



## Enact Behavioral Health Information Technology Legislation

**Please reach out to your Senators and Representatives and let them know that securing funding and support for Behavioral Health Information Technology (BHIT) is essential for our non-profit health providers to deliver coordinated mental health and addiction services.**

### What is BHIT?

S. 539, the Behavioral Health Information Technology Act of 2011 (BHIT) and the House companion bill H.R. 6043, authorize psychiatric hospitals, community mental health providers, clinical psychologists, and addictive disorder treatment providers to:

- Participate in grant programs like the Regional Extension Centers and Beacon Communities under the HITECH Act (Health Information Technology for Economic and Clinical Health, PL 111-5)
- Qualify for financial incentives for the “meaningful use” of Electronic Health Records (EHRs) through the HITECH Act’s Medicare and Medicaid reimbursement systems.

Both bills correct an oversight that excluded these key providers from Medicaid and Medicare financing under the HITECH Act; these funds are needed, in turn, to enable behavioral health entities to purchase and implement EHR systems.

### Why do behavioral health consumers/patients benefit from Health Information Technology (HIT)?

The patients/consumers served by providers referenced in S.539 and H.R. 6043 (BHIT), are among the nation’s most underserved and overlooked populations. In addition to mental illness, they often have poor general health and co-occurring health disorders. For example, a recent study by the Substance Abuse and Mental Health Services Administration (SAMHSA) points to a strikingly high incidence of cancer, heart disease, diabetes and asthma among the more than 7 million American served by the public mental health system. Health Information Technology (HIT) is the bedrock of any effort to coordinate and integrate care for this population across all modalities of care.

### Why can’t behavioral health providers adopt HIT on their own?

Inadequate reimbursement for behavioral health providers in Medicare and Medicaid have resulted in significant financial challenges for behavioral health and substance use treatment providers. For example, **fewer than half** of behavioral health providers possess fully implemented EHR systems. On average, information technology spending in behavioral health organizations represents 1.8% of total operating budgets – compared with 3.5% of total operating budgets for general health care services.

### **What's the result if Congress fails to pass the corrective legislation?**

While health care is a controversial topic on Capitol Hill, there are certain issues that generate bipartisan support including Medicare Accountable Care Organizations (ACOs), an organization of health care providers accountable for the quality, cost, and overall care of Medicare beneficiaries, and increasing the number of dual-eligibles in integrated care settings. As duals with mental illnesses make up fully one third of the high-cost duals patient population, efforts to contain future Medicare and Medicaid costs will be undermined if behavioral health providers can't coordinate care using HIT.

### **Which one of the bills is paid for? Do they save money?**

The House approach contains a budget offset. The legislation includes provisions from H.R. 3239 (Safeguarding Access For Every Medicare Patient Act), which authorize patient safety legal protections recently recommended by the Institute of Medicine (IOM). In addition, an Avalere Health study found that the cost of both S. 539 and H.R. 6043 will **reduce costs by more than \$1.7 billion over 10 years** by helping prevent adverse drug-to-drug interaction and averting emergency room visits and hospital admissions.

### **What is the status of the BHIT?**

Sen. Sheldon Whitehouse (D-RI) and Sen. Susan Collins (R-ME) are the lead co-sponsors of S. 539, and Rep. Tim Murphy (R-PA) is the lead co-sponsor of H.R. 6043.

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