



The Behavioral Health Information Technology Act

Please reach out to your Representatives and let them know that securing funding and support for Behavioral Health Information Technology (BHIT). This legislation is essential for our non-profit health providers to deliver coordinated mental health and addiction services.

What is BHIT?

Passage of the Behavioral Health Information Technology (BHIT) is a key objective of Jewish Federations and its partners, particularly Jewish Family & Children's Agencies. The legislation, introduced in the House as H.R. 2957, and sponsored by Representative Tim Murphy (R-PA) and Representative Ron Barber (D-AZ) would authorize psychiatric hospitals, community mental health providers, clinical psychologists, and addictive disorder treatment providers to:

- Participate in grant programs like the Regional Extension Centers and Beacon Communities under the HITECH Act (Health Information Technology for Economic and Clinical Health, PL 111-5)
- Qualify for financial incentives for the “meaningful use” of Electronic Health Records (EHRs) through the HITECH Act's Medicare and Medicaid reimbursement systems.

The legislation corrects an oversight that excluded these key providers from Medicaid and Medicare financing under the HITECH Act; these funds are needed, in turn, to enable behavioral health entities to purchase and implement EHR systems. Currently, a pilot demonstration is before Congress and a vote in the Senate is expected by the end of April. **We ask for your legislator's support on this critical legislation for our network of Jewish Family & Children's Agencies.**

Why do behavioral health consumers/patients benefit from Health Information Technology (HIT)?

The patients/consumers served by providers, are among the nation's most underserved and overlooked populations. In addition to mental illness, they often have poor general health and co-occurring health disorders. For example, a recent study by the Substance Abuse and Mental Health Services Administration (SAMHSA) points to a strikingly high incidence of cancer, heart disease, diabetes and asthma among the more than 8 million American served by the public mental health system. Health Information Technology (HIT) is the bedrock of any effort to coordinate and integrate care for this population across all modalities of care.

Why can't behavioral health providers adopt HIT on their own?

Inadequate reimbursement for behavioral health providers in Medicare and Medicaid have resulted in significant financial challenges for behavioral health and substance use treatment providers. For

example, **fewer than half** of behavioral health providers possess fully implemented EHR systems. On average, information technology spending in behavioral health organizations represents 1.8% of total operating budgets – compared with 3.5% of total operating budgets for general health care services.

What's the result if Congress fails to pass the corrective legislation?

While health care is a controversial topic on Capitol Hill, there are certain issues that generate bipartisan support including Medicare Accountable Care Organizations (ACOs), an organization of health care providers accountable for the quality, cost, and overall care of Medicare beneficiaries, and increasing the number of dual-eligibles in integrated care settings. As duals with mental illnesses make up fully one third of the high-cost duals patient population, efforts to contain future Medicare and Medicaid costs will be undermined if behavioral health providers can't coordinate care using HIT.

Which one of the bills is paid for? Do they save money?

The legislation included provisions from the Safeguarding Access For Every Medicare Patient Act, which authorize patient safety legal protections recently recommended by the Institute of Medicine (IOM). In addition, an Avalere Health study found that **the cost of HR 2957 would be reduced by more than \$1.7 billion over 10 years** by helping prevent adverse drug-to-drug interaction and averting emergency room visits and hospital admissions.

What is the status of BHIT?

H.R. 2957 was introduced and referred to the House Energy and Commerce Committee.

Though the BHIT legislation was just introduced in the House, its re-introduction in the Senate is still pending.

For further information, please contact Jonathan Westin, Health Policy Director at (202) 736 –5860 or jonathan.westin@jewishfederations.org

The Jewish Federations of North America represents 153 Jewish Federations and 300 Network communities, which raise and distribute more than \$3 billion annually for social welfare, social services and educational needs. The Federation movement, collectively among the top 10 charities on the continent, protects and enhances the well-being of Jews worldwide through the values of tikkun olam (repairing the world), tzedakah (charity and social justice) and Torah (Jewish learning).