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June 2, 2016

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

The Honorable Frank Pallone  
Ranking Member  
House Energy & Commerce Committee  
2322A Rayburn House Office Bldg.  
Washington, D.C. 20515

Dear Chairman Upton and Ranking Member Pallone,

Given widespread press reports that the Energy & Commerce Committee will soon mark-up a version of the Helping Families in Mental Health Crisis Act (H.R. 2646), the undersigned organizations are writing to strongly encourage you to include health information technology (IT) incentives for mental health and substance use providers. In particular, we urge you to include the Integrating Behavioral Health Through Technology Act (S. 2691) recently introduced by Senator Sheldon Whitehouse.

The legislation is tailored to the fiscal constraints confronting the committee. It authorizes a five (5) state pilot program offering health IT incentives for psychiatric hospitals, Community Mental Health Centers, psychologists, clinical social workers and outpatient/inpatient addiction providers. These entities were excluded from full eligibility for health IT incentive funds in the HITECH Act. "Such sums" authorizing language eases funding concerns.

There is substantial evidence that the measure fulfills a critically important need. A recent Health Affairs article noted that "...adoption of Electronic Health Records [EHRs] by psychiatric hospitals that are ineligible for incentive payments remains low, both objectively and comparatively." [Health Affairs, "Low Adoption of EHRs by Hospitals Ineligible for Incentives," Daniel Walker et al, March 2016, Vol. 35 No. 3]. In addition, estimates produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) note a strikingly high prevalence of comorbid medical/surgical chronic diseases (e.g., heart diseases, diabetes, Hepatitis C, HIV/AIDS) among individuals with serious mental illnesses.

Interoperable EHRs can produce a substantial improvement in clinical outcomes in this highly vulnerable patient population. S. 2691 builds upon the precedent set by the committee in MACRA (P.L. 114-10) by including Puerto Rican hospitals in the Meaningful Use program. Both systems serve patients/consumers with highly acute health conditions and both need modern health information systems for care coordination and essential clinical management functions.

Thank you for your leadership in this important area.

Sincerely,

American Psychological Association  
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Centerstone  
The Jewish Federations of North America  
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National Alliance on Mental Illness  
The National Association for Rural Mental Health  
National Association of Counties  
The National Association of County Behavioral Health and Developmental Disability  
Directors  
National Association of Social Workers  
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