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June 9, 2015

Andrew Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2333-P
P.O. Box 8016
Baltimore, Md. 21244-8016

Re: Medicaid and Children's Health Insurance Programs; Mental Health Parity and Addiction Equity Act of 2008; the Application of Mental Health Parity Requirements to Coverage Offered by Medicaid Managed Care Organizations, the Children's Health Insurance Program (CHIP), and Alternative Benefit Plans

Dear Acting Administrator Slavitt:

The undersigned organizations, representing more than 110,000 osteopathic physicians (DOs) and osteopathic medical students nationwide, commend the Centers for Medicare and Medicaid Services (CMS) for its efforts to extend mental health parity to Medicaid and CHIP patients, and urges the agency to adopt the extensive changes set forth in the Proposed Rule. We are pleased to have the opportunity to submit these comments in response to proposed regulations extending mental health parity to those enrolled in Medicaid and in the Children's Health Insurance Program (CHIP).

The Proposed Rule ensures that all Medicaid beneficiaries have access to mental health and substance use disorder benefits regardless of whether services are provided through the managed care organization or alternative benefits plans. In addition, the Proposed Rule creates uniformity for mental health parity standards across all types of CHIP programs. As the primary payer for mental health services in the United States, Medicaid programs nationwide have the opportunity to lead by example: Private plan implementation of mental health parity has been inconsistent, and the Proposed Rule's extension of mental health parity rules to Medicaid managed care programs will provide an incentive for state programs to lead the way in the development of mental health services delivery systems that provide true parity in the provision of mental health.

The osteopathic profession strongly supports the extension of mental parity rules as set forth in the Proposed Rule. Our position with regard to the Proposed Rule is dictated by the core principles and practice of osteopathic medicine. The Proposed Rule is consistent with a number of these core principles:

- The osteopathic profession strongly supports increased access for special populations including the medically underserved. Osteopathic medicine has long emphasized the importance of practicing in rural and underserved areas, with more than 20 percent of osteopathic physicians practicing in a designated medically underserved area. While DOs make up 8 percent of all U.S. physicians, they comprise 40 percent of all physicians that

practice in medically underserved areas, where a disproportionate number of Medicaid eligible patients reside.¹

- The osteopathic profession believes that it is critical to treat the “whole person”— that our health care system must take into account psychosocial and socioeconomic as well as clinical factors as primary determinants of health. In our view, the provision of mental health services is crucial in providing holistic health care.

The osteopathic profession strongly supports new delivery models that enhance and promote the role of primary care physicians as the foundation for the health care system and emphasize the provision of coordinated care across the health care spectrum. Primary care physicians serve an important role as first line providers of mental health services and as coordinators of mental health care. Unfortunately, experience in the private insurance marketplace suggests that mental health parity is easier to legislate than to achieve. Among the most critical problems is a shortage of mental health providers to meet the demand for mental health services, particularly for the Medicaid-eligible population.

In addition, there is a shortage of reliably funded, well-structured programs to serve the population that requires a wide array of medical, financial, and social service supports over emergency room, hospital, or inpatient care. These patients lack access to but do need intensive outpatient programs, home therapy visits, housing, and case management services, all of which would help meet their comprehensive health needs.

Among the health delivery reforms available to address the gaps in mental health service delivery is the patient-centered medical home (PCMH). The osteopathic profession is a strong proponent of the patient-centered medical home, and the physician-led, team-based model of care. While we recognize that the Proposed Rule affords states considerable flexibility in the implementation of the mental health parity mandate, we urge CMS to look favorably upon innovative state projects that utilize the PCMH to coordinate and triage the delivery of mental health services to the Medicaid and CHIP populations.

We appreciate your consideration of these comments, and again commend CMS for its efforts to increase access to mental health services for the Medicaid and CHIP patient populations.

Sincerely,

American Osteopathic Association
Alabama Osteopathic Medical Association
American College of Osteopathic Emergency Physicians
American College of Osteopathic Family Physicians
American College of Osteopathic Neurologists & Psychiatrists
American College of Osteopathic Internists
Arkansas Osteopathic Medical Association
Colorado Society of Osteopathic Medicine
Connecticut Osteopathic Medical Society
Illinois Osteopathic Medical Society
Indiana Osteopathic Association
Iowa Osteopathic Medical Association

¹ 2013 National Center for the Analysis of Healthcare Data (NCAHD)’s Enhanced State Licensure

Kentucky Osteopathic Medical Association
Louisiana Osteopathic Medical Association
Massachusetts Osteopathic Society
Michigan Osteopathic Association
Minnesota Osteopathic Medical Society
Mississippi Osteopathic Medical Association
Missouri Association of Osteopathic Physicians and Surgeons
Missouri Society of the American College of Osteopathic Family Physicians
New Hampshire Osteopathic Association
New York State Osteopathic Medical Society
Ohio Osteopathic Association
Ohio State Society of the American College of Osteopathic Family Physicians
Oklahoma Osteopathic Association
Osteopathic Physicians & Surgeons of California
Rhode Island Society of Osteopathic Physicians and Surgeons
Tennessee Osteopathic Medical Association
Texas Osteopathic Medical Association
Vermont State Association of Osteopathic Physicians & Surgeons
Virginia Osteopathic Medical Association
Washington Osteopathic Medical Association
Wisconsin Association of Osteopathic Physicians and Surgeons