

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: Eligibility Redetermination Considerations 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 eligibility redetermination requirements are implemented.

We strongly suggest ensuring that in implementing new requirements, CMS minimize provider administrative burden so that providers can focus capacity on serving individuals and families with quality care. Many mental health and substance use providers are already under-resourced, and minimizing provider administrative burden can help ensure efficient, high-quality care.

Additionally, data matching through established, trusted systems will also help reduce the burden on providers and states and can minimize new costs by leveraging existing resources. We hope CMS will support integrated technology systems will be essential to reducing both patient and provider administrative burden, while also ensuring any third-party tech complies with all data privacy requirements for patients. Moreover, smaller providers will have less resources to implement new systems, and we urge CMS to ameliorate any disproportionate negative impact for small local providers.

We also encourage the promotion of state investment in community partners, including behavioral health providers and community-based organizations, to assist with outreach and education in order to ensure individuals are not inappropriately disenrolled. Community partners are uniquely positioned to reach individuals who face the greatest risk of losing coverage from new processes put in place to check eligibility. These organizations maintain longstanding, trusted relationships with beneficiaries and can help bridge communication gaps that state agencies alone may not be able to address. Strengthening these partnerships will improve beneficiary engagement while ensuring individuals remain connected to critical services.

Finally, while broader than redeterminations, we see opportunity to advance the administration's efforts in bidirectional integrated care by supporting eligibility screenings across care settings that could be administered by a wide array of healthcare professionals. For example, such screening could be administered by administrative employees, peer support specialists, as well as first responders where it is possible and appropriate.

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