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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: OCIO-9989-NC
P.O. Box 8010
Baltimore, MD 21244-8010

RE: Planning and Establishment of State-Level Exchanges: Request for Comments Regarding Exchange-Related Provisions in Title I of the Patient Protection and Affordable Care Act

National Association of State Alcohol and Drug Abuse Directors (NASADAD) appreciates the opportunity to comment on your request for comments regarding the Exchange-related provisions of Title I of the Patient Protection and Affordable Care Act (PPACA). NASADAD represents State Substance Abuse Agency Directors who oversee and implement efficient and holistic prevention, treatment and recovery systems. We applaud Congress and the Administration for including substance abuse in many critical provisions of the PPACA, particularly requiring substance abuse services to be part of the minimum benefits package that will be offered in Health Insurance Exchanges (Exchanges). The Exchanges are a critical part of health insurance reform and will help to improve access to affordable, quality, coverage for individuals with addiction disorders.

With the inclusions of substance abuse both in the minimum benefits package and for the Exchanges and Medicaid, State substance abuse directors are an invaluable resource in planning how to implement the health reform law. State substance abuse directors work directly with a broad cross-section of government and community stakeholders to craft and implement comprehensive plans for State-wide prevention, treatment and recovery service delivery. In so doing, our members employ a number of mechanisms to ensure that public dollars are dedicated to programs that are effective and services result in measurable outcomes for patients.

NASADAD is pleased to offer the following comments to make certain the needs of individuals with substance use disorders are met when developing Exchanges.

- *Guarantee comprehensive mental health and substance abuse services are included in all plans available through the Exchange and that they are offered at parity with medical/surgical benefits.*
- *Include the State substance abuse agency in the planning, development and implementation of Health Insurance Exchanges early in the process.*

- *Develop a transparent data system and an interoperable information technology structure into the Exchange to allow for information collected by the Exchange to be shared with State agencies.*
- *Implement enrollment procedures that are efficient and will allow for eligible individuals to be easily covered through the Exchange.*

1) Guarantee comprehensive mental health and substance abuse services are included in all plans available through the Exchange and that they are offered at parity with medical/surgical benefits.

Including mental health and substance abuse in the essential benefits package will reduce a main barrier to individuals accessing mental health and substance abuse services- cost. We are extremely pleased the requirement was included in the PPACA. We urge the Administration to make clear that the minimum benefits package includes a comprehensive set of mental health and substance abuse services that includes prevention, treatment and recovery support services and the benefits be offered at a level that is equal to medical/surgical benefits. For a service that is not able to be compared to a medical/surgical benefit such as methadone treatment, we recommend following the Massachusetts model, which waived co-pays to ensure individuals have access to treatment.

In addition, when considering the actuarial value of mental health and substance abuse benefits, we strongly urge the Administration to either have rules that it cannot be separated from medical/surgical benefits or use the Federal Employee Health Benefit Plan and also apply parity requirements. Following the passage of the Wellstone/Domenici Mental Health Parity and Addiction Equity Act of 2008 the national average actuarial value of the average mental health/substance use disorder benefit was very small and would result in an unfair value.

2) Include the State substance abuse agency in the planning, development and implementation of Health Insurance Exchanges early in the process.

We strongly urge the governing boards and entities tasked with developing and administering the Exchanges to consult and work with the State substance abuse agency and other entities that have expertise regarding the unique needs of individuals with a substance use and mental health disorders early in the development process. State substance abuse directors can provide critical expertise regarding prevention, treatment and recovery for addiction disorders and how services are currently being financed to ensure individuals have access to a continuum of care.

Currently, some States have convened a committee or group to develop Exchanges that includes the State substance abuse agency. In these instances, the State substance abuse director has been able to identify key stakeholders to provide feedback on the Exchange and help to identify major considerations States need to take into account in planning for and establishing the Exchange. Examples including- financing, funding, impact on counties, security and confidentiality issues, and how subsidies and tax credits will be determined.

3) Develop a transparent data system and an interoperable information technology structure into the Exchange to allow for information collected by the Exchange to be shared with State agencies.

States should build their own unique information technology system to operate the Exchange that will allow for a State to make needed changes and adaptation to meet State needs. It should include a structure that will allow for a State agency, including the State substance abuse agency, to access information such as how many individuals are receiving care through the Exchange and what services they are accessing. By having access to such information the State substance abuse director can help impact service availability, quality, services used, and outcomes.

States and the Department of Health and Human Services should be aware of the National Data Infrastructure Improvement Consortium (NDIIC) as work moves forward on health information technology. NDIIC (www.ndiic.com) is a non-profit organization that supports States, sub-State entities and community-based organizations consider web-based solutions pertaining to substance abuse and mental health. NDIIC's activities seek to (1) reduce costs; (2) increase efficiency; (3) improve security by addressing HIPPA and 42 CFR Part 2 issues and (4) improve accuracy, validity and overall quality of data used for reporting, clinical decision-making and management.

4) Implement enrollment procedures that are efficient and will allow for eligible individuals to be easily covered through the Exchange.

A main barrier to individuals with a substance use disorders enrolling in the Exchange may be lack of understanding as to eligibility requirements, burdensome paperwork, limited computer and internet access and literacy of computers. The Exchanges should develop strong enrollment facilitation tools and procedures to ensure that all who are eligible to participate in the Exchanges are able to easily access coverage.

The Navigator programs should include training on working with diverse populations with diverse health needs, including those with substance abuse and mental health related issues. Navigators should receive specific training and work closely with consumer groups to ensure that individuals with chronic health conditions, including substance abuse and mental health conditions, are connected to health insurance coverage that is appropriate for their needs.

In addition, individuals with untreated mental health and/or substance use disorders may be less likely to have stable, long-term employment and are more likely to be involved in the criminal justice system. Therefore, we urge the Department to ensure that the Exchanges be designed with attention paid to those who may be uninsured, transferring between private and public health insurance, or transitioning out of the criminal justice system. In particular, we urge the Department to encourage State Medicaid programs to utilize the presumptive eligibility option to allow certain qualified providers to grant short-term eligibility and receive federally matched Medicaid reimbursement for care provided to individuals who appear Medicaid eligible.