

1 Title: To amend the Public Health Service Act to extend health information technology
2 assistance eligibility to behavioral health, mental health, and substance abuse professionals and
3 facilities, and for other purposes.
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6 Be it enacted by the Senate and House of Representatives of the United States of America in
7 Congress assembled,

8 SECTION 1. SHORT TITLE.

9 This Act may be cited as the “Behavioral Health Information Technology Coordination Act”.

10 SEC. 2. BEHAVIORAL HEALTH INFORMATION 11 TECHNOLOGY GRANTS.

12 Subtitle B of title XXX of the Public Health Service Act (42 U.S.C. 300jj–31 et seq.) is
13 amended by adding at the end the following:

14 “SEC. 3019. BEHAVIORAL HEALTH INFORMATION 15 TECHNOLOGY GRANTS.

16 “(a) Grants.—

17 “(1) IN GENERAL.—The National Coordinator shall award grants to eligible behavioral
18 health care providers to promote behavioral health integration and improve care
19 coordination for persons with mental health and substance use disorders.

20 “(2) NOFO.—Not later than 18 months after the date of enactment of the Behavioral
21 Health Information Technology Coordination Act, the National Coordinator shall publish a
22 Notice of Funding Opportunity for the grants described in paragraph (1).

23 “(b) Geographic Distribution.—In making grants under subsection (a), the National
24 Coordinator shall—

25 “(1) to the maximum extent practicable, ensure an equitable geographical distribution of
26 grant recipients throughout the United States; and

27 “(2) give due consideration to applicants from both urban and rural areas.

28 “(c) Eligible Providers.—To be eligible to receive a grant under subsection (a), a behavioral
29 health care provider shall be—

30 “(1) a physician (as defined in section 1861(r)(1) of the Social Security Act) who
31 specializes in psychiatry or addiction medicine;

32 “(2) a clinical psychologist providing qualified psychologist services (as defined in
33 section 1861(ii) of such Act);

34 “(3) a nurse practitioner (as defined in section 1861(aa)(5)(A) of such Act) with respect to
35 the provision of psychiatric services;

36 “(4) a clinical social worker (as defined in section 1861(hh)(1) of such Act);

- 1 “(5) a psychiatric hospital (as defined in section 1861(f) of such Act);
- 2 “(6) a community mental health center that meets the criteria specified in section 1913(c);
- 3 or
- 4 “(7) a residential or outpatient mental health or substance abuse treatment facility.
- 5 “(d) Program Requirements.—An eligible behavioral health care provider receiving a grant
- 6 under subsection (a) shall use the grant funds—
- 7 “(1) to purchase or upgrade health information technology software and support services
- 8 needed to appropriately provide behavioral health care services and, where feasible,
- 9 facilitate behavioral health integration;
- 10 “(2) to demonstrate (through a process specified by the Secretary, such as the use of
- 11 attestation) that the eligible behavioral health care provider has acquired health information
- 12 technology that meets the certification criteria described in the final rule of the Office of the
- 13 National Coordinator for Health Information Technology of the Department of Health and
- 14 Human Services entitled ‘2015 Edition Health Information Technology (Health IT)
- 15 Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and
- 16 ONC Health IT Certification Program Modifications’ (80 Fed. Reg. 62602 (October 16,
- 17 2015)) (or successor criteria);
- 18 “(3) to ensure that such health information technology is fully compliant with the
- 19 regulations specified in the final rule of the Centers for Medicare & Medicaid Services
- 20 entitled ‘Medicare and Medicaid Programs; Patient Protection and Affordable Care Act;
- 21 Interoperability and Patient Access for Medicare Advantage Organization and Medicaid
- 22 Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care
- 23 Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, and
- 24 Health Care Providers’ (85 Fed. Reg. 25510 (May 1, 2020)), including by demonstrating the
- 25 capacity to exchange patient clinical data with primary care physicians, medical specialty
- 26 providers and acute care hospitals, psychiatric hospitals, and hospital emergency
- 27 departments; and
- 28 “(4) to promote, where feasible, the implementation and improvement of bidirectional
- 29 integrated services, including evidence-informed screening, assessment, diagnosis,
- 30 prevention, treatment, recovery, and coordinated discharge planning services for mental
- 31 health and substance use disorders, and co-occurring physical health conditions and chronic
- 32 diseases.
- 33 “(e) Applications.—An eligible behavioral health care provider seeking a grant under
- 34 subsection (a) shall submit an application to the Secretary at such time, in such manner, and
- 35 containing such information as the Secretary may require.
- 36 “(f) Grant Amounts.—The amount of a grant under subsection (a) shall be not more than
- 37 \$2,000,000.
- 38 “(g) Duration.—A grant under subsection (a) shall be for a period of not more than 2 years.
- 39 “(h) Reporting on Program Outcomes.—Not later than 2 years after the date of enactment of
- 40 the Behavioral Health Information Technology Coordination Act, and annually thereafter, the
- 41 Secretary shall submit to Congress a report that describes the implementation of the grant
- 42 program under this section, including—

1 “(1) information on the number and type of behavioral health care providers that have
2 acquired and implemented certified health information technology described in subsection
3 (i), including a description of any advances or challenges related to such acquisition and
4 implementation;

5 “(2) information on the number and type of behavioral health care providers that received
6 a grant under this section;

7 “(3) information on whether the number of, and rate of participation by, eligible
8 behavioral health care providers, including behavioral health care providers that received a
9 grant under this section, participating in Medicare and Medicaid under a value based or
10 capitated payment arrangement has increased during the grant program;

11 “(4) the extent to which eligible behavioral health care providers that received a grant
12 under this section are able to electronically exchange patient health information with local
13 partners, including primary care physicians, medical specialty providers and acute care
14 hospitals, psychiatric hospitals, hospital emergency departments, health information
15 exchanges, Medicare Advantage plans under part C of title XVIII of the Social Security
16 Act, medicaid managed care organizations (as defined in section 1903(m)(1)(A) of such
17 Act), and related entities;

18 “(5) the extent to which eligible behavioral health care providers that received a grant
19 under this section are measuring and electronically reporting patient clinical and non-
20 clinical outcomes using common quality-reporting metrics established by the Centers for
21 Medicare & Medicaid Services, such as the child and adult health quality measures
22 published under sections 1139A and 1139B of the Social Security Act and quality measures
23 under section 1848(q) of such Act; and

24 “(6) evaluation of the impact and effectiveness of grants under this section on advancing
25 access to care, quality of care, interoperable exchange of patient health information between
26 behavioral health and medical health providers, and recommendations on how to use health
27 information technology to improve such outcomes.

28 “(i) Voluntary Standards for Behavioral Health Information Technology.—

29 “(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Behavioral
30 Health Information Technology Coordination Act, the National Coordinator and the
31 Assistant Secretary for Mental Health and Substance Use, acting jointly, in consultation
32 with appropriate stakeholders, shall develop recommendations for the voluntary
33 certification of health information technology for behavioral health care that does not
34 include a separate certification program for behavioral health care and practice settings.

35 “(2) CONSIDERATIONS.—The recommendations under paragraph (1) shall take into
36 consideration issues such as privacy, minimum clinical data standards, and sharing relevant
37 patient health data across the behavioral health care, primary health care, and specialty
38 health care systems.

39 “(j) Guidance.—The Secretary shall require the Administrator of the Centers for Medicare &
40 Medicaid Services, the Assistant Secretary for Mental Health and Substance Use, and the
41 National Coordinator to develop joint guidance on how States can use Medicaid authorities and
42 funding sources (including waiver authority under section 1115 of the Social Security Act (42
43 U.S.C. 1315), directed payments, enhanced Federal matching rates for certain expenditures,

1 Federal funding for technical assistance, and payment and service delivery models tested by the
2 Center for Medicare and Medicaid Innovation under section 1115A of the Social Security Act
3 (42 U.S.C. 1315a)) and other Federal resources to promote the adoption and interoperability of
4 certified health information technology described in subsection (i).

5 “(k) Authorization of Appropriations.—There is authorized to be appropriated to carry out this
6 section \$20,000,000 for each of fiscal years 2025 through 2029.”.