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

The Honorable Frank Pallone
Ranking Minority Member
House Energy & Commerce
Committee
237 Cannon House Office Building
Washington, D.C. 20515

RE: INCLUDING BEHAVIORAL HEALTH INFORMATION TECHNOLOGY (HIT) IN COMPREHENSIVE MENTAL HEALTH BILL AT FULL COMMITTEE ENERGY & COMMERCE MARK-UP

Dear Chairman Upton and Rep. Pallone:

On behalf of the Behavioral Health Information Technology Coalition (BHIT), the undersigned organizations urge you to restore the behavioral health information technology (HIT) provisions of H.R. 2646 (Sections 701 and 702) to the Helping Families in Mental Health Crisis Act when it is marked up in the full House Energy & Commerce Committee.

These provisions have bipartisan support. They were included in both H.R. 2646 as originally introduced, and in the alternative package developed by Ranking Member Pallone in preparation for the Health Subcommittee mark up.

Expanding the behavioral HIT program to include behavioral health providers would greatly help an extremely vulnerable patient population. Psychiatric hospitals, Community Mental Health Centers, psychologists and outpatient and inpatient addiction providers serve patients and consumers with highly acute health conditions. Approximately 70% of low-income individuals with severe mental illnesses and opioid addiction and/or alcoholism served by public mental health and substance abuse agencies have comorbid medical/surgical chronic diseases including diabetes, heart disease, cirrhosis, Hepatitis C and HIV/AIDS.

A 2014 Rutgers University study of 13 low-income communities in New Jersey, including Camden, Trenton and Newark, demonstrated the prevalence of acute conditions in this patient population. The study found that Medicaid recipients with serious mental health and addiction disorders accounted for an astounding 43.2% of all hospitalizations in these communities between 2008 and 2011. The research also found that 75% of this patient population were “higher users.” For example, the Rutgers study noted that behavioral health conditions often, “exacerbate the adverse effects of chronic medical conditions leading to avoidable inpatient hospitalizations and Emergency Department (ED) visits.” Care management approaches that include providing HIT to behavioral health providers can help prevent or reduce hospitalizations in New Jersey and throughout the nation.

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In this calendar year, the Energy and Commerce Committee has repeatedly revisited the Health Information Technology for Economic and Clinical Health (HITECH) Act. Both the Medicare Access and CHIP Reauthorization Act (Title I, Section 106(b) of P.L. 114-110) and the 21st Century Cures Act (Title III, Subtitle A, Sections 3001 thru 3010A of HR 6) contain extensive legislative interoperability amendments to the Meaningful Use program; the BHIT Coalition supports these interoperability reforms.

We urge the Committee to continue Meaningful Use reforms by adding mental health and addiction treatment providers to the program.

Thank you for your attention to this important matter.

Sincerely,

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National Association of County Behavioral Health & Developmental Disability
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