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Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Via Electronic Submission

Re: Nevada 2017 Essential Health Benefit Benchmark Plan Comments

Dear Administrator Slavitt:

Thank you for this opportunity to submit comments on the proposed 2017 Essential Health Benefits benchmark plan for Nevada.

CASAColumbia is a national non-profit research and policy organization focused on improving the understanding, prevention, and treatment of substance abuse and addiction. Founded in 1992 by former U.S. Secretary of Health, Education, and Welfare, Joseph A. Califano, Jr., our interdisciplinary experts collaborate with others to promote effective policies and practices. We conduct and synthesize research, inform and guide the public, evaluate and improve health care, and analyze and recommend policies on substance use and addiction.

Addiction and substance abuse affect millions of Americans; when left untreated they cause or contribute to dozens of other health conditions, resulting in considerable costs within the health care system. Effectively treating addiction improves health outcomes for patients and will likely reduce health care costs. If health plans do not cover the full range of evidence-based addiction treatment services, or if they impose limitations that impede access to care, treatment can be ineffective, leading to relapse, additional care, additional costs and, often, sickness and premature death.

Substance use disorder (SUD) services are designated as one of the ten Essential Health Benefits ("EHB"). The federal government has not defined which specific SUD benefits should be covered. Instead, each state must propose its own EHB benchmark plan. While the Department of Health and Human Services has offered regulatory guidance on EHB benefits, these regulations simply define a minimum benefit package for compliance

purposes; they do not provide a blueprint for optimum or even effective services, nor do they identify evidence-based best practices.

We have reviewed Nevada's proposed 2017 EHB benchmark plan to determine whether it covers the full range of evidence-based addiction treatment services and whether it imposes burdensome limitations that unnecessarily impede access to care. Further, state EHB-benchmark plans must comply with the parity requirements of Mental Health Parity and Addiction Equity Act (MHPAEA) and EHB prescription drug coverage requirements. We note where treatment limitations appear to violate MHPAEA and where prescription drug coverage appears to be inadequate.

- **Nevada's proposed 2017 EHB-benchmark plan provides inadequate benefits for the prevention, treatment and management of substance use disorders.**

Critical addiction prevention treatment and management services for substance use and addition include: routine screening and brief intervention; diagnostic evaluation, comprehensive assessment and treatment planning; stabilization, including medically supervised withdrawal management/detoxification; pharmaceutical therapies for addiction treatment; psychosocial therapies; outpatient treatment; intensive outpatient treatment; partial hospitalization; inpatient hospitalization; non-hospital residential treatment; and monitoring, support and continued care.

Nevada's proposed 2017 EHB-benchmark plan excludes residential treatment.

We ask CMS to require Nevada to remove the exclusion in its 2017 EHB-benchmark plan to ensure that Nevada offers the full range of evidence-based substance use disorder services.

- **Nevada's proposed 2017 EHB-benchmark plan contains harmful limits or cost-sharing requirements that will negatively limit access to care**

Nevada's proposed 2017 EHB-benchmark plan requires prior authorization for any inpatient services, intensive outpatient services and extended outpatient visits for substance use disorders. Although this requirement may be in parity with prior authorization requirements for comparable medical services, excessive prior authorization requirements are not clinically appropriate, as they can delay necessary clinical care and inhibit access to appropriate clinical services. Because addiction affects the parts of the brain

associated with motivation, decision making, risk/reward assessment and impulse control, engaging and retaining patients in treatment can be difficult. Failing to retain patients can result in serious consequences for the patient, including returning to substance use, medical complications, overdose and death. Prior authorization can add a further barrier to the already complex process of motivating patients to begin and stay in treatment.

We request CMS to confirm that the prior authorization requirements do not violate parity and to ask Nevada to consider removing these requirements.

- **Nevada's proposed 2017 EHB-benchmark plan contains possible parity violations**

Pursuant to MHPAEA, all 2017 EHB-benchmark plans must offer addiction and mental health benefits comparable to medical and surgical benefits. Plans are prohibited from imposing more restrictive limits or higher cost sharing on substance use disorder services as compared to similar medical and surgical benefits. Further, the MHPAEA Final Rule requires plans to cover intermediate mental health and substance use disorder benefits in the same way as comparable intermediate medical surgical benefits. Therefore, if a plan provides intermediate level care for medical services (i.e. skilled nursing facility care or home health care) then it must provide comparable intermediate level care for substance use disorder services (i.e. residential treatment, intensive outpatient or partial hospitalization).

Nevada's proposed 2017 EHB-benchmark plan violates parity requirements because it provides intermediate level care for medical services (skilled nursing facilities) but residential treatment is excluded.

Nevada's proposed 2017 EHB-benchmark plan does not contain specific information about cost-sharing obligations to determine whether there is parity among substance use disorder and medical services.

We request CMS to require Nebraska to remove this exclusion and provide specific information about cost-sharing obligations in its plan documents to ensure its proposed 2017 EHB-benchmark plan meets MHPAEA parity requirements.

- **Nevada's proposed 2017 EHB-benchmark plan's prescription drug coverage may be inadequate**

The EHB Final Rule 2013 requires plans to cover the greater of one drug in every USP therapeutic category and class or the same number of drugs in each USP category and class as the state's EHB-benchmark plan.

Each addiction medication has different mechanisms of action and different side effects and individual factors, such as genetic and biological characteristics and environmental and psychological risk factors, which may alter the medication's efficacy for certain individuals. To provide optimal care, Nevada's proposed 2017 EHB-benchmark plan should cover all FDA approved medications in each of the USP classes for Anti-Addiction/Substance Abuse Treatment Agents and allow physicians to have authority to prescribe medications for off-label use. While Nevada's 2017 proposed EHB-benchmark plan may comply with the EHB Final Rule 2013 by covering at least one submission in the USP classes for alcohol deterrents/anti-craving, opioid dependence treatments, opioid reversal agents and smoking cessation agents, we request CMS to require Nevada's proposed 2017 EHB-benchmark plan to cover all FDA-approved medications designed to treat and manage addiction and permit off-label prescribing by physicians, as is common practice in the treatment of other illnesses.

Thank you very much for your willingness to receive and consider our comments. We appreciate the strong commitment CMS has made to improving access to addiction treatment by designating substance use disorder services as an Essential Health Benefit. Ensuring that Nevada's 2017 EHB-benchmark plan covers the full range of evidence-based addiction treatment services without harmful limitations and is compliant with requirements for parity and prescription drug coverage will have a tremendous positive impact on patients seeking medically-necessary and life-saving care.

Sincerely,

Emily Feinstein

Emily Feinstein
Director, Health Law and Policy