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September 17, 2010

Mr. Jim Mayhew
Office of Consumer Information and Oversight
Department of Health and Human Services
Attention: OCIO-9992-IFC
P.O. Box 8016
Baltimore, MD 2144-1850

RE: Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act

Dear Mr. Mayhew:

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and our subsidiary organization, National Prevention Network (NPN) appreciates the opportunity to provide comments to the Departments of Labor, Health and Human Service, and the Treasury on the 'Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services' authorized by the Patient Protection and Affordable Care Act (ACA). NASADAD represents State Substance Abuse Agency Directors who oversee and implement efficient and holistic prevention, treatment and recovery systems. NPN represents State Prevention Coordinators, who work with State Agency Directors to ensure the provision of high quality and effective alcohol, tobacco, and other drug abuse prevention services in each State. The implementation of health coverage for substance abuse and mental health prevention services will help to reduce barriers to individuals receiving necessary services. We are grateful to be able to submit the following comments.

Section 2713 of the Affordable Care Act requires a group health plan and a health insurance issuer offering group or individual health insurance to prohibit cost-sharing requirements such as co-pays, co-insurance and deductibles for certain mental health and substance use preventive services that are:

- **Evidence-based preventive services-** Items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force (Task Force).

- **Children and adolescent preventive services-** *Bright Futures: Guidelines for Health Supervision for Infants, Children, and Adolescents*, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).
- **Women preventive services-** Evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA (not otherwise addressed by the recommendations of the Task Force). The Department of HHS is developing these guidelines and expects to issue them no later than August 1, 2011.

NASADAD is appreciative that under this auspice important prevention services identified by the Task Force will clearly be covered such as:

- Screening and counseling for alcohol use in adults, including pregnant women.
- HIV screening for adults and adolescents at higher risk.
- Sexually Transmitted Infection (STI) prevention counseling for adults and adolescents at higher risk.
- Tobacco use screening for all adults, including pregnant women and cessation interventions.
- Depression screening for adults and adolescents.

We are concerned, however, that screening for drug use in adults has received an “insufficient rating” from the Task Force. We encourage the Task Force to reevaluate the evidence for illicit and licit drug screening in adults. According to the 2009 National Survey on Drug Use and Health (NSDUH), 22.5 million individuals are either addicted to or abuse drugs and alcohol. Approximately 95 percent of individuals in need of treatment do not receive it or are unaware of programs designed to help them. To address the problem, the Substance Abuse and Mental Health Services Administration (SAMHSA) administers the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, which is a comprehensive, integrated public health approach to deliver early intervention and treatment services to individuals with a substance use disorder or at risk for such a substance use disorder. Evaluations of the program show it is effective, resulting in a decrease in the frequency and severity of drug and alcohol use and an increase in the percentage of patients who enter specialized substance abuse treatment. Initial studies show the potential for SBIRT to reduce drug use (Bernstein et al., 2009; Magill et al., 2009)¹².

NASADAD also wants to ensure the Departments make clear to health insurers that the following services are covered that are included in HRSA supported guidelines;

- Screening and counseling for drug use and alcohol in children and adolescents.

¹ Bernstein E, Edwards E, Dorfman D, Heeren T, Bliss C, Bernstein J. (2009). Screening and brief intervention to reduce marijuana use among youth and young adults in a pediatric emergency department. *Acad Emerg Med*. Nov;16(11):1174-85.

Magill M, Barnett NP, Apodaca TR, Rohsenow DJ, Monti PM. (2009). The role of marijuana use in brief motivational intervention with young adult drinkers treated in an emergency department. *J Stud Alcohol Drugs*.70 (3):409-13.

- Screening and counseling for alcohol use in women of childbearing age (12-45).

Screening for drug use and alcohol in children and adolescents- *Bright Futures: Guidelines for Health Supervision for Infants, Children, and Adolescents* recommends screening children and adolescents for alcohol and drug use. It states “health care professional’s screening, in combination with community prevention efforts, are important. . . . Success in treating a substance abuse problem is more likely if treatment is begun early. The onset of early drinking has been associated with increased risk of alcohol-related health and social problems in adults, including dependence later in life, frequent heavy drinking, and unintentional injuries while under the influence, and motor vehicle crashes.”

Underage drinking is a safety and public health problem in the United States. Annually about 5,000 deaths in the United States are attributed to underage drinking and alcohol accounts for the 3rd leading cause of preventable deaths. The National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and other distinguished researchers have demonstrated that screening for drugs and adolescent alcohol abuse are effective tools to help identify adolescents and adults in need of brief interventions and treatment services. Given the low risk and low cost of drug abuse screening, and the current state of our knowledge about drug abuse and addiction and its consequences, it would seem an obvious conclusion that the harms associated with not screening are too severe to be ignored.

Screening for alcohol use in women of childbearing age (12-45) - NASADAD is pleased the U.S Preventive Services Task Force includes alcohol screening for pregnant women as a “B” rating. NASADAD strongly urges the HRSA supported Women’s Guidelines being developed, to also address alcohol use in pregnant women to prevent Fetal Alcohol Spectrum Disorders (FASDs), specifically to provide counseling to women of child bearing age (12-45) about the dangers of drinking during a pregnancy. While the exact number of individuals with FASDs is not known, the Centers for Disease Control and Prevention (CDC) estimate approximately 0.2 to 1.5 cases of fetal alcohol syndrome (FAS) occur for every 1,000 live births in certain areas of the United States and there are at least three times as many cases of FASDs. “The lifetime cost for one individual with FAS in 2002 was estimated to be \$2 million.”³ FASDs are preventable by a woman abstaining from alcohol use while pregnant. In 2005 the Surgeon General released an Advisory on Alcohol Use in Pregnancy that concluded “health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy”⁴.

Again, NASADAD applauds Congress and the Administration for making preventive care more accessible to individuals. However, we are concerned that certain provisions of the regulations will unfairly make it difficult for consumers to access services. Particularly,

- Allowing an out-of-network provider to not cover preventive services and to impose cost sharing requirements for prevention services.
- Coverage limitations included in the regulations

Out-of network providers- The limited number of providers available to screen for substance use disorders and mental illness is a serious concern. The regulations should require that plans allow out-of-

³ Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/ncbddd/fasd/data.html>.

⁴ Office of the Surgeon General. Press Release: “U.S. Surgeon General Releases Advisory on Alcohol Use in Pregnancy, February 21, 2005.” Available at www.hhs.gov/surgeongeneral/pressreleases/sg02222005.html.

network providers to conduct preventive screens without cost-sharing obligations if no in-network provider is reasonably available to provide those services. This is especially important in rural and frontier areas.

Coverage limitations included in the regulations- Health insurance plans and issuers are able to use “reasonable medical management techniques” for preventive services with regard to the frequency, method, treatment or setting for the preventive service if it is not specified in a recommendation or guideline. Given that there is no federal definition of "reasonable medical management," plans should be required to disclose the medical management criteria they are using to plan participants in advance so participants will know whether the cost-sharing requirements of the service will actually be waived.

Thank you for your consideration of these comments. NASADAD values the opportunity to provide feedback on the interim final regulations. If the Departments have any questions concerning our comments, or if we can be of further assistance, please feel free to contact me or my staff member, Michelle Dirst at (202) 293-0090.

Sincerely,



Robert I. L. Morrison