ABHW
Advancing Health Care Policy for
Mental Health & Substance Use Disorders

July 6, 2026

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

RE: Closing the Behavioral Health IT Gap

Dear Dr. Keane,

The Association for Behavioral Health and Wellness (ABHW) is honored to have participated in the Office of the National Coordinator's (ONC) *Technology's Role in Making America Healthy Again: A Discussion on Mental Health & Substance Use Care* roundtable on April 20, 2026. We appreciate the Agency's commitment to closing the unique health IT gaps faced by behavioral health providers and plans. We encourage ONC to make behavioral health data interoperability an Agency priority by advancing modernization and certification pathways, national quality measure standards, and data-sharing compliance.

ABHW is the national voice for payers managing behavioral health insurance benefits. Our member companies provide coverage to 200 million people in both the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness. Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, our policy work aims to ensure that physical and behavioral healthcare is integrated and coordinated. ABHW is committed to improving outcomes in whole-person care for all individuals and communities. We believe access to comprehensive, evidence-based MH and SUD services is critical to enhancing patients' health and overall well-being. Our members strongly support efforts to modernize health IT infrastructure, improve interoperability, and reduce unnecessary administrative burden.

The Need for Effective Care Coordination

In behavioral health, care coordination is what keeps people from falling through the cracks and is foundational to integrated, whole-person care. Effective coordination reduces the risk of relapse, overdose, crisis, and hospitalization, while also addressing housing and incarceration risks. Health plans that manage behavioral health play a unique role because they can see across providers, benefits, and systems in a way individual clinicians cannot. In MH/SUD care, this means reduced fragmentation,

improved quality and safety, greater continuity of care, and more efficient resource utilization.

The Role of EHRs and Health IT

Without standardization and interoperability, information gets lost, administrative burden increases, and care quality worsens. Electronic health records (EHRs) allow behavioral health providers, primary care clinicians, hospitals, and care managers to access up-to-date patient information. This enables timely follow-up and continuity of care, especially after an emergency room (ER) visit or hospitalization, through shared treatment plans and crisis event alerts. Health IT systems also support medication reconciliation and clinical decision-making. In doing so, clinicians are able to flag potential drug interactions, track prescribing across multiple providers, and support patient flexibility through e-prescribing.

Policy Recommendations

1. **Develop and fund a behavioral health-specific EHR modernization and interoperability program — the behavioral health equivalent of HITECH — with standards, incentives, and consent tools designed for MH and SUD care that harmonizes meaningful measures and functional outcomes.**

Fragmentation is a policy problem as much as a technology problem. Physical health achieved high EHR use through ONC certification and financial incentives; behavioral health providers need the same support, especially community mental health centers and SUD programs. Behavioral health providers often lack access to the same technology tools that support coordination, quality, and efficiency in other areas of medicine, and were previously left out of incentive programs such as the American Recovery and Reinvestment Act of 2009's meaningful use program. We appreciate ONC's ongoing support of the Trusted Exchange Framework and Common Agreement (TEFCA) as a trusted framework for data to move across organizations and encourage the implementation of built-in behavioral health components.

2. **Align standards and quality measures with CMS to reflect functional improvement.**

Interoperability starts with agreement on what data to collect. ONC anchors this through standards-setting — without shared definitions, exchange is meaningless. CMS and ONC should harmonize clinical quality measures and technical standards to enable meaningful performance tracking. Aligning these standards across Medicare, Medicaid, Marketplace, and commercial markets would promote consistency in value-based payment models and contracts. This would ensure that we are measuring what actually matters: recovery, housing stability, employment, and quality of life.

ABHW launched a work group on measurement-informed care to bring together experts from across our member organizations to advance standardized approaches to measuring behavioral health outcomes. Through this effort, we are committed to advancing measurements that meaningfully capture MH and SUD symptom improvement, functioning and stability, recovery and relapse prevention goals and

outcomes, and care effectiveness. We look forward to working with ONC to ensure that validated measures are properly implemented in modern, interoperable EHR systems.

3. **Create clear and practical guidance about 42 CFR Part 2 and HIPAA for treatment, payment, and healthcare operations (TPO) alongside OCR and SAMHSA.**

42 CFR Part 2 (Part 2) provides confidentiality protection for individuals receiving SUD treatment that is more stringent than what is protected under the Health Insurance Portability and Accountability Act (HIPAA), limiting disclosure of SUD-related information without patient consent. These protections are vital for building trust and encouraging individuals to seek help without fear of stigma or legal consequences.

ABHW is concerned that the lack of clarity on the implementation of these regulations may result in important SUD information being unnecessarily withheld, creating barriers to coordinated whole-person care. ABHW supports the continued advancement of standards and systems that support tagging sensitive Part 2 data to ensure it is shared with the patient's explicit consent and applicable legal requirements. We also appreciate ONC's ongoing efforts to develop a standardized, computable consent framework that allows patient consent to accompany health information across providers and care settings. Together, these efforts can reduce ambiguities that lead to over-segmentation or under-sharing of critical health information.

Conclusion

ABHW is committed to engaging with ONC and other partners to identify innovative opportunities to improve behavioral health access for all individuals. If you have questions, please contact Maeghan Gilmore, Vice President, Government Affairs, at gilmore@abhw.org.

Sincerely,

Debbie Witchey, MHA
President and CEO