

July 30, 2019

The Honorable Alex M. Azar II
 Secretary
 U.S. Department of Health & Human Services
 200 Independence Avenue, S.W.
 Washington, D.C. 20201

The Honorable Seema Verma
 Administrator
 Centers for Medicare and Medicaid Services
 U.S. Department of Health and Human Services
 Baltimore, MD. 21244-8016

RE: Behavioral Health Information Technology Coalition Concerns Regarding Lack of Health IT Funding in Upcoming Medication Assisted Treatment Demonstrations

Dear Secretary Azar and Administrator Verma:

The undersigned members of the Behavioral Health Information Technology (BHIT) Coalition are writing to express our concerns regarding the implementation of the upcoming Medication Assisted Treatment (MAT) demonstrations, as authorized in the SUPPORT for Patients and Communities Act (P.L. 115-271) – 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. Medication-Assisted Treatment (MAT) is the use 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 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.

“Researchers have shown that people with substance use disorders die as much as 20 years earlier than other Americans – primarily from co-morbid chronic diseases including cancer, cardiovascular disorders, HIV/AIDS and a host of other illnesses”.¹ The Centers for Disease Control and Prevention (CDC) reported that more than 70,000 persons in the U.S. lost their lives to drug overdoses in 2017. Similarly, most Americans with SMI experience early mortality and don’t live beyond their 53rd birthday.

The Coalition strongly recommends that CMS/CMMI incorporate funding for behavioral health and addiction treatment providers to acquire or update to current health IT technology within these three demonstrations. Higher reimbursement rates or higher performance based lump sum payments would be made to behavioral health providers using EHR systems meeting 2015 ONC CERHT standards. Finally, the eligible universe of providers would be those identified in Section 6001 of the SUPPORT Act: psychiatric hospitals, Community Mental Health Centers/CCBHCs, psychologists, clinical social workers and addiction

¹ Neumarko, Y.D., M.L. Van Effen, and J.C. Anthony. “Alcohol dependence” and death: survival analysis of the Baltimore ECA sample from 1981 to 1995. Substance use & misuse, 2000. 35(4): p. 533-549

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 for CMS/CMMI to set aside health IT funding for behavioral health providers participating in these demonstrations in order to fully realize the intent of Congress, and your vision as Secretary in providing the “gold-standard” of care to this highly acute population.

Thank you for your willingness to consider our views.

Sincerely,

American Psychological Association

Association for Behavioral Health and Wellness

Centerstone

The Jewish Federations of North America

Mental Health America

National Alliance on Mental Illness

National Association of Counties

The National Association of County Behavioral Health and Developmental Disability Directors

The National Association of Rural Mental Health

National Association of State Alcohol and Drug Abuse Directors

National Association of Social Workers

National Council for Behavioral Health

Netsmart