Meadows Mental Health Policy Institute

Response to CMS Request for Information (CMS-0042-NC)

June 16, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 9016
Baltimore, MD 21244-8016

RE: Request for Information; Health Technology Ecosystem

RIN 0938-AV68

Dear Dr. Oz:

The Meadows Mental Health Policy Institute (Meadows Institute) appreciates the opportunity to provide feedback on the Health Technology Ecosystem Request for Information. The Meadows Institute is committed to ensuring the inclusion of mental health data in electronic health records and the complete execution of data interoperability to maximize the quality of integrated, measurement-informed mental healthcare and to accelerate the adoption of high-quality digital mental health tools to help address workforce challenges and get people the care they need.

Independent and nonpartisan, the Meadows Institute works at the intersection of policy and programs to create equitable systemic changes so all people in Texas, the nation, and the world can obtain the healthcare they need. The Meadows Institute provides state and national leaders with data-driven, trusted policy and program guidance, and works to shift the focus of new investments toward early intervention for children and families, address the mental health crisis in our jails and emergency rooms, and help all people with mental health needs recover and be well.

As the Trump Administration works to aggressively combat the rise of chronic disease in our nation and to bring down the rising costs of healthcare, its focus on mental health is critical.[1,2] According to the Centers for Disease Control and Prevention (CDC), more than 50% of people in the United States will be diagnosed with a mental illness or disorder at some point in their lifetime, and 1 in 5 Americans will experience a mental illness in a given year.[3] Untreated mental health disorders contribute to an estimated $290 billion of total healthcare costs in the United States each year.[4] The majority of individuals with high healthcare costs have an

identifiable mental health condition, and mental health disorders often lead to increased spending on other chronic diseases, such as chronic pain and diabetes.[5,6] To improve our nation's health and wellbeing and to control the cost of care, it is essential to prioritize mental health needs in the health tech ecosystem.

Digital Mental Health Tools Improve Quality Care, Bolster the Workforce & Enhance Patient and Caregiver Experiences (PC-1, PC-3)

Digital mental health tools that help detect, monitor, and treat mental health challenges can play an essential role in increasing access to mental healthcare, improving mental health outcomes, extending the reach of our overstretched workforce, and reducing the cost of care. This is achieved by: efficiently matching patients' needs with providers' expertise; overcoming barriers to care, such as geography and transportation, to increase access to providers through telehealth; facilitating universal screening for early identification; enabling symptoms and outcomes monitoring outside of the clinic; and increasing patient engagement with evidence-based practices while maximizing clinician time.

Several categories of digital mental health apps and tools facilitate the benefits listed above. Telehealth "plus" platforms connect patients virtually by using data science to assist in matching patients to the best-fit provider, simplify the insurance process, and/or integrate digital measurement-based care to assist in providing the most appropriate and effective provider care.[7]

A broad range of digital mental health tools, especially wearables and smartphones apps, can facilitate symptom monitoring and support the delivery of measurement-informed care, a mental healthcare best practice that uses validated assessments to engage providers and patients in outcome monitoring. Digital mental health tools can allow patients to complete validated assessments remotely and in their own environment, providing additional data points between sessions with a clinician. They can also allow for the collection of passive data of symptoms, such as changes in sleep, movement, and speech.[8]

AI is increasingly able to interpret large amounts of data found from these new sources for meaningful use in treatment.[9] In addition to interpreting quantitative data from wearables and smartphones, AI, or specifically natural language processing (NLP) is being tested and used to analyze data in EHRs, including clinical measures, clinician notes, comorbid conditions, and sociodemographic factors, to predict symptoms of severe mental illness and suicidal ideation and attempt.[10] For example, the Department of Veterans Affairs (VA) and National Institute of Mental Health scientists developed an expansive suicide mortality risk prediction algorithm using Veterans Health Administration (VHA) electronic health records, enabling the VA to

provide a more targeted, enhanced outreach and care program for veterans identified at high risk of suicide.[11] More recently, the VA added the use of NLP to tap into unstructured EHR data, such as clinical notes, to enhance the accuracy of this risk prediction algorithm, resulting in an additional 19% accuracy. Thus, it showed that NLP-supplemented predicative models improve the benefits of the predictive model overall.[12]

Treatment-focused digital mental health tools can increase patients' access to proven evidence-based practices (EBPs). Used alongside clinician care, digital mental health tools can be used to increase engagement with homework between sessions (an integral component of many EBPs) as well as engagement with accepted therapy and interventions.[13] Digital mental health tools can easily be layered on top of sessions to extend the therapeutic process or, in some cases, used to reduce the duration or frequency of sessions.[14] Many apps have shown improved patient outcomes are associated with completion of digital mental health treatments when used to supplement clinician provided care.[15]

Online therapy platforms can help patients and their caregivers navigate to qualified providers who accept their insurance. For instance, some platform companies have partnered with health plans to enable patient access to, and scheduling with, providers appropriate for their needs; depending on the platform – and patient preferences – appointment may be scheduled for virtual or in-person care.[16] Simultaneously, these digital solutions support providers by streamlining administrative burdens such as billing and credentialing.

Breaking Down Barriers to Digital Mental Health Adoption (PC-4, PC-5, PC-6, PR-3d)

While many digital mental health tools are being successfully deployed, obstacles remain that prevent more wide-scale adoption. We urge CMS and ASTP/ONC to encourage wide-scale adoption in the following ways:

1. **Help providers and consumers select quality digital mental health tools.** With more than 20,000 mental health and wellbeing apps available on the Apple App Store or Google Play Store to download, it is extremely difficult for providers and consumers alike to select quality digital mental health tools.[17] It is critical for the executive branch to engage to help both providers and consumers select quality digital mental health tools, while also allowing innovators to build viable business models to support the workforce needs.

   To advance these efforts**,** HHS could convene a multistakeholder group charged with developing evidence standards that are both flexible and protect patients. [18] HHS should continue to engage with digital mental health experts to define minimum evidence guidance

and the types of digital mental health tools the guidelines would apply to, focusing on the tools most ready for near-term action and those with the greatest potential for impact. An essential step in delineating clear evidence standards will be to better define and categorize various types of DMHT.[19,20] Additionally, HHS can help advance digital mental health by funding research to determine what types of digital mental health tools have the greatest effect on clinical outcomes, while also establishing safety and best practice clinical standards for their use.

2. **Establish reimbursement pathways and incentives for digital mental health tools that improve patient outcomes.** Medicare does not reimburse for many digital mental health treatment technologies, making these technologies out of reach for many of its beneficiaries and making financial sustainability for many digital mental health companies challenging .[21,22] For instance, many tele-mental health companies blend provider-facing care with digital mental health technologies. These companies may use digital mental health tools as supplements to therapy, such as providing asynchronous psychoeducation to a patient or interactive practice planning after each therapy session. While this may help optimize therapists' time and support quality treatment, these activities are not reimbursable. Non-telehealth digital mental health tools (e.g., coaching via chat or digital cognitive behavioral therapy) also do not fit into existing health insurance reimbursement codes. While efforts have been made to develop reimbursement codes for some digital mental health products, implementation of these efforts will take years and will likely apply to a relatively few FDA-approved digital mental health products.

   A major impediment to reimbursement is that digital mental health tools often lack the necessary evidence base to meet the CMS threshold for reimbursement. Thus, a first step to advancing reimbursement of digital mental health tools is helping to develop evidence standards and funding research on outcomes and implementation of digital mental health tools, as described above in bullet 2.

3. **Design and deliver digital mental health tools with older adults in mind.** When thinking about Medicare beneficiaries, it is important for digital mental health tools to be designed appropriately for older adults and people with disabilities, including those with low literacy and digital literacy.[23] First, apps should follow user design principles for older adults, such as simplifying information (such as keeping text and information short), increasing font size, increasing the size and distance between interactive controls, provide help and training tools (preferably as video).[24] Because only an estimated 61% of older adults have access to a smartphone,[25] digital tools and services can utilize text features to provide reminders, updates and link to other psychoeducation materials instead of relying solely on smartphone apps.

Additionally, clinical staff should support patients in learning and gaining confidence in the use of these tools. In particular, community health workers or peer support specialists can be empowered to act as "digital health navigators" and support patients with utilizing digital tools.[26] It is critical to allow for the reimbursement of this staff time.

Enhance Interoperability to Improve the Health Tech Ecosystem for Mental Health (PC-5b, PR-1, PR-2)

The full execution of data interoperability and the inclusion of mental health data in EHRs will increase care continuity and coordination, enhance provider decision making, and facilitate the mental health care best practices. Importantly, integrating mental health care into primary care and measurement-informed care (MIC) – the routine use of validated assessments to monitor patient outcomes – are critical for delivering high-quality, whole-person care. Maximizing the data interoperability of EHRs, and ensuring widespread access to them, is necessary for the effective utilization of integrated care and optimization of MIC.

The HITECH Act of 2009 provided significant funding for the adoption of EHRs within physical health settings, but it neglected to do the same for mental health and substance use disorder settings. Because behavioral health was left out of the HITECH Act, which has helped the rest of the health care system build its information technology infrastructure, interoperability for mental health and substance use disorders is lacking and most behavioral health providers still trail behind primary and acute care providers in EHR adoption rates.[27] Without adequate funding or incentive payments, many behavioral health systems have struggled to create the necessary technological systems to support the increasing need for mental health care and substance use disorder treatment.

In many large health care settings, the data stored within the EHR, such as lab results, patient feedback, assessment scores, medical history, etc., connects and communicates in a coordinated way. However, outpatient and specialty mental health clinics frequently grapple with the issue of system integration, resulting in segmented patient information and potential care inconsistencies.[28] Numerous EHR systems that do exist are not tailored for immediate data collection or streamlined analysis, a shortfall that hinders real-time and informed decision-making in patient care. With better access, interoperability, and improved user interfaces, clinicians and care teams are more motivated to conduct and enter patient assessment data knowing that they will be able to revisit the progress in subsequent visits and monitor trends over time.

Along with careful attention to impact on clinical workflow and clinician education, improved interoperability and integration of EHRs are necessary for providers to integrate digital mental health tools into health systems. For instance, it will facilitate the ability for clinicians to engage

with remote patient monitoring tools and review real-world patient data, such as self-report assessments conducted at home, sleep and activity data, or engagement with treatment-focused digital tools.[29] Currently, it is difficult for providers to engage with many digital mental health tools because accessing them requires connecting to a separate app or system.[30,31]

CMS and ONC/ASTP can help address the systemic challenges by requiring mental health to be included in all EHRs. This would enhance the implementation and efficacy of behavioral health integration into primary care and specialty care settings, maximize the benefit of digital mental health therapeutics and technologies, increase access to quality behavioral health care, reduce spending, and save lives.

Optimize the Workforce by Connecting Patients and Providers (TD-5, PR-1)

The Meadows Institute commends CMS and ASTP/ONC for collecting information and driving a plan to develop a national provider directory. This directory will mitigate patient and caregiver barriers to finding providers, minimize administrative burdens on clinicians, and reduce administrative costs. CMS and ASTP/ONC can take additional action to reduce barriers in ensuring the mental health workforce can best be extended across the country, especially in rural regions:

1. **Remove Restrictions on Cross-State Licensure (PR-1)**

Many older adults live in areas with limited access to in-person care, and telehealth and digital mental health tools can greatly increase access and quality care for these patients. However, our state-by-state licensing system stifles the ability of clinicians to treat patients across state lines and is a significant hurdle for telehealth companies to expand and meet the needs of Medicare beneficiaries wherever they are. To reduce such barriers, HHS should remove restrictions on cross-state licensure so that a licensed provider from any state can treat a patient in any state, especially via telehealth.

2. **Make Telehealth Flexibilities Permanent**

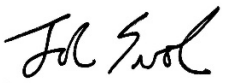
Current telehealth flexibilities have compelled behavioral health providers to offer online and telephonic services to patients, and communities across Texas and the nation have embraced telehealth services. A study of more than 38,600 patients reported satisfaction with telehealth was significantly higher than in-person ones.[32] Studies have also shown that patients are less likely to no-show for virtual appointments, saving time and resources.[33]

It is imperative that providers can maintain use of these telehealth advancements and flexibilities. It will mitigate disruptions to virtual relationships and care treatment plans, extend the mental health workforce, and increase access to care for individuals in rural areas. Preventing disruption of telehealth relationships and treatment plans is particularly important for behavioral health services, as the Kaiser Family Foundation reports that telehealth mental health and substance use treatment represent 36% of outpatient visits.[34] Telehealth flexibilities, including virtual prescribing when appropriate, are critical to addressing the ongoing challenges in accessing mental health and substance use treatment services. Telemedicine – including traditional health systems that offer virtual care appointments and the many telehealth companies that provide remote care – has proven to be an effective tool in bridging the gap between patients and providers, reducing barriers to care, and supporting those most in need.

Conclusion

The Meadows Institute looks forward to working with you to improve the digital health ecosystem for individuals with mental health needs. Please contact John Snook, Chief Policy Officer, at jsnook@mmhpi.org or (571) 331-5725 with any questions.

Sincerely,



John Snook
Chief Policy Officer, Meadows Mental Health Policy Institute

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