the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in both the public and private sectors to treat mental health, substance use disorders (SUDs), and other behaviors that impact health and wellness.

Our comments focus exclusively on the essential health benefits (EHBs) provisions in the proposed rule.

Essential Health Benefits Package

State Selection of EHB-Benchmark Plan (§ 156.111)

We support the flexibility given to states to structure an EHB package that addresses the needs in that state. We also appreciate the reminder in the proposed rule that states should "consider the impact on vulnerable populations as they select their new EHB-benchmark plans, and the need to educate consumers on benefit design changes." It is critical that individuals who suffer from mental health and/or SUDs have, and are aware that they have, medically necessary treatments available to them.

The premise that states may use this flexibility to enhance the number of opioid treatments included in the EHB is encouraging. Comprehensive coverage of treatment for mental health and SUDs is vital to an individual's overall health. ABHW recommends that the final rule further highlight the importance of the inclusion of medically necessary coverage for mental health and SUDs in every EHB in order to ensure that no state diminishes these categories in the EHB.

Prohibition on Discrimination (§ 156.125)

ABHW member companies are committed to helping defeat the opioid epidemic. They support a continuum of evidence based, person-centered care to treat individuals with an opioid use disorder (OUD), including medication assisted treatment (MAT) along with counseling. Use of this combination as part of a treatment plan dramatically improves the chances of recovery and decreases the relapse rate. ABHW members work to identify and prevent addiction where they can; and where they can't, they help individuals with an OUD get the appropriate, evidence-based treatment to recover and lead full, productive lives in their community with their families and loved ones.

ABHW appreciates the proposed rule's recognition that issuers are expected to use clinical guidelines, medical evidence, and medical management when making coverage decisions. These techniques help confirm that consumers are getting the most appropriate treatment. We realize that these tools must be applied in conjunction with the Mental Health Parity and Addiction Equity Act (MHPAEA) and other applicable laws.

Similar to the Department of Health and Human Services, ABHW also highly encourages increasing the availability of MAT and normalizing its use. One of the greatest access problems is the lack of providers available to prescribe a MAT. ABHW proposes that HHS encourage providers who consider themselves SUD treatment providers to take the necessary steps to add MAT to the treatments that they provide. This would greatly help increase access to MAT.

Thank you for the opportunity to comment on this proposed rule. Please feel free to contact me at **greenberg@abhw.org** or (202) 449-7660 with any questions.

Sincerely, Pamila Dreenberge

Pamela Greenberg, MPP President and CEO Association for Behavioral Health and Wellness