

March 10, 2016

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of Social Workers

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Behavioral Health

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The Honorable Lamar Alexander
Chairman
Senate Health Education Labor &
& Pensions Committee (HELP)
525 Hart Senate Office Bldg.
Washington, D.C. 20510

The Honorable Bill Cassidy
703 Hart Senate Office Bldg.
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Health Education Labor
& Pensions Committee (HELP)
725 Hart Senate Office Bldg.
Washington, D.C. 20510

The Honorable Chris Murphy
136 Hart Senate Office Bldg.
Washington, D.C. 20510

Dear Chairman Alexander, Senator Murray, Senator Cassidy and Senator Murphy:

The undersigned members of the Behavioral Health Information Technology Coalition are writing to thank you for the bipartisan efforts that resulted in introduction of the Mental Health Reform Act. To advance that work, we strongly urge you to include a proposal put forward by Sen. Sheldon Whitehouse authorizing a pilot program providing financial incentives for mental health and addictions providers to obtain Electronic Health Records (EHRs).

The Whitehouse amendment builds on the Improving Health Information Technology Act (S. 2511) that the HELP Committee recently approved with a strong bipartisan vote. The BHIT Coalition believes that the HITECH Act Meaningful Use program needs major legislative reforms encompassing improved interoperability, better EHR usability, and enhanced transparency including the star rating system authorized in S. 2511. At the same time, Meaningful Use reform efforts cannot be completed without providing HIT incentive payments to front line acute care behavioral health providers.

Leaving psychiatric hospitals, Community Mental Health Centers, psychologists, social workers and substance use treatment facilities out of the HITECH Act was a fundamental policy error. A mountain of evidence now shows that behavioral health conditions are both costly and deadly. Mental illnesses and conditions like opioid addiction and alcoholism complicate the management of medical/surgical chronic disease in Medicare and Medicaid recipients. Further, shocking new Centers for Disease Control & Prevention (CDC) data point to rising mortality among white adults and middle aged Americans in the 45 to 54 year old age group. "Rising rates of overdose deaths and suicide appear to have erased the benefits for most age groups of

whites. **Death rates for drug overdoses and suicide “are running counter to of those chronic disease” like heart disease, said Ian Rockett, an epidemiologist at West Virginia University.** [*New York Times*, Drug Overdoses Propel Rise in Mortality Rates of Young Whites, Jan 16, 2016, emphasis added]

In our view, this policy failure is now undermining bipartisan efforts to improve care coordination for individuals with multiple chronic medical conditions. In its Bipartisan Chronic Care Working Group Policy Options Document, the Senate Finance Committee recently noted that Medicare Affordable Care Organizations (ACOs) “...and other models face challenges integrating primary care and behavioral health services, despite the benefits of doing so....” But the explanation for this problem is straightforward. Simply put, in the modern digital medical era, these providers cannot communicate with – and cannot coordinate care with – hospitals, physicians, cardiologists, endocrinologists, and nephrologists without EHRs.

Moreover, the legislative record shows strong bipartisan support for behavioral health information technology legislation. In the 113th Congress, the free standing Behavioral HIT Act (HR 2957) introduced by Rep. Tim Murphy had 61 co-sponsors from both sides of the aisle including majority of the House Republican Doctors Caucus. Similarly, BHIT provisions are incorporated into the Helping Families in Mental Health Crisis Act (HR 2646), which now boasts 181 co-sponsors. In the Senate, both Sen. Whitehouse and Sen. Portman introduced companion behavioral health HIT measures (S. 1517/S. 1685) in the 113th Congress. Finally, earlier this month, the Department Health and Human Services released an FY 2017 budget containing financing proposals that, in essence, explicitly endorse the Murphy, Whitehouse and Portman BHIT bills.

The Whitehouse amendment represents a critically important step towards both enhanced care coordination for highly vulnerable Americans as well integrating behavioral health care with primary care and specialty medicine. We urge you to include the Whitehouse proposal in any mental health and opioid legislation that emerges from the Senate HELP Committee.

Thank you for your attention to important matter.

Sincerely,

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Disability Directors

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