## *Behavioral Healthcare Providers Need Modern Information Technology*

### LEGISLATIVE REQUEST

*NABH supports the Behavioral Health Information Technology Coordination Act (H.R. 5116, S. 2688), which Reps. Doris Matsui (D-Calif.) and Bill Johnson (R-Ohio) and Sens. Markwayne Mullin (R-Okla.) and Catherine Cortez Masto (D-Nev.) introduced to address the long-standing gap in resources needed to modernize behavioral health information technology (BHIT) in our field.*

*The legislation supports purchasing or upgrading health IT and support services by providing $20 million per year for fiscal years 2025 through 2029 in grants; requires developing guidance on how states can use Medicaid authorities and funding sources to promote the adoption and interoperability of certified health information technology; and calls for developing voluntary standards for BHIT.*

### HITECH Act of 2009 Excluded Behavioral Healthcare Providers from Funding

NABH appreciates the increased awareness and investments to address our nation's behavioral healthcare crisis. At the same time, obsolete information technology continues to restrict care delivery across the behavioral healthcare continuum, from hospital-level care to telehealth services.

A significant portion of NABH members lack IT systems that are compliant with the 2015 system standards that the Office of the National Coordinator for Health Information Technology (ONC) established. **This shortcoming is largely because behavioral healthcare providers were excluded from the HITECH Act funding authorized in 2009.**

### Why Modern BHIT is Critical

**Current IT Modules are Misaligned with Many Behavioral Healthcare Patients**
Outdated or limited IT modules don't meet the unique clinical needs of today's behavioral healthcare patients, such as those experiencing suicidality or the

potential of harm to self or others, substance use disorder patients, patients in intensive outpatient or partial hospitalization programs, and adolescent and youth patient populations.

**Lack of Interoperability Hinders Participation in Policy Advancements**
Outmoded IT systems reduce the field's ability to engage in recent initiatives from the Centers for Medicare & Medicaid Services that require modern interoperability, such as new quality reporting requirements, integration with other providers and cross-setting patient transfers, electronic prior authorization, data requirements of federal and state health exchanges, and more.

**Shortage of BHI Tools Reduces Capacity**
Outdated IT tools reduce the use of modern functions related to patient access, notifications, clinical decision support, care planning, data exchange, analytics, and reporting. The lack of interoperable IT also can reduce the use of certain treatment tools such as telehealth services. Without modern tools, behavioral healthcare providers are limited when measuring, evaluating, and reporting care outcomes.

**Outdated Systems Impede Artificial Intelligence (AI) Implementation**
Some NABH members have started piloting AI tools to reduce administrative burden, which appears to have helped with workforce satisfaction and retention. Providers are also using AI to enhance therapy and medical notes accuracy as well as internal process-improvement efforts. An industry-wide investment in BHIT would help position the majority of the field to implement these and future AI initiatives.

Fifteen years after Congress passed HITECH, we need a federal investment in BHIT to help our field catch up with other healthcare providers, and this financial investment should align with the current needs and costs of achieving compliance with ONC standards.