

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

Council

President
Karen Dineen Wagner, MD, PhD

President-Elect
Gabrielle A. Carlson, MD

Secretary
Andrés Martin, MD, MPH

Treasurer
Bennett L. Leventhal, MD

Chair, Assembly
of Regional Organizations
of Child and Adolescent Psychiatry
Debra E. Koss, MD

Past President
Gregory K. Fritz, MD

Manal Assi, MD
Lisa M. Cullins, MD
Timothy F. Dugan, MD
Cathryn Galanter, MD
Mary-Margaret Gleason, MD
Shashank V. Joshi, MD
Melvin D. Oatis, MD
Karen Pierce, MD
Marian A. Swope, MD
John T. Walkup, MD

Jerry M. Wiener
Resident Member
George "Bud" Vana, IV, MD

John E. Schowalter
Resident Member
Lan Chi Krysti Vo, MD

Executive Director
Heidi B. Fordi, CAE

Journal Editor
Andrés Martin, MD, MPH

AACAP News Editor
Uma Rao, MD

Program Committee Chair
Boris Birmaher, MD

Robert L. Stubblefield, MD
Resident Member to AMA HOD
George "Bud" Vana, IV, MD

March 5, 2018

Jeanne Klinefelter Wilson
Deputy Assistant Secretary, Employee Benefit Security Administration
Department of Labor
Office of Regulations and Interpretations, Room N-5655
200 Constitution Avenue, NW
Washington, DC 20210

*Re: RIN 1210-AB85 Definition of "Employer" Under Section 3(5) of ERISA-
Association Health Plans*

Dear Ms. Klinefelter Wilson:

The American Academy of Child and Adolescent Psychiatry (AACAP) appreciates the opportunity to respond to the agency's request for public comments on the Department of Labor Employee Benefits Security Administration's proposed rule on Association Health Plans (AHPs). AACAP is the professional home to 9,300 child and adolescent psychiatrists. Our mission is to promote the healthy development of children, adolescents, and families, and we therefore have a strong interest in health insurance matters. When needed, early and prompt mental health intervention is essential to the healthy development of children and adolescents and changes the trajectory of young lives for the better. The Affordable Care Act of 2010 appropriately included mental health and substance use disorder treatments as one of ten Essential Health Benefits (EHBs) in health insurance plans.

AACAP therefore has serious concerns about the proposed rule which if not modified, would loosen healthcare coverage requirements for AHPs by not requiring that they cover the ten EHBs. Under the proposed rule, AHPs would be permitted to offer less comprehensive coverage. "Less comprehensive coverage" could translate into coverage that does not include mental health and substance use disorders that employers and employees could never imagine needing, but nonetheless may well need at some point. These policies, if finalized, would consequently exacerbate existing challenges in accessing services to address these common disorders, and are not the answer to solving the nation's healthcare financing issues.

Prevention and early intervention is key to better child and adolescent mental health outcomes before these conditions become far more serious, more costly, and difficult to treat.¹ Thirteen percent of youth aged 8-15 live with mental illnesses severe enough to cause significant impairment in their day-to-day lives.² This figure jumps to 21% in youth aged 13-18.³ In addition, a recent study based on data from interviews with more than 100,000 child participants in the National Survey of Drug Use and Health found by age 17 years, 13.6% of boys and 36.1% of girls had been, or were currently, depressed.⁴ These statistics point to an urgent public health crisis that must be addressed.

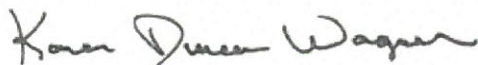
It would be impossible for employers and employees to predict when the need for treatment of depression or other mental health conditions may occur, given the prevalence of these conditions. Moreover, children who live in households with adults who cannot access needed mental health and substance use treatments would also suffer if these services were not available for their parents or other caregivers.

AACAP therefore urges the agency to retain requirements for EHBs in the final AHP regulations. As a society we cannot afford to go back to a time when services to treat mental health and substance use disorders were either not covered by health plans, or were covered but were prohibitively expensive for many beneficiaries.

Leaving the door open to removing the requirement to cover these essential services in AHPs would only serve to worsen existing difficulties in accessing mental health and substance use disorder services and harm some of the nation's most vulnerable citizens—our children and adolescents.

Thank you for consideration of AACAP's concerns. Please don't hesitate to contact Karen Ferguson, Deputy Director of Clinical Practice at kferguson@aacap.org should you have questions.

Sincerely,



Karen Dineen Wagner, MD, PhD
President

¹ NIMH, *Mental Illness Exact Heavy Toll: Beginning in Youth*, 2005.

² National Health and Nutrition Examination Survey, 2010.

³ National Comorbidity Survey Replication—Adolescent Supplement, 2010.

⁴ *Translational Psychiatry* (2017) 7, e1139; doi:10.1038/tp.2017.105 Published online 30 May 2017.