December 4, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, D.C. 20201

Dear Administrator Verma,

On behalf of the Behavioral Health Information Technology (BHIT) Coalition, we the undersigned organizations write to express our support and pleasure at the signing of the SUPPORT for Patients and Communities Act (P.L. 115-271) into law. This legislation takes crucial steps into expanding the role of health information technology (HIT) in battling the nation's opioid epidemic, and, in particular, authorizes the center for Medicare and Medicaid Innovation (CMMI) to initiate a health IT incentive demonstration for a group of mental health and addiction providers in section 6001.

Section 6001 is relevant to three initiatives already underway at the Center for Medicare and Medicaid Services (CMS), expanding access to Medication Assisted Treatment (MAT) for persons with Opioid Use Disorder (OUD). These sections of the SUPPORT Act include:

- Section 1003 – authorizing an eight-state Medicaid demonstration aimed to greatly expand access to injectable medication, methadone and oral pharmaceutical agents that have shown successful treatment of OUD.
- Section 2005 – expanding Medicare coverage increasing the capacity of substance use providers, including Outpatient Treatment Programs (OPTs) to prescribe MAT.
- Last, we understand that CMMI has begun work on a major Medicare/Medicaid/CHIP bunded payment initiative that would make MAT more accessible in medically underserved/rural areas.

HIT enhances the quality of MAT through e-prescribing. Both methadone and buprenorphine are controlled substances subject to diversion; e-prescribing would hinder diversion attempts. While MAT is the key to fight against the nation's opioid epidemic, like other FDA-approved products, these medications contraindicate with other pharmaceutical agents. For example, buprenorphine contraindicates with a wide array of other drugs – mostly prominently Xanax and the entire class of widely prescribed benzodiazepines and other opioids including analgesic agents like Vicodin and OxyContin. Similar to primary care physicians and medical specialists, mental health and addiction providers need EHRs to engage in basic clinical functions like medication reconciliation.

Additionally, behavioral health providers must have access to EHR systems to properly coordinate care due to the sky-high incidence of co-occurring medical/surgical conditions among individuals with mental health and substance use disorders (SUD), such as HIV/AIDS, Cardiovascular disorders, and Hepatitis C.

With these important considerations in mind, the BHIT Coalition respectfully submits three proposals to enhance the efficacy of CMS's MAT initiatives:

1) Mental health and addiction treatment providers participating in the CMMI MAT bundled payment models in Section 1003 or Section 2005 must demonstrate an e-prescribing capacity.
2) Behavioral health facilities must provide evidence that they can successfully exchange clinical data with medical/surgical providers in order to be eligible for funding through these demonstrations.
3) Consistent with the Congressional intent in Sec. 6001, CMS should incorporate health IT financial incentives into each of the three MAT demonstrations above to encourage behavioral health and SUD providers to adopt 2015 Certified EHR Technology (CEHRT).

We recognize your leadership in turning the tide on the opioid crisis and look forward to continuing work with CMS, CMMI, SAMHSA, ONC and other stakeholders in pursuit of enhancing care coordination and patient safety through behavioral health IT.

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 for Behavioral Healthcare

The National Association of County Behavioral Health and Developmental Disability Directors

The National Association of Rural Mental Health

National Association of Social Workers

National Council for Behavioral Health

Netsmart