



May 21, 2010

The Honorable (NAME)
 United States House of Representatives
 (Address)
 Washington, D.C. 20515

Representative _____ :

On behalf of the California Institute for Mental Health, California Council of Community Mental Health Agencies, California Mental Health Directors Association, California Association of Rural Health Clinics, California Chapter American College of Physicians, California Rural Indian Health Board, California Association of Alcohol and Drug Program Executives, and the California Association of Social Rehabilitation Agencies the thousands of providers we represent, and the millions of patients we serve in California, I am writing to ask for your vote for passage of **H.R. 5040, the Health Information Technology Extension for Behavioral Health Services Act of 2010**, introduced April 15 by U.S. Rep. Patrick Kennedy (D-RI). The CSNC provides a unified voice for the health care safety net provider community in California on decisions and activities regarding the development of the health information technology infrastructure in the state. Our organizations have all been working to better integrate primary care with behavioral health, and if the incentives are not extended to mental and behavioral health, much of our momentum will be lost. This amendment is fundamentally important to the strength and mission of the safety net.

This amendment extends eligibility for much-needed Medicaid and Medicare incentive funds to behavioral health, mental health, and substance abuse treatment professionals and facilities that were not previously included as eligible in the HITECH Act, a component of the American Recovery and Reinvestment Act (ARRA) of 2009. Passage of the amendment would correct this oversight, making these entities eligible for funding incentives if they meet the criteria for “meaningful use” of Electronic Health Records.

The proposed amendment clarifies the definition of “health care provider” to include behavioral and mental health professionals, substance abuse professionals, psychiatric hospitals, behavioral and mental health clinics and substance use treatment facilities. It also expands the Medicaid/Medicare incentives through the following:

- Expands the types of providers that are eligible for the Medicare incentives for the “meaningful use” of EHRs to include licensed psychologists and clinical social workers. Currently, behavioral healthcare provider organizations can qualify for Medicare and Medicaid incentive funds only through the current
- definition of eligible professionals, which includes physicians and nurse practitioners that are affiliated with their facilities. The typical community mental health treatment organization has a limited number of these professionals compared to psychologists and other clinical social workers.
- Expands Medicare Hospital meaningful use incentive funding eligibility to include inpatient psychiatric hospitals;
- Expands Medicaid Hospital meaningful use incentive funding eligibility to include mental health treatment facilities, psychiatric hospitals and substance abuse treatment facilities;
- Expands Medicaid Provider meaningful use incentive funding eligibility to include behavioral and mental health professionals, and substance abuse treatment professionals

Mental health and substance abuse treatment providers, psychiatric hospitals and other outpatient mental health and substance use clinics provide important medical services to a large portion of this nation’s population. In fact, individuals with serious mental illness die, on average, 25 years sooner than other Americans. Yet despite this need, these entities are often under-funded and under-reimbursed for their services. Health information technology is an essential cornerstone of efforts to coordinate care for these patients, and this amendment will open the door for funding for the use of technology that will enable these organizations to serve more people more efficiently and effectively.

In 2008, Congress approved the Mental Health Parity Act, with many of its provision taking effect in January 2010. Why would we now exclude the providers of critical mental health treatment services from eligibility for funding for electronic health records and other consumer-beneficial technology available to primary care providers?

Please support H.R. 5040, the Behavioral Health HITECH amendment.

If you have any questions please contact Andie Martinez, Associate Director of Policy at the California Primary Care Association, at (916) 440-8170 or amartinez@cpca.org.

Sincerely,

Harriet Markell, Associate Director, California Council of Community Mental Health Agencies

Don Kingdon, Deputy Director/Small County Liaison, California Mental Health Directors Association

Sandra Naylor Goodwin, President/CEO, California Institute for Mental Health

Gail Nickerson, President, California Association of Rural Health Clinics

Dr. Wayne Iverson, Chair HIT Committee, California Chapter American College of Physicians

Rosario Arreola Pro, Health Systems Development Director, California Rural Indian Health Board

Albert Senella, President, California Association of Alcohol and Drug Program Executives and Tarzana Treatment Centers

Peter Castle, Associate Director, California Association of Social Rehabilitation Agencies