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CO-SPONSOR THE BEHAVIORAL HEALTH INFORMATION TECHNOLOGY ACT (S. 539)

What is the Behavioral Health Information Technology Act?

The Behavioral Health Information Technology Act (BHIT) extends eligibility for Medicaid and Medicare incentive funds for the “meaningful use” of EHRs to psychiatric hospitals, community mental health centers, residential mental health treatment facilities, clinical psychologists, clinical social workers and substance use treatment providers that were not previously included as eligible in the HITECH Act. It also authorizes these entities to participate in grant programs like the Regional Extension Centers and Beacon Communities under the HITECH Act; and receive financial assistance in purchasing and operating EHRs through the HITECH Act’s Medicare and Medicaid reimbursement systems.

Would behavioral health consumers/patients benefit from passage of this Act?

Yes. The patients/consumers served by providers referenced in S. 539 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 6 million American served by the public mental health system. Health information technology (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 just adopt HIT on their own?

Inadequate Medicare and Medicaid reimbursement levels and reductions in other funding sources have resulted in significant financial challenges for behavioral healthcare providers. Fewer than half of behavioral health providers possess fully-implemented clinical EHR systems. On average, HIT spending in behavioral health organizations represents just 1.8% of total operating budgets – compared with 3.5% of total operating budgets for general health care services provider organizations.

What are the consequences if Congress fails to pass S. 539?

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 for this important patient population, which requires regular interaction between mental health/addiction providers, primary care physicians and specialty medical personnel.

Does S. 539 save money?

Yes. A 2010 Avalere Health study found that the BHIT will save the federal government more than \$1.7 billion over 10 years by helping prevent adverse drug-to-drug interactions and averting emergency room visits and hospital admissions.

Who supports the Behavioral Health Information Technology Act?

The BHIT Act enjoyed widespread bipartisan support among Republicans and Democrats when it was introduced in the 111th Congress, and we are working to attain similar support in the 112th Congress. Furthermore, the Office of the National Coordinator recently endorsed “the creation of an incentive program to support the adoption of certified EHR technology within the behavioral health community.”