

April 29, 2010

The Honorable Patrick Kennedy
United States House of Representatives
407 Cannon House Office Building
Washington, D.C. 20515

Dear Representative Kennedy:

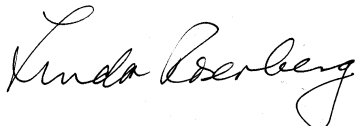
On behalf of the National Council for Community Behavioral Healthcare (National Council) – an organization representing 1,700 Community Mental Health Centers (CMHCs) and other community-based mental health and addiction providers serving over 6 million low income children and adults with mental health and substance use disorders – I am writing to thank you for your leadership in introducing H.R. 5040, the Health Information Technology Extension for Behavioral Health Services Act of 2010.

The American Recovery and Reinvestment Act of 2009 provided \$20 billion in incentives and grants to health care providers and hospitals throughout the nation to adopt and implement interoperable EHR systems. However, while psychiatrists and nurse practitioners providing addiction and mental health services within community behavioral health organizations (CBHOs) can access these incentive payments, all other providers who work within CBHOs cannot. As CBHOs typically have very few medical providers compared to the number of psychologists, social workers, and other clinical staff, this greatly limits the likelihood of CBHOs meaningfully utilizing health information technology (HIT). In addition, while hospitals are eligible to receive facility payments under the Medicare and Medicaid incentive programs, CBHOs are excluded from facility payments, thus greatly limiting the likelihood of clients fully benefiting from the proven benefits of provider adoption of HIT.

The implications of not comprehensively including CBHOs in the incentives program are serious. A 2006 SAMHSA study documents disproportionate physical morbidity and premature death among consumers served in the public mental health system, showing that these individuals die in their early fifties, primarily due to preventable medical conditions such as cardiovascular, pulmonary and infectious disease. Adequate funding for technology is critical to enabling mental health and addiction providers to implement systems that help them provide quality care, measure outcomes and enable continuity of care between primary care, mental health, and addiction services. Without this, community behavioral health providers cannot track health outcomes, cannot engage in cost-effective chronic disease prevention & recovery, and cannot be held accountable for using best practices.

The behavioral health field welcomes the opportunity to embrace electronic health records and other HIT as a way to improve health outcomes, clinical operations, and collaboration among providers. Thank you for your commitment and dedication to ensuring that mental health providers, substance use providers, and psychiatric hospitals enjoy parity with other health care providers for the meaningful use of HIT. We look forward to assisting you in any way possible as the HIT Extension for Behavioral Health Services Act moves through the legislative process.

Sincerely,



Linda Rosenberg, MSW
President and CEO