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BEHAVIORAL HEALTH INFORMATION TECHNOLOGY: A HOUSE APPROACH

What's The Background? A bipartisan group of House lawmakers – including key members of the House Energy & Commerce Committee – will soon introduce legislation called the Behavioral Health Information Technology Act.

Is There A Senate Version of The Behavioral Health Information Technology Act? Yes, **S. 539** is a bipartisan bill introduced by Sen. Sheldon Whitehouse (D-RI) and Sen. Susan Collins (R-MN) that authorizes psychiatric hospitals, Community Mental Health Centers (CMHCs), clinical psychologists, and substance use treatment providers to:

- Participate in grant programs like the Regional Extension Centers and Beacon Communities under the HITECH Act
- Qualify for financial incentives for the “meaningful use” of Electronic Health Records (EHRs) through the HITECH Act’s Medicare and Medicaid reimbursement systems.

S. 539 corrects an oversight in the HITECH Act that excluded these key providers of behavioral health and substance use treatment services from specific categories of incentive fund eligibility that would provide them with much-needed funding to enhance quality of care.

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

The patients/consumers served by providers referenced above 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 6 million American served by the public mental health system. 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 (IT) 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? People with major mental health and addiction disorder need access to interoperable electronic health records. If behavioral health providers cannot adopt HIT at a rate comparable with primary care facilities, hospitals and physicians, it will soon become impossible to provide clinical care coordination. ***Specifically, because persons with serious mental illnesses are a high cost patient population, federal government efforts to reduce health spending through Medicaid Health Homes, Medicare Accountable Care Organizations and state efforts to enroll dual eligibles in***

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integrated care settings will be compromised if behavioral health providers remain excluded from the HITECH Act.

What Is The Difference Between S. 539 and the House Approach? The key difference is that the House approach contains a budget offset. The draft House legislative language includes provisions from H.R. 3239, which authorize patient safety legal protections recently recommended by the Institute of Medicine (IOM). In addition, a 2010 Avalere Health study found that cost of S. 539 will be reduced by **\$1.7 billion over 10 years** by helping prevent adverse drug-to-drug interaction and averting emergency room visits and hospital admissions.

Who supports the Behavioral Health Information Technology Act?

Strikingly similar legislation enjoyed widespread bipartisan support among moderates, progressives and staunch fiscal conservatives in the 111th Congress.