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October 2, 2014

The Honorable Fred Upton
Chairman
House Energy & Commerce
Committee
2125 Rayburn House Office Bldg.
Washington, D.C. 20515

The Honorable Diana DeGette
Member
House Energy & Commerce Committee
2368 Rayburn House Office Bldg.
Washington, D.C. 20515

RE: Including Behavioral IT Legislation (HR 2957/HR 3717) 21st Century Cures

Dear Chairman Upton and Representative DeGette:

Thank you both for your outstanding remarks during the recent House Energy & Commerce Committee hearing entitled, “Suicide Prevention and Treatment: Helping Loved Ones in Mental Health Crisis,” chaired by Dr. Tim Murphy. The undersigned members of the Behavioral Health Information Technology (BHIT) Coalition greatly appreciate your attention to behavioral health issues.

In particular, Chairman Upton, your important opening statement reflected the Committee’s ongoing work on the 21st Century Cures Initiative clearly outlining the legislative goal of closing “the gaps between advances in scientific knowledge about treating serious mental illness – which have been extensive – and how the federal government prioritizes and delivers those treatments to the most vulnerable populations.” In addition, in response to a letter from Centerstone (a member of the BHIT Coalition), Rep. Blackburn also noted that behavioral health providers have limited access to electronic health records of which offer essential tools to assist in suicide prevention such as evidence-based suicide screen tools, alerts to ensure protocols are followed for at-risk client missed appointments, and releases for providers to engage family members when a client is at risk.

The BHIT Coalition is a group of behavioral health care providers, practitioners, and payers joined together to advocate for federal funds to allow behavioral health providers to purchase interoperable electronic health records (EHRs). **We strongly believe that the delivery of behavioral health care for persons with serious mental disorders can be significantly improved if mental health and addiction providers are included in the HITECH Act.** Dr. Murphy has introduced two bills in the 113th Congress that would achieve that goal: the free standing bipartisan Behavioral Health Information Technology Act (HR 2957) as well as the BHIT provisions in the bipartisan comprehensive Helping Families in Mental Health Crisis Act (HR 3717).

Persons With Serious Mental Illnesses Have Crisis-Level Overall Health Status

Chairman Murphy’s legislation is critically important because people with major mental disorders will benefit the most from the vigorous, frictionless exchange of health care data. This group includes the 8 million persons - mostly individuals with

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severe and persistent mental illnesses - served by the public mental health system. In Michigan and Colorado, a combined total of nearly 300,000 people are served by public mental health agencies at the state and county level.

A wide array of recent studies indicate that these patients possess an exceedingly poor overall health status. For example, a *Synthesis Project* analysis issued by the Kaiser Family Foundation with support from the Robert Wood Johnson Foundation points to a strikingly high incidence of comorbid cancer, heart disease, diabetes and asthma among Americans with mental disorders. Specifically, according to federal government data:

- **76.2%** of Medicaid recipients with **asthma and/or COPD** also have severe mental disorders and comorbid addiction disorders.
- **73.7%** of Medicaid recipients with **coronary heart disease** also have severe mental illnesses and comorbid addiction disorders.
- **67.9%** of Medicaid recipients with **diabetes** also have serious mental and substance use disorders.

Among Medicare beneficiaries, those with serious mental illness (SMI) such as major depression, bipolar disorder and schizophrenia are more than twice as likely to have three or more chronic, comorbid conditions.

A study published in a Centers for Disease Control and Prevention (CDC) publication *Preventing Chronic Disease* found the predictable consequences. In short, people with SMI – particularly those served in state mental health systems - die 25 years sooner than other Americans while experiencing elevated levels of morbidity. It is important to put these studies in context: there are very few patient populations served by any federal health programs in the jurisdiction of the House Energy & Commerce Committee that experience such poor overall health. In fact, the available data suggests that people with mental illnesses like schizophrenia and bipolar in the United States have average life expectancy similar to the citizens of poor Sub-Saharan African nations (who lack access to clean water and vaccinations against preventable communicable diseases).

21st Century Cures – Digital Component Should Incorporate BHIT

For many months now, the Committee has been diligently working on bipartisan 21st Century Cures legislation that will improve health care in America by speeding the discovery of clues in basic science, streamlining the drug and device development process and unleashing “the power of digital medicine.”

On June 24, 2014, the Committee convened a *21st Century Cures Roundtable: Digital Health Care*. The witnesses and participants at the roundtable reflected an astonishing array of voices ranging from patients’ groups and nationally recognized providers to federal agencies and insurers, including the American Diabetes Association, the Cleveland Clinic, IBM, Intel, and Athenahealth. While each brought their own unique perspective and testified for different policy priorities, they all seemed to agree on a

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central point: Health Information Technology (HIT) holds the key to coordinated care in integrated settings, and federal legislative reforms are needed to attain truly interoperable EHRs that enable doctors, hospitals, medical specialists and behavioral health providers to share health information, thereby advancing digital and personalized healthcare.

The BHIT Coalition strongly agrees. In fact, people living with conditions like schizophrenia and bipolar disorder are in desperate need of the integrated care made possible by HIT. At the same time, the undersigned organizations are now deeply concerned that without access to meaningful use payments and HIT, it will soon become impossible to provide clinical care coordination for this highly vulnerable population, which requires regular interaction between mental health/addiction services providers, primary care physicians and medical specialty personnel. Further, the above-referenced data makes clear that unlike clinical laboratories, pharmacies and nursing facilities, behavioral health providers serve a population with highly acute mental illnesses, substance use disorders and life threatening comorbid medical/surgical chronic diseases.

In constructing the 21st Century Cures legislation, you will be called upon to balance a wide spectrum of priorities across drug innovation and approval, biomedical research, personalized medicine and the development of new diagnostic techniques. In addressing the digital component of this critically important measure, mental health and addiction providers urge you to give us the digital tools we need to both serve people with serious psychiatric disabilities as well as save lives.

Sincerely,

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