

September 16, 2015

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The Honorable Fred Upton
Chairman
House Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
House Energy & Commerce Committee
237 Cannon House Office Building

RE: INCLUDING BEHAVIORAL HEATH INFORMATION TECHNOLOGY IN COMPREHENSIVE MENTAL HEALTH BILL

Dear Chairman Upton and Ranking Member Pallone:

Thank you for your bipartisan leadership in taking up comprehensive mental health legislation. On behalf of the Behavioral Health Information Technology (BHIT) Coalition, the undersigned organizations are writing to urge you to include the BHIT provisions of H.R. 2646 (Sections 701 and 702) introduced by Representatives Tim Murphy and Eddie Bernice Johnson in the critically important measure you are developing.

Psychiatric hospitals, Community Mental Health Centers, clinical psychologists and outpatient and inpatient addiction providers serve patients and consumers with highly acute health conditions. In fact, approximately 70% of low income individuals with severe mental illnesses and opioid addiction and/or alcoholism served by public mental health and substance abuse agencies have comorbid medical/surgical chronic diseases such as diabetes, heart disease, cirrhosis, Hepatitis C and HIV/AIDS.

The prevalence of acute conditions in this patient population was demonstrated in a 2014 Rutgers University study of thirteen low income communities in New Jersey, including Camden, Trenton and Newark. The examination found that Medicaid recipients with serious mental health and addiction disorders accounted for an astounding 43.2% of all hospitalizations in these communities between 2008 and 2011, and this patient population composed 75% of all “higher users.” The Rutgers study noted that behavioral health conditions often “exacerbate the adverse effects of chronic medical conditions leading to avoidable inpatient hospitalizations and Emergency Department (ED) visits.” Care management that include providing health information technology to

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behavioral health providers can help avoid hospitalizations in New Jersey and throughout the nation, enabling more targeted, appropriate care and reducing costs.

In New Jersey, 11% of Medicare beneficiaries over the age of 65 were diagnosed with depression in 2013; and in Michigan, the rate was even higher at 14%. Nationally, 6.7% of Medicare beneficiaries over the age of 65 are diagnosed with both depression and diabetes. Behavioral health providers need health information technology to help ensure Medicare and Medicaid patients receive high quality care. *Coordinating treatment for patients across all modalities of care* is hampered without electronic health records (EHRs) systems that permit behavioral health providers to communicate with medical/surgical providers that have already received Meaningful Use incentives.

Similar conditions apply in Michigan. According to the Michigan Department of Community Health, nearly 250,000 people – 21 of every 1,000 adult Michigan residents – are served in the state’s public mental health system. Assuming national trends pertain, this patient/consumer population is composed mostly of persons with schizophrenia and bipolar disorder that experience sky-high rates of co-occurring addiction and medical/surgical chronic conditions described above. Hospital emergency departments throughout the state are struggling to address the clinical needs of these individuals with safety net hospitals in major metro areas, including the Henry Ford Hospital System in Detroit, which is experiencing the highest utilization.

The BHIT provisions in H.R. 2646 will essentially provide these patients/consumers with EHRs, significantly improved clinical outcomes, more rapid discharge from emergency facilities and a reduction of costs.

Finally, from a legislative standpoint, the Coalition notes that in this calendar year, the Energy and Commerce Committee has repeatedly revisited the HITECH Act. Both the Medicare Access and CHIP Reauthorization Act (Title I, Section 106(b) of P.L. 114-110) and the 21st Century Cures Act (Title III, Subtitle A, Sections 3001 thru 3010A of H.R. 6) contain extensive – and highly laudable – legislative interoperability amendments to the Meaningful Use program.

We urge the Committee to continue Meaningful Use reforms by adding mental health and addiction providers to the program. Thank you for your attention to this important matter.

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