

September 13, 2021

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Baltimore, MD 21244
Attention: CMS-1734-P

RE: CY 2022 Physician Fee Schedule Proposed Rule (CMS-1751-P)

Dear Administrator Brooks-LaSure,

Thank you for the opportunity to submit this comment letter for the proposed rule CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies. The undersigned organizations are writing to request that the final Physician Fee Schedule rule allow peer support specialists to be recognized and reimbursed as part of integrated care models. While many of our organizations will submit comment letters on other issue areas in the proposed rule, we write to collectively underscore our joint commitment to effective use of the peer support specialist workforce in primary care.

The Substance Abuse and Mental Health Services Administration (SAMHSA), which considers peer support an evidence-based practice, defines a peer support specialist as a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services to promote recovery and resiliency. Peer support is shown to reduce depression, improve physical health outcomes, and empower people to better engage in their care. The essential principles of peer support include shared personal experience, a focus on individual strengths, and supporting individuals as they work toward recovery pursuant to a person-centered plan of care. Peer support specialists more often reflect the racial, ethnic, and gender identity makeup of the population being served and empower individuals and groups to self-direct recovery, determine health-related goals, and navigate individual, relational-, and community challenges.

Although life-saving and high-quality behavioral health care is delivered in primary care practices alongside other medical care, a significant number of family doctors that are reimbursed for collaborating with various health workers to deliver behavioral health care are not clear on whether peer support provided by peer support specialists may be billed as part of that multidisciplinary team care.

Peer support services are reimbursable by Medicaid in over 43 states, in the Veterans Health Administration, and through Medicare Advantage plans. Most recently, in its 2020 Call Letter, CMS authorized Medicare Advantage Plans to provide peer support services to enrollees as a supplemental benefit as an alternative treatment for opioid use, paid for through plan savings. Clarifying that peer support may be reimbursed as part of integrated care models would continue CMS's recognition of the importance of this critical service and its impact on beneficiaries. In the CY 2022 proposed rule, CMS addressed peer support in two unrelated instances as part of

MIPS standards -- current activity IDs IA_BE_18 and IA_BE_16 -- but did not address peer support in integrated care.

At a time of great suffering from the COVID-19 emergency, it is incumbent upon CMS to issue a regulation that catalyzes connectedness and promotes recovery through the recognition and reimbursement of peer services in integrated behavioral health care.

Sincerely,

2020 Mom

American Foundation for Suicide Prevention

Association for Behavioral Health and Wellness

Depression and Bipolar Alliance

Mental Health America

National Alliance on Mental Illness

National Association for State Mental Health Program Directors

National Association of Peer Supporters

Schizophrenia & Psychosis Action Alliance

SMART Recovery