

October 26, 2011

Kathleen G. Sebelius  
Secretary  
US Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201  
[externalaffairs@hhs.gov](mailto:externalaffairs@hhs.gov)

**RE: NASW Recommendations on the Essential Health Benefits (EHB) package**

Dear Secretary Sebelius:

On behalf of the 145,000 members of the National Association of Social Workers (NASW), I am pleased to submit our commentary on the Essential Health Benefits (EHB) package.

The National Association of Social Workers (NASW) – the largest membership organization of professional social workers in the country – works to enhance the professional growth and development of its members, to create and maintain standards for the profession, and to advance sound social policies. NASW is a strong supporter of the Affordable Care Act and we are hopeful that when finalized, the EHB package will set a national standard for high quality, comprehensive and affordable health care coverage for our country. Also, as the IOM recommended in its report, *Essential Health Benefits: Balancing Coverage and Cost*, HHS should be guided by a duty to protect the most vulnerable members of society when formulating the final EHB package.

The following are NASW recommendations for critical components to include in the EHB package:

Care Coordination and Case Management

Comprehensive care coordination and case management should be included in the EHB package. We know that in the absence of these services, individuals are at increased risk for declines in health and functioning, unnecessary health care costs, and needless suffering. Effective care coordination and case management must address not only communication among primary care providers and physician specialists, but also access to chronic disease management (e.g., HIV/AIDS), as well as meeting the psychosocial needs of beneficiaries and family caregivers.

Treatment of Mental Health and Substance Use Disorders, Including Behavioral Health Treatment

Appropriate mental health and substance use disorder services will decrease costs in the medical system and lengthen the lifespan of millions of Americans with these illnesses. NASW strongly support the requirement that all plans provide cost-sharing parity for mental health and substance abuse services within benefit categories. Similar to Medicare Part B, exchange beneficiaries needing mental health, substance use and/or behavioral health treatment, should be able to receive such services from licensed clinical social workers. Specific benefits should include:

- Assessment
- Outpatient treatment, including both regular and intensive (i.e. partial hospitalization) services
- Residential and Inpatient Services
- All FDA approved prescription drugs for mental illness, alcohol, drug and tobacco treatment
- Access to all affordable prescription drugs for HIV or AIDS, without quantity limits, excessive cost sharing or specialty tiers
- Emergency Services
- Laboratory Services

#### Rehabilitative and Habilitative Services and Devices

With the inclusion in the Affordable Care Act of the category of rehabilitative and habilitative services and devices, Congress recognized the importance of these benefits to improve the health and functioning of individuals with disabilities. The final EHB package should explicitly establish appropriate coverage of these benefits in a manner that is consistent with the intent of the statute and the needs of people with disabilities and other conditions who require habilitation services and devices.

#### Reproductive Health Services

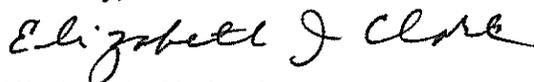
The EHB should include the full range of reproductive health services and supplies, including prescription contraception and comprehensive prenatal care.

#### Hospice and Palliative Care

The EHB should include, at a minimum, all services available to individuals and families dealing with life-limiting illness under the Medicare Hospice Benefit. Such services include, but are not limited to, home care aide, nurse, and physician services; bereavement counseling; medical equipment and supplies; medication and short-term inpatient care for management of pain and other symptoms related to the hospice diagnosis; short-term respite care for family caregivers; and social work services, which should be provided by an individual with a baccalaureate or master's degree in social work. Palliative care services for individuals at earlier stages of serious illness, even from the time of diagnosis, should also be included in the EHB.

Including the above benefits in the final EHB package maintains an appropriate balance of comprehensiveness and affordability. We appreciate your consideration of our recommendations and we look forward to serving as a resource to HHS as it moves forward with this important initiative.

Sincerely,



Elizabeth J. Clark, PhD, ACSW, MPH  
Executive Director