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The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Comment On: CMS-2009-0040-0048
Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

Document: CMS-2009-0040-DRAFT-0070
John P. Casey, Administrator

Submitter Information

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General Comment

Attachments

CMS-2009-0040-DRAFT-0070.1: John P. Casey, Administrator

Shodair
CHILDREN'S HOSPITAL

Montana's premier provider of medical genetic services and psychiatric care for children and adolescents.

April 22, 2010

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4140-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Interim Final Rule on Mental Health Parity

Like every decision we make, there are always intended and unintended consequences. The same holds true to the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The intended consequences were to eliminate the disparities in health plans between coverage for the treatment of medical conditions and the treatment of mental and substance abuse conditions. However, the unintended consequences have been the elimination of certain mental health service categories from coverage by many health plans in Montana.

For example, New West Health, the 3rd largest private health insurance company in Montana announced in January 2010 that all its health plans would be eliminating the residential treatment coverage for children's mental health services. Another example involves a recent conversation with a consultant from Western States Insurance which gives advice to many of the larger self-insured health plans in Montana. They are advising some of their clients to eliminate residential treatment coverage for children's mental health services as well. Other clients are being advised to drop all mental health benefits and then parity is not an issue. Two TPS's in Montana are also advising new self-insured groups to drop their mental health benefit so that parity is a non issue.

Our concern at Shodair Children's Hospital, a non-profit children's psychiatric facility, is that children in Montana will have one less crucial treatment option availed to them as part of the continuum of care. Many of our children come from small rural communities lacking in outpatient mental health services. As a result their mental condition is allowed to deteriorate until it becomes an acute situation requiring intensive (and expensive) inpatient services to diagnosis and stabilize their mental health condition. But once this process is completed the most appropriate next step might be an admission to our psychiatric residential treatment facility for 60-90 days to help the child improve his/her social and developmental skills and learn to how to properly cope with a mental illness. But without insurance coverage, most parents or guardians will opt out this step because of the cost to them. Sadly, the cycle often repeats itself once the

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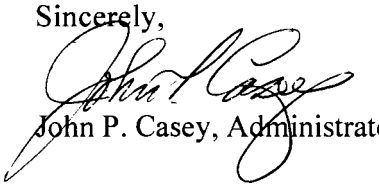
child is discharged from the hospital and there are no supportive or therapeutic outpatient services available in the community. We believe having a strong continuum of care for the treatment of a child's mental health promotes both better outcomes and lower overall costs, especially when you consider the social and economic costs to supporting an untreated child that progresses into adulthood.

Since children's mental health services do not fall neatly into one or more of the six categories of benefits identified in the parity bill, we are requesting CMS clarify in its final rules that coverage for children's mental health services includes the whole continuum of care from acute inpatient services, residential treatment, group home therapy to outpatient counseling.

Thank you for your consideration.

Sincerely,



John P. Casey, Administrator