

September 27, 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: Physician Fee Schedule: [CMS-1715-P] Including E-Prescribing and Behavioral Health IT Services and Supports for Opioid Treatment Programs**

Dear Secretary Azar and Administrator Verma:

The undersigned members of the Behavioral Health Information Technology (BHIT) Coalition are writing to express our support for the use of the Physician Fee Schedule rule to promptly implement Sec. 2005 of the SUPPORT Act (115-271), which authorizes Medicare bundled payments for Medication Assisted Treatment (MAT) medications in combination with counseling and behavioral therapies—in the midst of Opioid Treatment Program (OTPs). **While the BHIT Coalition is extremely supportive of expanding access to MAT in the midst of the opioid crisis, 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>1</sup>

While MAT is the gold-standard in helping the nation battle the opioid crisis, Electronic Health Records (EHRs) and e-prescribing capabilities are essential in order to prevent medication diversion, improve patient safety and improve outcomes by assisting providers in a patient's whole care. Specifically, SAMHSA notes in a related rule-making [SAMHSA-4162-20] that buprenorphine, a key medication in the MAT armamentarium, contraindicates with other opioids, benzodiazepines, and HIV medications – as well as certain antipsychotics and antidepressants – potentially leading to adverse medical events. The rule goes on to note “patient safety is of paramount importance, and many drugs prescribed and dispensed by non-OTPs could have life-threatening and even deadly consequences if not properly coordinated with those prescribed and dispensed by OTPs. Therefore, SAMHSA believes it necessary for both OTPs and non-OTPs to report,

449 First Street, NW, Suite 430, Washington, DC 20001 | 202.331.1120 | policy@bhitcoalition.org | www.bhitcoalition.org

and to access, prescription drug records in central registries and PDMPs, and to monitor dosing accordingly.”<sup>iii</sup> If these providers do not operate EHR systems, CMS’s vision for patient safety in these MAT demonstrations will sadly be impossible to achieve.

**The undersigned organizations recommend that CMS take two steps to bring addiction treatment to the 21<sup>st</sup> Century.** First, the agency should fund Sec. 6001 of the SUPPORT Act, which authorizes health IT adoption payments to 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. **Second, in our view, the proposed bundled payment for OTPs authorized under Sec. 2005 must also include both e-prescribing and behavioral health information technology (IT) consultation services and supports.**

The BHIT Coalition was pleased that CMS employed its statutory discretion to include the provision of substance abuse counseling via telemedicine in CMS-1715-P; however, we note that telemedicine, both in the medical/surgical and behavioral health space, works in tandem with health information technology. In fact, telemedicine is essentially useless without EHRs.

**In conclusion, it is the Coalition’s view that CMS/CMMI should fund Sec. 6001 of the SUPPORT Act and include e-prescribing and behavioral health IT consultation services and supports in implementing the OTP demonstration authorized in Sec. 2005 of the SUPPORT Act within the Physician Fee Schedule.**

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

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

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<sup>i</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

<sup>ii</sup> Confidentiality of Substance Use Disorder Patient Records, 84 FR 44568 (August 26, 2019). *Federal Register*.