

September 8, 2022

The Honorable Doris Matsui  
U.S. House of Representatives  
2311 Rayburn House Office Building  
Washington, DC 20515

The Honorable Sharice Davids  
U.S. House of Representatives  
1541 Longworth House Office Building  
Washington, DC 20515

The Honorable Markwayne Mullin  
U.S. House of Representatives  
2421 Rayburn House Office Building  
Washington, DC 20515

The Honorable Ron Estes  
U.S. House of Representatives  
2411 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives Matsui, Mullin, Davids, and Estes,

On behalf of our nearly 30 member companies, the Electronic Health Record (EHR) Association extends our support and offers recommendations for the Behavioral Health Information Technologies Now Act (H.R.7427). As a community of health IT developers serving healthcare organizations around the country, our mission to improve the quality and efficiency of care through the adoption and use of innovative, interoperable health information technology is fully aligned with your efforts to lower barriers for all Americans to access quality healthcare and lead healthier lives through the innovative use of digital health technologies.

The Senate Finance Committee's bipartisan report, [Mental Health Care in the United States: The Case for Federal Action](#) cites the increased need for care coordination among patients with chronic conditions, including behavioral health conditions, and the importance of EHRs in facilitating communication across care settings.

Widespread adoption of interoperable EHRs helps improve the quality of patient care as well as the productivity and sustainability of the healthcare system. While much attention has been paid to primary and acute health care delivery organizations, funding has not been provided for behavioral health and other human services provider organizations and initiatives to digitize their environments or exchange information to facilitate better coordination between health and social care. In many ways, the technological state of behavioral health care today resembles the landscape of EHR adoption by healthcare providers fifteen years ago: while a few bright spots exist, many providers lack the resources or knowledge to adopt technology, and instead subsist on a combination of paper, basic documentation, and tracking tools like spreadsheets.

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AdvancedMD	eClinicalWorks	Flatiron Health	MEDITECH, Inc.	Office Practicum
Allscripts	eMDs – CompuGroup Medical	Foothold Technology	Medsphere	Oracle Cerner
Athenahealth	Endosoft	Greenway Health	Modernizing Medicine	Sevocity
BestNotes	Epic	Harris Healthcare Group	Netsmart	STI Computer Services
CPSI	Experity	MatrixCare	Nextech	TenEleven Group
CureMD		MEDHOST	NextGen Healthcare	Varian – A Siemens Healthineers Company

The proposed Center for Medicare and Medicaid Innovation (CMMI) funding needed to implement the behavioral health IT financing demonstration program that was authorized in the SUPPORT Act in 2018 will provide resource-challenged behavioral health providers much-needed funds to purchase and implement certified EHRs and related technologies. This would equip behavioral health organizations with the technology needed to share a complete picture of a person's health when, for example, doing referrals to another provider for additional diagnosis and treatment or referrals to a community partner to address social determinants of health. It would also enable more behavioral health providers to engage in widespread connectivity with national interoperability frameworks like Carequality or the emerging Trusted Exchange Framework. At the highest level, EHRs and related technologies provide the core clinical and operational capabilities needed to effectively evaluate, manage, and improve the overall health of these high-risk populations.

We specifically appreciate and endorse the Act's recognition of the 2015 Office of the National Coordinator certification standards. This certification ensures that behavioral health providers will have access to interoperable EHRs that are ready to exchange data not only with EHRs used by other behavioral health providers but also with clinicians and hospitals across the country. Because the demonstration program is intended to last for several years, however, **we recommend the bill be amended to specifically recognize "the Office of the National Coordinator certification standards, 2015 Edition or subsequent editions of certification,"** to allow for behavioral health providers to continue to use up-to-date technologies. Already, ONC has issued a new version of EHR certification (the 2015 Edition Cures Update) that introduces additional requirements for interoperability that would benefit behavioral health providers, such as the interoperable exchange of clinical notes. However, we also suggest that ONC be directed to evaluate which of the certification requirements (in current and subsequent editions) are relevant to the behavioral health care environment, recognizing that not all elements included in current certification requirements are appropriate, and are authorized to require only a subset for behavioral health software developers. Maximizing the power of the ONC certification authority will result in technologies that are ready for behavioral health providers to implement the day the program begins.

The EHR Association urges Congress to direct the ONC, CMS, HRSA and SAMHSA to explore additional options for providing the resources necessary for all behavioral health providers to obtain and maintain health information technology that is able to exchange patients' personal health information. Neither the HITECH Meaningful Use program nor the SUPPORT Act appropriated the resources that are necessary for the behavioral health community to adopt EHR technology on a wide scale. Robust EHRs are capable of contributing to improved outcomes for persons being treated for behavioral health diagnoses, but the behavioral health community has repeatedly made clear that resources will be necessary to see any broad movement in that direction.

The EHR Association joins with numerous other organizations in support of the Behavioral Health Information Technologies Now Act to improve integrated, coordinated, and accessible care for individuals seeking mental health and substance use treatment. On behalf of our member companies, we thank you for your leadership in sponsoring this important legislation. We are happy to serve as a resource for you and your staff, should you have questions about our proposed recommendation or any other topics. The EHR Association and associated subject matter experts may be reached by contacting Kasey Nicholoff, EHR Association Program Manager, at [knicholoff@ehra.org](mailto:knicholoff@ehra.org).

Sincerely,



Hans J. Buitendijk  
Chair, EHR Association  
Oracle Cerner



David J. Bucciferro  
Vice Chair, EHR Association  
Foothold Technology

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*Established in 2004, the Electronic Health Record (EHR) Association is comprised of nearly thirty companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit [www.ehra.org](http://www.ehra.org).*