

December 1, 2025

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Dan Brillman
Deputy Administrator and Director
Centers for Medicare & Medicaid Services
Centers for Medicaid and CHIP Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: Ensuring Strong and Streamlined Implementation of Community Work Requirements with Consideration for Mental Health and Substance Use Care

Dear Administrator Oz and Deputy Administrator Brillman,

On behalf of the undersigned, representing organizations and providers that furnish critical and lifesaving mental health and substance use services to individuals and families across our country, we appreciate your efforts and the opportunity to work with you as H.R.1 community engagement requirements are implemented.

We support the law's inclusion of community engagement exemptions specifically for people living with mental health and substance use disorder challenges. Challenges with mental health and substance use are complex, dynamic, and impact all facets of an individual's life; this can often make an otherwise straightforward procedural request difficult or even impossible for individuals to navigate while they seek treatment, care, and recovery.

As aligned with statutory requirements set forth under H.R.1, we support CMS in establishing clear guidelines that provide states with the flexibility to tailor solutions, definitions, and processes to the people that they serve.

H.R.1 also requires ex parte verification for community engagement requirements, and we suggest creating a pathway for states to leverage their claims data, as this will likely facilitate a streamlined approach to evaluate community engagement exemptions and align with Congressional intent. However, it will be essential to identify and mitigate any potential lags in data sharing as well as ensure any individual who rises to the level of needing an exemption is able to secure one.

Given the mental health and substance use workforce shortages across the country, particularly in rural communities, individuals can face significant delays to getting needed care. Such delays can result in individuals not receiving a diagnosis, and new beneficiaries who need an exemption may not have yet gotten appropriate treatment that may be needed for them to qualify for an exemption to the community engagement requirements in their state. We suggest providing states with flexibility to allow a range of providers to use their medical decision-making expertise and discretion to certify someone has met the requirements for an exemption in their state, while minimizing provider administrative burden where possible.

We appreciate your leadership and continued efforts to improve access to lifesaving mental health and substance use services across our country.

We stand ready to support your work and welcome any questions or further discussion regarding the comments described here; please contact Reyna Taylor, Vice President, Public Policy & Advocacy, National Council for Mental Wellbeing at ReynaT@thenationalcouncil.org.

Sincerely,

American Academy of Addiction Psychiatry

American Association of Psychiatric Pharmacists

Association for Behavioral Health and Wellness (ABHW)

National Association of Addiction Treatment Providers

National Association of Pediatric Nurse Practitioners

National Association of Social Workers

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

NAADAC, the Association for Addiction Professionals