

## **Subject: Behavioral health advocates renew push for access to meaningful use**

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Touting data that show the enormous cost of mental illness and substance abuse, behavioral health advocates plan to “fight hammer and tongs” early next year to pass a bill adding these conditions to the meaningful use program.

They support solo passage of [a bill](#) introduced a year ago by Sens. Rob Portman and Sheldon Whitehouse, or its inclusion in the Medicare sustained growth rate fix early next year. “That’s the most attractive vehicle,” said Alfonso Guida, president of the Behavioral Health IT Coalition.

He spoke after a Hill briefing where one speaker, Tom Doub of the Nashville-based Centerstone Research Institute, presented data showing that patients with diseases like diabetes and asthma rack up health care bills three to four times higher if they have behavioral comorbidities.

Yet the majority of mental health providers still lack electronic health records, and a much smaller percentage have interoperability with the health systems through which their patients frequently cycle.

“How in the world can cost savings happen when the one group responsible for 60 percent of health care costs is excluded?” Doub asked.

Mental health providers are adding health IT but still frustrated by barriers such as legal inhibitions on data exchange, and expenses — a problem that could be partly resolved with more meaningful use money, said Michael Lardieri, a vice president in behavioral health at the North Shore — LIJ Health System.

Joel White of the Health IT Now Coalition pointed out that the Ways and Means Committee recently issued a bill that would extend meaningful use to facilities in Puerto Rico. “They are looking at expanding the program, so the time is ripe for behavioral health,” he said.

— *Arthur Allen*

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