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BEHAVIORAL HEALTH INFORMATION TECHNOLOGY COORDINATION ACT: S. 1685

What's the Background? Sen. Rob Portman (R-OH) – recently introduced The Behavioral Health Information Technology Coordination Act (S. 1685). S. 1685 corrects an oversight in the HITECH Act that excluded key providers of mental 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.

Is there a House Version of The Behavioral Health Information Coordination Technology Act? Yes, **H.R. 2957** is a bipartisan bill introduced by Rep. Tim Murphy (R-PA) and Rep. Ron Barber [D-OH] 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.

How 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 8 million Americans 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 spending in behavioral health organizations represents 1.8% of total operation budgets – compared with 3.5% of total operating budgets for general health care.

What’s the result if Congress fails to pass the corrective legislation? People with major mental health and addiction disorders 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 person with serious mental illness 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 eligible in integrated care settings will be compromised if behavioral health providers remain excluded from the HITECH Act.

Is S. 1865 Paid For? Yes. The legislation includes provisions from H.R. 2957 introduced in the last Congress, which authorize patient safety legal protections recently recommended by the Institute of Medicine (IOM). In addition, a recent Avalere Health study found that cost of S. 1685 will be reduced by **\$500 million 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.