



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

June 3, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

Dear Acting Administrator Slavitt,

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write in response to the [proposed rule](#) titled, "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" as published by the Centers for Medicare & Medicaid Services (CMS) in the April 10, 2015, *Federal Register*.

The AAFP is pleased that CMS issued this proposed rule to incorporate certain requirements set forth in the *Public Health Service Act*, as amended by the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act*, into coverage offered by Medicaid managed care organizations, Medicaid Alternative Benefit Plans, and CHIP plans.

The AAFP supports parity of health insurance coverage for patients, regardless of medical or mental health diagnosis. Payment mechanisms should recognize the importance of family physicians and other the primary care physician in the treatment of mental illness as well as the significant issues of co-morbidity that require non-psychiatric care.

The AAFP strongly advocates that Medicaid coverage include a uniform range of basic services and that all health insurers should offer parity of health insurance coverage for patients, regardless of medical or mental health diagnosis. We believe all health care plans should cover mental health care under the same terms and conditions as provided for other medical care. Family physicians focus on treating the whole patient, and recognize the importance of integrating behavioral and mental health in care for the health care needs of each person. Promotion of mental health and the diagnosis and treatment of mental illness in the individual and within the family context are integral components of family medicine. Furthermore, family physicians support appropriate public mental health policy, and in coordination with other organizations, they promote better mental health services for those with mental illness. These efforts include early intervention, appropriate and timely treatment, careful use of medications, and suicide prevention. The AAFP, therefore, supports these proposed policy changes and encourages CMS to swiftly promulgate a final rule.

The *Affordable Care Act* specified that Medicaid payments for primary care services would be at Medicare levels for certain primary care physicians in 2013 and 2014. Since this important provision has expired, the

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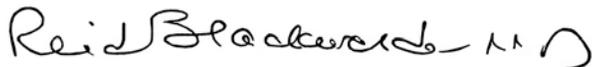
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AAFP is dismayed that many state Medicaid programs and Medicaid Managed Care Organizations have reverted to payment rates for primary care services that are lower than Medicare's rates. These reductions threaten access for millions of patients by dramatically cutting Medicaid payments for eligible primary care physicians. The reductions in payment also threaten access to mental health and substance abuse services for Medicaid patients, because such services are typically billed as primary care office visits in family medicine and other primary care settings. Thus, the AAFP strongly urges CMS, Congress, and state Medicaid agencies to address this threat through policies that maintain Medicaid payments for primary care services at Medicare levels for primary care physicians treating Medicaid and Medicaid Managed Care Organization patients.

Additionally, some Medicaid managed care plans do not pay family physicians for the provision of psychiatric care and mental health diagnoses, even though, through residency training and continuing medical education, family physicians are prepared to diagnose and manage mental health problems in children, adolescents, and adults. The absence of payment can impact the lack of screening in primary care practices. Magnifying this threat is the potential stigma attached to mental illness and to accessing the formal mental health system, which means that many patients often prefer to have their family physicians provide the needed treatment for substance abuse and mental health issues. Thus, the AAFP also strongly encourages CMS, Congress, and state Medicaid agencies to adopt policies that do not discriminate against family physicians as providers of mental health services and that support the provision of both medical and mental health services in the patient's medical home. Such policies would support "parity" of medical and mental health services in the broadest sense as it relates to primary care physicians treating traditional Medicaid and Medicaid Managed Care Organization patients.

For any questions you might have, please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@afp.org.

Sincerely,

A handwritten signature in black ink that reads "Reid B. Blackwelder MD". The signature is written in a cursive style with a large, stylized "R" and "B".

Reid B. Blackwelder, MD, FAFBP
Board Chair