

## IMPROVING ACCESS TO BEHAVIORAL HEALTH INFORMATION TECHNOLOGY ACT (S. 1732/H.R. 3331)

In July 2017, bipartisan legislation was introduced in both the House of Representatives and the Senate to support behavioral health providers in adopting electronic health records (EHR). Senators Rob Portman (R-OH) and Sheldon Whitehouse (D-RI) and Representatives Lynn Jenkins (R-KS) and Doris Matsui (D-CA) introduced the Improving Access to Behavioral Health Information Technology Act (S. 1732/H.R. 3331), tasking the Center for Medicare and Medicaid Innovation (CMMI) with creating a demonstration project to incentivize the use of EHR systems in various settings, including mental health and addiction treatment organizations.

The mission and purpose of the CMMI is to test models intended to make health care delivery more efficient and support patient-centered practices by reducing costs and improving care. This legislation would add the EHR incentive program for behavioral health providers to CMMI's list of models to test. Providers and settings that would be included in these incentives are: clinical psychologists and clinical social workers at psychiatric hospitals, community mental health centers, residential or outpatient mental health treatment facilities and addiction treatment facilities.

### WHY DO WE NEED THE IMPROVING ACCESS TO BEHAVIORAL HEALTH INFORMATION TECHNOLOGY ACT?

**Comprehensive care coordination is needed to combat the nation's opioid epidemic.** Health IT is the bedrock of any effort to coordinate care for all Americans; it supports the delivery of treatment, recovery and prevention services that are fully integrated with physical health care. As the nation's mental health and opioid addiction crises continue to worsen each year, Congress must do all it can to ensure providers have the electronic tools they need to effectively manage these patients. If mental health and addiction treatment providers cannot adopt health IT at a rate comparable to primary care facilities, hospitals and physicians' offices, it will soon become impossible to coordinate clinical care electronically and curb this emerging public health crisis.

**Most behavioral health treatment providers lack the resources needed to implement EHRs.** Community mental health and addiction services are covered primarily by Medicaid or state and local general funds, and reimbursement is often so low that providers are forced to cobble together funding from multiple sources. These low rates – some of which have not been raised in 20 years – combined with the more than \$4.5 billion divestment from state mental health and substance use agency budgets over the last decade, leaves a great number of providers wholly unable to afford the cost of investing in adoption of EHRs. Behavioral health providers are in dire need of financial assistance if they are to incorporate EHRs into their practice.

**Expected savings cannot materialize if behavioral health providers remain excluded from health IT funding.** The federal government's continued efforts to reduce health spending will be compromised if behavioral health providers remain excluded from adopting EHRs. A comprehensive, electronically connected health system can reduce duplicative tests and treatments and provide necessary and often lifesaving information to providers – both emergency and primary. Widespread adoption and use of EHRs not only improves care for consumers, it reduces health care costs for all parties involved.

### BOTTOM LINE

Support for health IT will improve behavioral health coordination

### REQUEST

Cosponsor the Improving Access to Behavioral Health Information Technology Act

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## COSPONSORS CURRENT AS OF 4/10/2018

### S. 1732

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### H.R. 3331

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