July 23, 2026

Dr. Thomas Keane, MD, MBA
National Coordinator for Health IT
U.S. Department of Health and Human Services
330 C St SW
Floor 7
Washington, DC 20201

RE: BHIT Coalition Recommendations on ONC Report To Congress

Dear Dr. Keane:

The undersigned members of the Behavioral Health Information Technology Coalition -- comprised of organizations dedicated to advancing public policy initiatives that tap the full potential of technology to coordinate, integrate and improve the quality of treatment services for people with mental health and addiction disorders – want to thank you for your outstanding leadership in convening "Technology's Role in Making America Healthy Again: A Discussion on Mental Health & Substance Use Care" on April 20, 2026.

The day long roundtable, that included important remarks by HHS Secretary Robert Kennedy, Jr. as well as White House Senior Advisor for Addiction Recovery Kathryn Burgurm, explored the many avenues available for health information technology to improve the quality and accessibility of behavioral health care. In constructing the roundtable, the Office of the National Coordinator (ONC) adopted a broad approach, inviting perspectives ranging from Mental Health America, the National Association for Behavioral Healthcare, Meadows Mental Health Policy Institute, and the Kennedy Forum to the Association for Behavioral Health & Wellness, state mental health agencies, community-based providers and health IT vendors. The vibrant discussion tackled key issues encompassing care coordination in mental health and substance use settings, how to implement "whole person care," and unique considerations for serving veterans and tribal communities, among many other critical topics.

Section 211(c) of the SUPPORT Reauthorization Act, PL 119-44, now requires ONC to translate the policy recommendations emanating from the pivotal April 20th roundtable into a report to the Congress. The Behavioral Health Technology Coalition now makes recommendations for the agency to consider as it drafts the report:

- **Additional Financing for the CMMI Innovation in Behavioral Health (IBH) Model:**

The IBH Model is a state-based model that leverages patients' relationships with specialty behavioral health practices to provide whole-person, integrated care that better addresses their behavioral, mental, and physical health. The model will serve people with Medicaid, Medicare,

and dually eligible beneficiaries. The IBH Model will run from 2025-2032. Current state participants are Michigan, New York, and South Carolina. The Center for Medicare and Medicaid Services (CMMI) recently selected three (3) additional states to participate in this innovative value-based program. In many ways, the model tackles numerous policy and technology issues that were raised by participants during the ONC roundtable. The challenge is that financing for IBH implementation is restricted to $60 million. During the development of the IBH Notice of Funding Opportunity (NOFO), it became clear that there is a paucity of actuarial data for people with moderate to severe mental illnesses with co-occurring substance use disorders and few value-based models serving that patient population. Therefore, the importance of the IBH demonstration grows as policy efforts are made at the state and federal levels to increase the number of persons with mental health and substance use disorders served in valued based arrangements.

Indeed, the model takes an innovative approach to reimbursement by paying for integration infrastructure and clinician workflows. Participating states will undertake to redesign payment models, IT data systems and clinical workflow structures. A unique IBH feature is that because the setting is among outpatient behavioral health providers, specialty behavioral health becomes the system 'integrator' since high need, high-cost comorbid patients have an outsized impact on our healthcare system and the cost of chronic disease care. In our view, IBH is a blueprint reflecting a federal shift toward behavioral health led integration, multi-payer alignment and prospective financing of care coordination. If CMS were to treat the validated tools emerging from this demonstration as part of the essential infrastructure for integrated behavioral health, then both behavioral health organizations and primary care practices alike could achieve improved documentation quality, better measurement-based care, reduced clinician burden, and more scalable integrated care delivery.

Therefore, the BHIT Coalition recommends that funding for the CMMI IBH Demonstration be increased by $140 million to a total of $200 million consistent with other CMMI demonstrations with similar goals and objectives.

- **<u>CMMI IBH Behavioral Health IT Funding Should be Expanded to Authorize Behavioral Health Artificial Intelligence Use Cases</u>**

The Coalition was extremely pleased to learn that participating behavioral health providers in CMMI IBH states are eligible for $100,000 in behavioral health technology incentive payments. At the same time, if those providers possess a Medicare National Provider Identifier (NPI) number they are eligible for an additional $200,000 in behavioral health technology incentive payments. Other than the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration and possibly the SAMHSA CCBHC Expansion discretionary grant program, this is the only pool of federal behavioral health IT funding.

The use of behavioral health artificial intelligence (AI) – under the direction and supervision of clinicians with the consent of patients – is expanding rapidly in mental health care and addiction treatment settings. For example, HIPAA compliant AI ambient scribes are widely used by

Community Behavioral Health Organizations (CBHOs) to improve the accuracy of clinical notes while easing staff burn out in the midst of a behavioral health workforce crisis. The attachment is a brief summary of AI behavioral health use cases developed by the Meadows Mental Health Policy Institute.

The BHIT Coalition recommends that CMMI IBH Demonstration behavioral health IT funding be expanded to include AI behavioral health use cases. We will not make proposals regarding which specific use cases should be eligible for funding.

- **ONC Can Play an Important Role in Ensuring That Behavioral Health Artificial Intelligence Is Not Left Behind**

There has been tremendous mainstream and healthcare media focus on the negative impact of consumer facing chatbots on the mental health of everyday Americans. Indeed, tragic instances have emerged of teen suicides and psychotic episodes seemingly caused by chatbots completely ill equipped to engage in counseling services. In turn, these heartbreaking events have led to state and now congressional legislation to govern the regulation and marketing of these AI systems.

From the perspective of the undersigned organizations, this important and necessary debate is entirely separate from the extraordinary potential that AI possesses to substantially improve both the access and quality of mental health care and addiction treatment services. Nonetheless, the widespread confusion caused by the chatbot controversy has raised understandable concerns of a HITECH Act repeat whereby behavioral health providers are again denied the opportunity to participate in yet another technological revolution.

The BHIT Coalition recommends that ONC – in its report to Congress – indicate that AI has a wide range of applications in the behavioral health space that are worthy of reimbursement on par with medical/surgical AI including clinical documentation, clinical decision support, provider training, measurement & outcomes monitoring as well as treatment and protocol support.

Thank you for your attention to this important matter.

Sincerely,

- American Association on Health and Disability
- American Foundation for Suicide Prevention
- Lakeshore Foundation
- Meadows Mental Health Policy Institute
- National Association of County Behavioral Health and Developmental Disability Disorders
- National Association of Social Workers
- Netsmart
- No Health without Mental Health