

September 15, 2023

The Honorable Bernie Sanders
Chair
Senate Health Education Labor and Pensions
Committee
648 Dirksen Senate Office Bldg.
Washington, D.C. 20510

The Honorable Bill Cassidy
Ranking Member
Senate Health Education Labor and
Pensions Committee
428 Hart Senate Office Bldg.
Washington, D.C. 20501

The Honorable Cathy McMorris Rodgers
Chair
House Energy & Commerce Committee
2125 Rayburn House Office Bldg.
Washington, D.C. 20510

The Honorable Frank Pallone
Ranking Member
House Energy & Commerce Committee
Rayburn House Office Bldg.
Washington, D.C. 20510

RE: INCLUDE BEHAVIORAL HEALTH IT BILL IN SUPPORT ACT

Dear Chair Sanders, Sen. Cassidy, Chair McMorris Rodgers and Rep. Pallone:

The undersigned members of the Behavioral Health Information Technology Coalition -- comprised of organizations dedicated to advancing public policy initiatives that tap the full potential of technology to coordinate, integrate and improve the quality of treatment services for people with mental health and addiction disorders – are writing to strongly urge you to include the bipartisan Matsui/Johnson Behavioral Health Information Technology Coordination Act (HR 5116/S. 2688) in the SUPPORT Act reauthorization when that critical legislation is considered on the floor of the U.S. House of Representatives.

The bipartisan bill proposed by Sen. Mullin and Sen. Cortez Masto in the Senate and Rep. Matsui and Rep. Johnson in the House authorizes an Office of the National Coordinator (ONC) grant program facilitating health IT incentives for a range of mental and behavioral health providers including psychiatric hospitals, psychiatrists and addiction medicine physicians, psychologists, social workers, Community Mental Health Centers, and substance use treatment providers. The legislation seeks to tackle key policy challenges. Specifically, it is difficult, if not impossible, to integrate mental health services into primary care when behavioral health providers are still heavily reliant on phones, faxes and emailed Excel spread sheets to exchange critical clinical patient data.

The legislation also addresses clinical reality. People with schizophrenia, bipolar disorder or

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MEMBERS: American Psychological Association • Association for Behavioral Health and Wellness • Centerstone • Jewish Federations of North America • Mental Health America • National Alliance on Mental Illness • National Association of Counties • National Association of State Behavioral Health & Developmental Disability Directors • National Association for Behavioral Healthcare • National Association of State Alcohol/Drug Abuse Directors • National Association of Social Workers • National Council for Mental Wellbeing • Netsmart

major clinical depression have three (3) times the odds of having chronic bronchitis, five (5) times the odds of having emphysema, and four (4) times the odds of having COPD. Arming behavioral health providers with health IT is instrumental as a means of coordinating care for these patient populations across primary care and specialty medicine.

Finally, HR 5116/S 2688 will help to reduce health care system costs by facilitating the participation of mental health and addiction treatment providers in shared savings arrangements. In a recent report to Congress, the Medicaid and CHIP Payment and Access Commission (MACPAC) noted that low utilization of Electronic Health Records (EHRs) among behavioral health providers is a substantial obstacle **to the future participation** of these same providers in Medicare Accountable Care Organizations (ACOs), Medicaid health homes and other shared savings initiatives.

Thank you for your leadership in seeking reauthorization of the SUPPORT Act; including the Behavioral Health Information Technology Coordination Act will help to save lives and money.

Sincerely,

American Psychiatric Association
American Psychological Association
American Society of Addiction Medicine (ASAM)*
Association for Behavioral Health and Wellness (ABHW)
Centerstone
Meadows Mental Health Policy Institute (MMHPI)
Mental Health America (MHA)
National Alliance on Mental Illness (NAMI)
National Association of Counties (NACo)
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Social Workers (NASW)
National Association of State Alcohol and Drug Abuse Directors (NASADAD)
National Council for Mental Wellbeing
Netsmart
NHMH – No Health Without Mental Health

**denotes non-member organization*