



May 4, 2009

The Honorable Max Baucus  
Chairman  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Baucus:

As you begin the process of crafting health reform proposals I am writing to strongly urge you to include psychiatric hospitals, Community Mental Health Centers (CMHCs) and other community-based and residential mental health and addiction treatment providers in any HIT discretionary grant programs or expanded HIT Medicare and Medicaid reimbursement systems contained in legislative proposals. You may not be aware that as the American Recovery and Reinvestment Act is currently written behavioral health facilities are not eligible for any of the Medicare and Medicaid incentives provided for in the Act.

The ultimate goal of widespread adoption of health information technology– to save American lives through improved coordination of care – is particularly relevant to persons with mental health and addiction disorders. According to an eight state study issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) in December 2006, individuals with serious mental illnesses served by public mental health authorities **die – on average – 25 years sooner than other Americans.** SAMHSA directly linked this horrific mortality data to the high incidence of untreated co-occurring chronic medical conditions in this patient population including cancer, hypertension, diabetes, asthma, heart disease, and cardio-pulmonary conditions. More recently, *The New York Times* reported that hospitalized patients with bipolar disorder have mortality rates that ranged from 35% to 200% higher than any other patient; again, the cause of death was co-occurring chronic diseases.

Health information technology is the essential cornerstone of efforts to address this emerging public health crisis. HIT will enable behavioral health and substance abuse providers to effectively coordinate care across mental health and substance abuse service systems, primary care entities and specialty medicine.

Therefore, I urge you to explicitly designate psychiatric hospitals, Community Mental Health Centers, and other community-based and residential mental health and addiction providers in any expanded HIT initiatives.

The undersigned would look forward to the opportunity to testify before your committee as you look at reforming the United States healthcare system.

Thank you for your attention to this important matter.

Sincerely,

Kevin Scalia

Executive Vice President  
Netsmart Technologies, Inc.

Chairman  
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Vendors Association

Linda Rosenberg, MSW

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