Enhancing Care Coordination Through Technology

The Behavioral Health IT Act (S. 1517/H.R. 2957) and Behavioral Health IT Coordination Act (S. 1685)

The Behavioral Health Information Technology Act (S. 1517/H.R. 2957) and Behavioral Health IT Coordination Act (S. 1685) would extend financial incentives for the meaningful use of electronic health records (EHRs) to specified mental health and substance use treatment providers and facilities. These bipartisan bills correct an oversight in the 2009 HITECH Act that excluded these key providers from much-needed funding to enhance care coordination and quality. The bills would extend Medicare and Medicaid reimbursement for meaningful use of EHRs to psychologists, psychiatric hospitals, mental health treatment facilities, and substance use treatment facilities.

Why do we need the Behavioral Health IT Act?
People with behavioral health conditions have high rates of co-occurring physical health conditions and are in dire need of care coordination. A study from the Substance Abuse and Mental Health Services Administration points to strikingly high prevalence of cancer, heart disease, diabetes, and asthma among Americans served by the public mental health and substance use treatment system.

Most behavioral health providers lack the resources to implement EHRs. Community mental health and substance use treatment providers face significant financial challenges when trying to adopt comprehensive EHR systems, and fewer than 30 percent have successfully implemented full or partial EHR systems to date.

True care coordination cannot take place when a crucial segment of providers lack EHRs. Health IT is the bedrock of any effort to coordinate and integrate care for all Americans. If mental health and substance use treatment providers cannot adopt health IT at a rate comparable to primary care facilities, hospitals, and physicians’ offices, it will soon become impossible to coordinate clinical care electronically.

Expected savings cannot materialize if behavioral health providers remain excluded from health IT incentives. The federal government’s efforts to reduce health spending through Medicaid health homes and Medicare accountable care organizations, and states’ efforts to enroll dually eligible individuals in integrated managed care settings, will be compromised if behavioral health providers remain excluded from the HITECH Act.

Why three bills?
The Behavioral Health IT Act has bipartisan, bicameral support. There are minor differences among the two Senate bills: S. 1517 includes social workers, while S. 1685 is fully offset. H.R. 2957 is identical to S. 1685. The National Council and our Hill Day partners support all three bills and urge members of Congress to sign on as cosponsors.
Behavioral Health Information Technology Coordination Act of 2013 (S. 1685)

OH  Robert Portman (R) (Lead sponsor)

Behavioral Health IT Act (S. 1517)

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Behavioral Health IT Act (H.R. 2957)

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