



January 31, 2023

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9898-NC
P.O. Box 8016, Baltimore, MD 21244-8016

RE: Essential Health Benefits RFI - CMS-9898-NC

Dear Administrator Brooks-LaSure:

The Association of Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit comments on the Centers for Medicare & Medicaid Services (CMS) "Request for Information (RFI) on Essential Health Benefits (EHB)" under the Patient Protection and Affordable Care Act. Our comments focus on the mental health and substance use disorder (SUD) questions.

ABHW serves as the national voice for payers that manage behavioral health insurance benefits. ABHW member companies provide coverage to approximately 200 million people in the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness.

Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, through our policy work, we strive to promote equal access to quality treatment and address the stark inequities created by systemic racism. We are deeply concerned about health disparities in this country in the areas of MH and SUD services and are committed to promoting health equity in the healthcare system.

I. Significant Barriers to Access Due to Coverage or Cost:

1. Behavioral Health Workforce Shortage Most Significant Barrier

The COVID pandemic and opioid crisis have skyrocketed demand for mental health and substance use services. Currently, the most significant barrier to effective treatment is the behavioral health workforce shortage which limits the ability to provide services and treatment covered as EHB.

There is more demand for behavioral health treatment than workforce capacity to deliver services. ABHW was happy to see the passage of the Mental Health Access Improvement Act included in the Consolidated Appropriations Act, 2023 (CAA), which added mental health counselors and marriage and family therapists to the Medicare program as providers. **We also encourage CMS to work with Congress to include certified peer support specialists (peers) and add licensed or certified addiction counselors as Medicare providers.**

2. Telehealth

Telehealth has reduced barriers to accessing mental health services during the Public Health Emergency (PHE) in numerous ways. It has mitigated the impact of behavioral health provider shortages by expanding provider flexibilities in delivering care resources and allowing easier access for patients. Providers can schedule more appointments, and patients can access providers in other geographical areas. The convenience of telehealth has also increased access to culturally competent providers for marginalized and underserved individuals. Patients needing behavioral health services might have been reluctant to use in-person care because of stigma and have been more likely to seek telehealth appointments. It helps patients eliminate the need to balance the childcare, transportation, and time off burdens that might have impeded them from seeking care before the pandemic.

We are grateful to Congress for removing the X-Waiver by including the Mainstreaming Addiction Treatment (MAT) Act in the CAA. This eliminates the requirement that healthcare practitioners need to apply for a separate waiver through the Drug Enforcement Administration (DEA) to dispense controlled medications in Schedule III, IV, and V of the Controlled Substances Act (e.g., buprenorphine) for SUD treatment. Other policy solutions, such as MAT telehealth, which is evidence-based, should be made permanent to help meet the SUD clinical efficacy and treatment needs.

ABHW encourages CMS to work with Congress to make permanent coverage for appropriate evidence-based services through telehealth and remove unnecessary barriers to telehealth care delivery. Our members support removing mandated prerequisites to delivering such care, such as the requirement for an in-person visit every 6 or 12 months. Additionally, we encourage expanding providers' authority to provide telehealth without regard to the patchwork of state licensing and practice requirements.

3. Cost Controlling Efforts

Evidence-based guidelines, care coordination and management, step therapy, and prior authorization are utilization management tools that help health plans coordinate, focus on care delivery, and promote quality, cost-efficient care. Health plans rely on data and evidence to understand what tools, treatments, and technologies deliver the greatest value to improve patient health.

Prior authorization is a critical element of care coordination, helping to ensure patient treatment is safe, medically necessary, high value, and appropriate. Our members continue to develop and offer solutions to streamline prior authorization processes for providers with technology, most

notably with Electronic Medical Record (EMR) integration. Additionally, fewer mental health services at our member organizations are subject to prior authorization than in the past. Over the years, numerous members have removed or decreased the application of prior authorization and other medical management reviews from most in-network outpatient and telehealth-delivered services.

Another issue impacting the increased use of prior authorization processes with technology is that behavioral health providers have been excluded from federal funding to adopt EMRs. **ABHW urges the Center for Medicare and Medicaid Innovation (CMMI) to develop a demonstration program to incentivize behavioral health providers to adopt EMRs. This would advance clinic integration and achieve cost savings.**

II. Addressing Gaps in Coverage:

1. Behavioral Health Integration in Primary Care

We were happy to see grants to increase the Collaborative Care Model (CoCM) uptake in the CAA. As efforts continue to recruit and train practitioners to be a part of the mental health and substance use disorder workforce, patients need immediate and long-term solutions. The CoCM is a proven, measurement-based approach to providing treatment in a primary care setting that is evidence-based and reimbursed by Medicare.

ABHW urges the CMMI to develop a demonstration program that would require the U.S. Department of Health and Human Services (HHS) to publish guidance on best practices for integrating behavioral health care within primary care settings and directing the development of quality measures to report the degree of integration occurring within a practice.

2. Emergency Behavioral Health Services: Crisis Services, Stabilization Services, and Mobile Crisis Care

ABHW supports an evidence-based continuum of crisis care and stabilization services for individuals experiencing a behavioral health crisis. Few communities have a robust crisis system in place, including sufficient local Lifeline call center capacity, mobile crisis teams, peer respite, and crisis stabilization programs for people who need more intensive interventions. Without these services, emergency departments and jails are the default. Ensuring crisis response and building and sustaining effective crisis care is vital in communities across the country and critical to advancing equity.

Our members are focused on promoting effective emergency behavioral health services that focus on prevention and recovery over hospitalization or detention. They cover and coordinate various parts of the crisis continuum, including crisis hotlines, mobile crisis response, crisis receiving, and stabilization. More patient-centered care and significant cost-savings can result from using crisis services due to reduced inpatient utilization, emergency department diversion, and more appropriate use of community-based services.

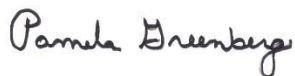
We recommend the development of language outlining standards for crisis services, mobile crisis care, and stabilization services. Establishing standards for these services will ensure that patients who need these services receive the same evidence-based care regardless of the entity that provides the service. ABHW welcomes the opportunity, as 988 and the crisis continuum continues to scale operations, to engage with CMS on the need for standards to ensure a comprehensive emergency behavioral health response system.

3. Peer and Recovery Support for Behavioral Health Services

Certified peer support specialists can be vital in providing support to people living with mental health conditions and SUDs. Many ABHW members support and cover peer support services in teams or integrated models. ABHW was pleased to see Section 4112 (d) and (e) of the CAA addressing peers' participation in the Medicare program. **We encourage CMS to include peer support specialists as providers in the Medicare program and address the CAA provisions in the upcoming Physician Fee Schedule rule.**

Thank you for the opportunity to provide feedback on these behavioral health issues. If you have questions, please contact Kathryn Cohen, Senior Director of Regulatory Affairs, at cohen@abhw.org.

Sincerely,



Pamela Greenberg, MPP
President and CEO