

December 16, 2019

The Honorable Diana DeGette  
Member of Congress  
United States House of Representatives  
2111 Rayburn House Office Building  
Washington, DC 20515

The Honorable Fred Upton  
Member of Congress  
United States House of Representatives  
2183 Rayburn House Office Building  
Washington, DC 20515

**RE: Cures 2.0 – Digital Health Request for Information**

Dear Congresswoman DeGette and Congressman Upton:

The undersigned members of the Behavioral Health Information Technology (BHIT) Coalition thank you for this opportunity to provide our feedback regarding digital health as a significant priority area for Cures 2.0. **Despite the significant increase in demand for mental health and substance use treatment services nationwide, there remains a significant lack of health IT infrastructure necessary for community-based behavioral providers to effectively serve this high-risk, highly-vulnerable population.** In particular, we strongly recommend the inclusion of full funding for Section 6001 of the SUPPORT for Patients and Communities Act (P.L. 115-271), which authorizes a behavioral health information technology pilot program administered by the Center for Medicare and Medicaid Innovation (CMMI).

At the Medicaid and CHIP Payment and Access Commission (MACPAC) January 25, 2018 meeting, Principal Analyst Erin McMullen remarked on the lack of EHR availability, stating, **“many community-based substance use treatment providers have not adopted EHRs at the same rate as the rest of the medical system. Participants noted that many of these providers continue to share information by paper, phone, or fax. The roundtable discussion also attributed the slow adoption of EHR to a lack of financial incentives. Substance use providers were not eligible for financial incentives under HITECH that the rest of the health care system was able to access.”**<sup>1</sup> Without the support of programs similar to the EHR incentive programs available to other providers, mental health and substance use treatment providers have lagged behind on the adoption of EHRs and require financial support to initiate this process, ultimately affecting the quality of care they can provide to their patients.

In addition, the absence of sufficient funding to adopt health IT contributes to patient safety concerns related to the implementation of the Medication Assisted Treatment (MAT) demonstrations, as authorized in the SUPPORT for Patients and Communities Act – specifically the CMMI demonstration authorized under Section 6042; the Medicare Opioid Treatment Programs bundled payment program authorized under Section 2005; and the Medicaid provider infrastructure demonstration authorized under Section 1003. MAT is the use

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<sup>1</sup> Medicaid and CHIP Payment and Access Commission. (2018). [Public meeting transcript]. Retrieved from <https://www.macpac.gov/wp-content/uploads/2017/07/January-2018-MACPAC-Meeting-Transcript.pdf>

of medications, in combination with counseling and behavioral therapies, to provide a ‘whole-patient’ approach to the treatment of substance use disorders (SUDs), including Opioid Use Disorder (OUD) (SAMHSA, 2017).

**While the BHIT Coalition is extremely supportive of Congress’s dedication to expanding access to MAT, we are concerned that the strikingly low adoption rate of health IT within behavioral health settings will prevent these demonstrations from fulfilling their intent and safely coordinating care for this highly-acute population.** The Centers for Disease Control and Prevention (CDC) reported that more than 48,000 persons in the U.S. lost their lives to opioid-related drug overdoses in 2017. Similarly, most Americans with Severe Mental Illness (SMI) experience early mortality and don’t live beyond their 53<sup>rd</sup> birthday. In fact, patients with Opioid Use Disorder (OUD) and mental health conditions have a high incidence of co-occurring chronic diseases that heavily contribute to their substantially reduced life expectancy. “The majority of years of life lost in people with mental illness relate to poor physical health, specifically due to comorbid noncommunicable and infectious diseases.”.<sup>2</sup>

**The Coalition strongly recommends full funding for Section 6001 of the SUPPORT Act within Cures 2.0 as an important step toward the promise of modernizing health care through digital health.** Higher reimbursement rates or higher performance based lump sum payments would be made to behavioral health providers using EHR systems meeting 2015 ONC CEHRT standards. Finally, the eligible universe would be those key providers identified in Section 6001 of the SUPPORT Act: psychiatric hospitals, Community Mental Health Centers/CCBHCs, psychologists, clinical social workers and addiction treatment providers, including methadone clinics, residential treatment centers and addiction doctors participating in Medicaid OUD emergency waiver programs.

**It is the Coalition’s view that it is imperative to include full funding of Section 6001 of the SUPPORT Act within Cures 2.0, bringing to fruition Congress’s vision to fully advance mental health and substance use treatment into the 21<sup>st</sup> Century.**

Thank you for your willingness to consider our views.

Sincerely,

American Psychological Association

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<sup>2</sup> Firth, J., et al. “*The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness*”. The Lancet Psychiatry, 2019. 6: p. 675-712

Association for Behavioral Health and Wellness

Centerstone

The Jewish Federations of North America

Mental Health America

National Association of Counties

The National Association of County Behavioral Health and Developmental Disability Directors

National Alliance on Mental Illness

National Association for Behavioral Healthcare

The National Association for Rural Mental Health

National Association of State Alcohol and Drug Abuse Directors

National Association of Social Workers

National Council for Behavioral Health

Netsmart