

September 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
P.O Box 8016
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies (CMS 1784-P)

Dear Administrator Brooks-LaSure,

The Rosalynn Carter Institute for Caregivers (RCI) and The Carter Center Mental Health Program (CC-MHP) appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule, CY 2024 Payment Policies under the Physician Fee Schedule.

RCI and CC-MHP work together to advance former First Lady Rosalynn Carter's decades-long advocacy around caregiving and behavioral health. RCI works to promote the health, strength, and resilience of America's 53 million family caregivers through cross-sector partnerships, research projects and strategic initiatives, evidence-based programs, and advocacy efforts. CC-MHP to elevate mental health and substance use disorders as a global health priority, promoting policies and practices that improve prevention, early intervention, and treatment in the United States, and globally.

RCI and CC-MHP commend CMS for proposing to cover the cost of behavioral management and modification training for caregivers of patients with a mental or physical health diagnosis, as well as caregiver training in strategies and techniques to facilitate a care recipient's functional performance. A lack of training support and task coaching is particularly difficult for caregivers and can exacerbate strain and stress. Caregiver training support is perhaps the most straightforward way to embed caregivers more meaningfully in broader care teams, potentially improving both caregiver and care recipient health outcomes. We strongly urge you to retain the caregiver training services provisions in the final rule.

Becoming a family caregiver can result in profound economic impacts, with one in five caregivers reporting that they experience a high degree of financial strain as a result of providing care.¹ These economic effects of caregiving may make it difficult to seek out training independently, so covering the cost of this training will help ensure more caregivers are equipped to be an effective part of the health care delivery system. Additionally, we support the broad

¹ <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

definition of a caregiver, as several people beyond the beneficiary's immediate family may perform caregiving tasks. We advise against requiring caregivers to be "unpaid" to fit the definition of a caregiver under this rule because caregivers are sometimes reimbursed for their assistance. Furthermore, training services should be available to more than a single person – beyond immediate family members and legal relationships – providing care to the beneficiary.

As CMS is considering how clinician and caregiver interactions would typically occur, CMS should also consider caregiver training via telehealth methods, particularly for families living outside of urban centers. Neely et al.² and Tomlinson et al.³ both examined studies in which caregivers of individuals with intellectual and developmental disabilities were trained in implementing behavioral health interventions via telehealth. The authors found that caregivers felt favorably about receiving this training through telehealth. Caregivers, when possible, should be provided with a choice with respect to individual or group training allowing consideration of privacy issues, language preferences, and learning style.

Caregivers are or often become secondary patients because of their role and are at increased risk for adverse physical and emotional health outcomes. Covering caregiver training is an opportunity for the system to strengthen its recognition and support of the health status of caregivers. We recommend that in addition to training, providers also assess the health of caregivers and refer to appropriate services.

Finally, while a comprehensive evaluation of covering caregiver training may be premature in the first year, performance indicators and demographic information could help to highlight uptake, training time, and barriers to access.

Thank you for your attention to these comments. If you have further questions, please contact Karen Kavanaugh at karen.kavanaugh@rosalynncarter.org or Sarah Phillips at sarah.phillips@cartercenter.org.

² <https://link.springer.com/article/10.1007/s10882-017-9550-4>

³ <https://link.springer.com/article/10.1007/s10864-018-9292-0>