

Congress of the United States
Washington, DC 20515

October 24, 2023

The Honorable Elizabeth Fowler, Ph.D., J.D.
Deputy Administrator and Director
Center for Medicare and Medicaid Innovation (CMMI)
U.S. Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD. 21244

Dear Deputy Administrator Fowler,

We write to urge the Centers for Medicare and Medicaid Innovation (CMMI) to release a Notice of Funding Opportunity (NOFO) as soon as possible to implement a model to provide incentive payments to behavioral health providers for adopting electronic health records technology. As Congressional champions of behavioral health information technology (IT) uptake, and longtime supporters of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (PL 115-271), we are deeply invested in the adoption of this model, which will improve the quality of mental health care and facilitate care coordination and integration.

Despite widespread recognition of the value of integrating health IT into health care, behavioral health providers have been consistently left behind. The HITECH Act, passed by Congress in 2009, included incentives for health care providers to adopt certified electronic health record technology (CEHRT). But mental health and addiction treatment providers were omitted, resulting in a rate of adoption of Electronic Health Records (EHRs) that lags far behind that of other provider types. For example, fewer than half of inpatient psychiatric hospitals operate health IT systems that comply with certification standards promulgated by the Office of the National Coordinator for Health IT (ONC), compared with over 90 percent of medical-surgical hospitals.¹ Only six percent of mental health facilities and 29 percent of substance use treatment centers use an EHR.²

In 2018, Congress passed the SUPPORT Act, which in Section 6001 authorized the CMMI demonstration to provide incentives for health IT adoption among behavioral health providers. Five years later, as Congress looks to reauthorize programs from the SUPPORT Act, this demonstration has still not been implemented at CMMI, despite

¹ Kahn, J., Navia Jr., B.H., and Hammond, B. Behavioral health IT adoption and care integration. Presentation on September 24, 2021. Washington, DC: MACPAC. <https://www.macpac.gov/wp-content/uploads/2021/09/Behavioral-health-IT-adoption-and-care-integration.pdf>

² Medicaid and CHIP Access Commission (MACPAC). 2021. Chapter 4: Integrating clinical care through greater use of electronic health records for behavioral health. In *Report to Congress on Medicaid and CHIP*. Washington, DC: MACPAC. <https://www.macpac.gov/wp-content/uploads/2021/06/Chapter-4-Integrating-Clinical-Care-through-Greater-Use-of-Electronic-Health-Records-for-Behavioral-Health.pdf>

bipartisan support, stakeholder advocacy, and recommendations from various external organizations for CMMI to adopt the model^{3,4,5}.

In its June 2022 *Report to Congress on Medicaid and CHIP*, MACPAC explained that the lack of integration between physician and behavioral health care “impedes access to care and results in inappropriate or limited use of services, poor health status, and increased costs for persons with behavioral health conditions.” They point to health IT as a way to bridge this gap, noting that EHR adoption may facilitate the development of attribution models to realize the captured value of behavioral health care savings and enable participation in Medicare and Medicaid value-based payment models.⁶

Most importantly, increasing health IT adoption among behavioral health providers promotes information sharing and coordinated care improving population health. Patients with serious mental health and substance use disorders have high rates of co-occurring chronic conditions such as heart disease and diabetes which, in turn, drive high hospital emergency room utilization rates because those conditions are poorly managed.

Over the past few years, Congress and the Administration have made great strides in addressing the mental health crisis, in part by securing unprecedented investments in front line services with the goal of improving access and enhancing quality of care. CMMI now has an opportunity to capitalize on this progress by moving forward with a behavioral health integration initiative that includes health IT incentives for mental health and substance use providers as a key component. In addition, increasing behavioral health IT uptake is in line with the Administration’s Roadmap for Behavioral Health Integration.⁷ We urge CMMI to release a NOFO implementing this program, as authorized in statute.

We look forward to an update on the timeline for implementation of Section 6001 of the SUPPORT Act. Thank you for your attention to this important matter.

³ Medicaid and CHIP Access Commission (MACPAC). 2023. Chapter 4: Encouraging Health Information Technology Adoption in Behavioral Health: Recommendations for Action. In *Report to Congress on Medicaid and CHIP*. Washington, DC: MACPAC.

<https://www.macpac.gov/wp-content/uploads/2022/06/Chapter-4-Encouraging-Health-Information-Technology-Adoption-in-Behavioral-Health.pdf>

⁴ Bipartisan Policy Center (BPC). 2021. Tackling America’s Mental Health and Addiction Crisis Through Primary Care Integration: Task Force Recommendations. Washington, DC: BPC.

<https://bipartisanpolicy.org/report/behavioral-health-2021/>

⁵ United States of Care. 2021. Creating a Better Health Care System in the Wake of COVID-19: Models & Recommendations for People. Washington, DC: US of Care.

<https://unitedstatesofcare.org/wp-content/uploads/2021/04/USOC-CMMI-Recommendations-April-2021.pdf>

⁶ Medicaid and CHIP Access Commission (MACPAC). 2023.

⁷ Assistant Secretary for Planning and Evaluation (ASPE). 2022. HHS Roadmap for Behavioral Health Integration. Washington, DC: HHS.

<https://www.aspe.hhs.gov/sites/default/files/documents/4e2fff45d3f5706d35326b320ed842b3/roadmap-behavioral-health-integration.pdf>

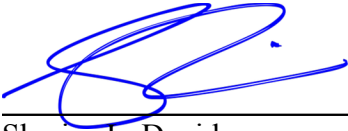
Sincerely,



Doris Matsui
Member of Congress



Bill Johnson
Member of Congress



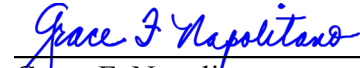
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