

Congress of the United States
Washington, DC 20510

November 17, 2017

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

Dear Administrator Verma:

As the Centers for Medicare and Medicaid Services (CMS) explore next steps for its Innovation Center, we write to express our strong support for prioritizing the development and implementation of new payment and delivery models focused on behavioral health. We were encouraged to see CMS hosted a summit in September to engage key behavioral health stakeholders and explore ideas for new models of care. As this work continues, we urge CMS to build financial incentives for the adoption and use of health information technology (IT) by mental health and substance use disorder treatment providers into new models the agency plans to pursue for behavioral health.

As you know, behavioral health providers, including psychologists, community mental health centers, and psychiatric hospitals, among others, were ineligible for federal incentive payments for adopting certified electronic health record (EHR) technology that were authorized under the American Recovery and Reinvestment Act (ARRA) of 2009. To date, over \$37 billion in federal payments have been made to help health care providers overcome financial barriers to purchasing and implementing certified EHR technology. The omission of behavioral health providers from the ARRA EHR incentive programs has resulted a digital divide that adds to the challenge of care coordination and communication between behavioral health and primary care providers.

Research has shown that individuals with co-occurring mental health and physical health conditions have higher health care spending and utilization and worse mortality and morbidity rates than individuals without mental health conditions. Addressing the lagging "IT enablement" of behavioral health providers is one strategy to improve care for persons with mental health and substance use disorders. We introduced the *Improving Access to Behavioral Health Information Technology Act (S.1732/H.R.3331)* in support of that strategy, and with the strong belief that leaving behavioral health providers out of our health IT infrastructure disadvantages behavioral health providers and their patients, and our health care system as a whole.

Finally, as you are well aware, health IT is essential to the successful implementation of alternative payment systems and new delivery models, which rely on providers' ability to electronically report data on quality measures, share clinical information, and analyze data on their patient populations to improve outcomes and avoid unnecessary expenditures. To maximize the benefit of and participation in new models for behavioral health, we encourage CMS to address the lagging rate of EHR adoption among behavioral health providers. We think financial incentives would have similar effects on increasing EHR adoption among behavioral health providers as the ARRA incentives have for other health care providers.

We appreciate your consideration of these comments, and look forward to working closely with you as you chart a new direction for the CMS Innovation Center.

Sincerely,



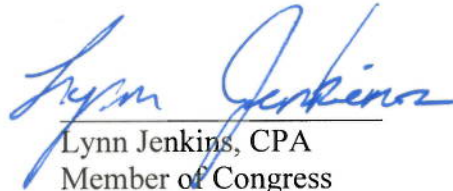
Sheldon Whitehouse
United States Senator



Rob Portman
United States Senator



Doris Matsui
Member of Congress



Lynn Jenkins, CPA
Member of Congress