SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

June 5, 2015

Andy Slavitt
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-2333-P
P.O. Box 8016
Baltimore, MD 21244-8016

Society for Public Health Education's (SOPHE) comments on the proposed rule to implement Mental Health Parity and Addiction Equity Act in Medicaid Managed Care Organizations, Medicaid Alternative Benefit Plans and Children's Health Insurance Program (CMS-2333-P)

Dear Administrator Slavitt:

The Society for Public Health Education welcomes the opportunity to comment on the CMS proposed rule regarding mental health parity and addicition equity in Medicaid Managed Care Plans. These benefits are absolutely essential to ensuring access to mental health services and supports for millions of low-income Medicaid beneficiares which, research suggests, are more susceptible to mental health disorders due to chronic psychosocial stressors.[1-4]

The Society for Public Health Education (SOPHE) is a 501 (c)(3) professional organization founded in 1950 to provide global leadership to the profession of health education and health promotion. SOPHE contributes to the health of all people and the elimination of health disparities through advances in health education theory and research; excellence in professional preparation and practice; and advocacy for public policies conducive to health. SOPHE is the only independent professional organization devoted exclusively to health education and health promotion. Members include behavioral scientists, faculty, practitioners, and students engaged in disease prevention and health promotion in both the public and private sectors. Collectively, SOPHE's 4,000 national and chapter members work in universities, medical/health care settings, businesses, voluntary health agencies, international organizations, and all branches of federal/state/local government

Comments on Proposed Rule

We applaud CMS for requiring that every managed care enrollee be provided with benefits specified in the rule regardless of the State Medicaid programs delivery system for delivering mental health and substance use disorders treatment. This ensures that some Medicaid beneficiaries will not slip through the cracks simply due to the design of that state's mental health and substance use disorder treatment and payment mechanisms. We would encourage CMS to require that MH/SUD provisions be included in the MCO contract to add additional protections for beneficiaries and to avoid learning of non-compliance with the mental health parity provisions after the fact. While allowing states the flexibility to apply the parity

requirements across their system is important, the most important thing is for beneficiaries to receive the full benefits as required by law. Additionally, ensuring mental health is included in the MCO model is another step to ensuring a level of comprehensiveness in the Medicaid managed care model and will further encourage care coordination between the beneficiary's primary care physician and mental health treatment and/substance abuse providers which may result in decreased medication interactions as well as inproved health outcomes. Research conducted in physician offices shows that even among low-income patients with a primary care provider there is an unmet need to mental health services.[5] Evidence suggests that mental disorders are more likely to be associated with disability than chronic physical conditions and that there is often comorbidity between mental and physical health conditions.[6] It is imperative that providers understand both their patient's mental and physical conditions fully in order for health to be adequately managed. To that end, SOPHE urges CMS to work toward a unified medical health/mental health system in Medicaid programs.

One step in the right direction is the cost-sharing provisions of the rule: specifically, that the financial requirements for medical services and treatment for mental health and substance use disorders are cumulative but that the treatment limits across the two sets of services are not cumulative. These provisions are necessary given the limited financial resources and complex health conditions of the Medicaid population.

We are encouraged that CMS will not include the confusing increased cost exemption which may result in differences in availability of MH/SUD services year to year. We agree with CMS that the payment methodology should mitigate any large increases in costs and are encouraged by the fact that large cost increases have not been found to exist in the commercial market as a result of the application of parity there.

CMS proposes to exclude long-term care services from the definition of medical/surgical benefits in favor of states defining which benefits are medical/surgical and which are benefits for mental health conditions and substance use disorders "consistent with generally recognized independent standards of current medical practice" such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), the International Classification of Diseases (ICD) or a state guideline. SOPHE cautions that relying on these documents rather than clinical judgment may have unintended consequences in the Medicaid population. Research suggests that when the DSM is used as a basis for diagnosis there are significant racial, ethnic, and socioeconomic differences in diagnoses and referral to psychotherapy even when presentation of symptoms is markedly similar.[78] Additionally, low socioeconomic status populations have higher rates of posttraumatic stress disorder (trauma disorders), two or more lifetime conditions[9] and are more likely to have mental health service utilization patterns affected by structural barriers[10] rather than clinical diagnosis all of these reasons may affect this population's need for care in the long-term setting.

The Role of Health Education to Reduce Stigma and Increase Education about Mental Health and Substance Use Disorders

Health Education Specialists work to encourage healthy lifestyles and wellness through educating individuals and communities about behaviors that can prevent diseases, injuries, and other health problems. Although many professionals may possess the requisite skills to conduct education campaigns, Health Education Specialists are equipped to provide the necessary education to more vulnerable populations, those that are more susceptible to mental health

disorders and less likely to receive mental health treatment appropriate to their needs.[11] A core competency of Health Education Specialists is communicating with and understanding the needs of the underserved, vulnerable and/or limited English-speaking populations, including those who are disabled and suffer from one or more chronic diseases, inclusive of mental health disorders. Health education specialists also supervise community health workers, trusted members of the community served, who can facilitate access to priority populations, and improve the cultural competence of the education or service delivery. Given the wide range of populations with which they work and the diverse settings in which they are employed, health education specialists have significant capacity to conduct education about mental health, substance use disorders, and the realities of mental health services, without the stigma. As we get closer to true parity of service and benefits between physical and mental health care the more important it will become to overcome this stigma. Health Education Specialists' skills in health communications, cultural competency, community engagement, community needs assessment, health coaching, and inter-disciplinary collaboration make them natural leaders to work with CMS toward an integrated health care system that better serves Medicaid populations to better utilize these services.

Thank you for consideration of our comments. Stigma surrounding mental health and substance use disorders is pervasive in lower socioeconomic status populations[12-13]and SOPHE looks forward to working with CMS on education programs that convey the necessary health education to allow people to make educated decisions around their mental health care and substance use disorder treatment. Please contact Dr. Cicily Hampton at (champton@sophe.org) or 202-408-9804 with any additional questions.

Sincerely,

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Chief Executive Officer

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