

118TH CONGRESS  
1ST SESSION

# H. R. 5116

To amend the Public Health Service Act to extend health information technology assistance eligibility to behavioral health, mental health, and substance abuse professionals and facilities, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2023

Ms. MATSUI (for herself, Mr. JOHNSON of Ohio, Ms. DAVIDS of Kansas, and Mr. ESTES) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to extend health information technology assistance eligibility to behavioral health, mental health, and substance abuse professionals and facilities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Behavioral Health In-  
5 formation Technology Coordination Act”.

1 **SEC. 2. BEHAVIORAL HEALTH INFORMATION TECHNOLOGY**  
2 **GRANTS.**

3 Subtitle B of title XXX of the Public Health Service  
4 Act (42 U.S.C. 300jj–31 et seq.) is amended by adding  
5 at the end the following:

6 **“SEC. 3019. BEHAVIORAL HEALTH INFORMATION TECH-**  
7 **NOLOGY GRANTS.**

8 “(a) GRANTS.—

9 “(1) IN GENERAL.—The National Coordinator  
10 shall award grants to eligible behavioral health care  
11 providers to promote behavioral health integration  
12 and improve care coordination for persons with men-  
13 tal health and substance use disorders.

14 “(2) NOFO.—Not later than 18 months after  
15 the date of enactment of the Behavioral Health In-  
16 formation Technology Coordination Act, the Na-  
17 tional Coordinator shall publish a Notice of Funding  
18 Opportunity for the grants described in paragraph  
19 (1).

20 “(b) GEOGRAPHIC DISTRIBUTION.—In making  
21 grants under subsection (a), the National Coordinator  
22 shall—

23 “(1) to the maximum extent practicable, ensure  
24 an equitable geographical distribution of grant re-  
25 cipients throughout the United States; and

1           “(2) give due consideration to applicants from  
2           both urban and rural areas.

3           “(c) ELIGIBLE PROVIDERS.—To be eligible to receive  
4 a grant under subsection (a), a behavioral health care pro-  
5 vider shall be—

6           “(1) a physician (as defined in section  
7 1861(r)(1) of the Social Security Act) who special-  
8 izes in psychiatry or addiction medicine;

9           “(2) a clinical psychologist providing qualified  
10 psychologist services (as defined in section 1861(ii)  
11 of such Act);

12           “(3) a nurse practitioner (as defined in  
13 section 1861(aa)(5)(A) of such Act) with respect to  
14 the provision of psychiatric services;

15           “(4) a clinical social worker (as defined in  
16 section 1861(hh)(1) of such Act);

17           “(5) a psychiatric hospital (as defined in section  
18 1861(f) of such Act);

19           “(6) a community mental health center that  
20 meets the criteria specified in section 1913(c); or

21           “(7) a residential or outpatient mental health  
22 or substance abuse treatment facility.

23           “(d) PROGRAM REQUIREMENTS.—An eligible behav-  
24 ioral health care provider receiving a grant under sub-  
25 section (a) shall use the grant funds—

1           “(1) to purchase or upgrade health information  
2           technology software and support services needed to  
3           appropriately provide behavioral health care services  
4           and, where feasible, facilitate behavioral health inte-  
5           gration;

6           “(2) to demonstrate (through a process speci-  
7           fied by the Secretary, such as the use of attestation)  
8           that the eligible behavioral health care provider has  
9           acquired health information technology that meets  
10          the certification criteria described in the final rule of  
11          the Office of the National Coordinator for Health  
12          Information Technology of the Department of  
13          Health and Human Services entitled ‘2015 Edition  
14          Health Information Technology (Health IT) Certifi-  
15          cation Criteria, 2015 Edition Base Electronic  
16          Health Record (EHR) Definition, and ONC Health  
17          IT Certification Program Modifications’ (80 Fed.  
18          Reg. 62602 (October 16, 2015)) (or successor cri-  
19          teria);

20          “(3) to ensure that such health information  
21          technology is fully compliant with the regulations  
22          specified in the final rule of the Centers for Medi-  
23          care & Medicaid Services entitled ‘Medicare and  
24          Medicaid Programs; Patient Protection and Afford-  
25          able Care Act; Interoperability and Patient Access

1 for Medicare Advantage Organization and Medicaid  
2 Managed Care Plans, State Medicaid Agencies,  
3 CHIP Agencies and CHIP Managed Care Entities,  
4 Issuers of Qualified Health Plans on the Federally-  
5 Facilitated Exchanges, and Health Care Providers’  
6 (85 Fed. Reg. 25510 (May 1, 2020)), including by  
7 demonstrating the capacity to exchange patient clin-  
8 ical data with primary care physicians, medical spe-  
9 cialty providers and acute care hospitals, psychiatric  
10 hospitals, and hospital emergency departments; and

11 “(4) to promote, where feasible, the implemen-  
12 tation and improvement of bidirectional integrated  
13 services, including evidence-informed screening, as-  
14 sessment, diagnosis, prevention, treatment, recovery,  
15 and coordinated discharge planning services for  
16 mental health and substance use disorders, and co-  
17 occurring physical health conditions and chronic dis-  
18 eases.

19 “(e) APPLICATIONS.—An eligible behavioral health  
20 care provider seeking a grant under subsection (a) shall  
21 submit an application to the Secretary at such time, in  
22 such manner, and containing such information as the Sec-  
23 retary may require.

24 “(f) GRANT AMOUNTS.—The amount of a grant  
25 under subsection (a) shall be not more than \$2,000,000.

1       “(g) DURATION.—A grant under subsection (a) shall  
2 be for a period of not more than 2 years.

3       “(h) REPORTING ON PROGRAM OUTCOMES.—Not  
4 later than 2 years after the date of enactment of the Be-  
5 havioral Health Information Technology Coordination Act,  
6 and annually thereafter, the Secretary shall submit to  
7 Congress a report that describes the implementation of the  
8 grant program under this section, including—

9           “(1) information on the number and type of be-  
10 havioral health care providers that have acquired  
11 and implemented certified health information tech-  
12 nology described in section 3001(c)(5)(C)(iv), includ-  
13 ing a description of any advances or challenges re-  
14 lated to such acquisition and implementation;

15           “(2) information on the number and type of be-  
16 havioral health care providers that received a grant  
17 under this section;

18           “(3) information on whether the number of,  
19 and rate of participation by, eligible behavioral  
20 health care providers, including behavioral health  
21 care providers that received a grant under this sec-  
22 tion, participating in Medicare and Medicaid under  
23 a value based or capitated payment arrangement has  
24 increased during the grant program;

1           “(4) the extent to which eligible behavioral  
2 health care providers that received a grant under  
3 this section are able to electronically exchange pa-  
4 tient health information with local partners, includ-  
5 ing primary care physicians, medical specialty pro-  
6 viders and acute care hospitals, psychiatric hospitals,  
7 hospital emergency departments, health information  
8 exchanges, Medicare Advantage plans under part C  
9 of title XVIII of the Social Security Act, medicaid  
10 managed care organizations (as defined in section  
11 1903(m)(1)(A) of such Act), and related entities;

12           “(5) the extent to which eligible behavioral  
13 health care providers that received a grant under  
14 this section are measuring and electronically report-  
15 ing patient clinical and non-clinical outcomes using  
16 common quality-reporting metrics established by the  
17 Centers for Medicare & Medicaid Services, such as  
18 the child and adult health quality measures pub-  
19 lished under sections 1139A and 1139B of the So-  
20 cial Security Act and quality measures under section  
21 1848(q) of such Act; and

22           “(6) evaluation of the impact and effectiveness  
23 of grants under this section on advancing access to  
24 care, quality of care, interoperable exchange of pa-  
25 tient health information between behavioral health

1 and medical health providers, and recommendations  
2 on how to use health information technology to im-  
3 prove such outcomes.

4 “(i) GUIDANCE.—The Secretary shall require the Ad-  
5 ministrator of the Centers for Medicare & Medicaid Serv-  
6 ices, the Assistant Secretary for Mental Health and Sub-  
7 stance Use, and the National Coordinator to develop joint  
8 guidance on how States can use Medicaid authorities and  
9 funding sources (including waiver authority under section  
10 1115 of the Social Security Act, directed payments, en-  
11 hanced Federal matching rates for certain expenditures,  
12 Federal funding for technical assistance, and payment and  
13 service delivery models tested by the Center for Medicare  
14 and Medicaid Innovation under section 1115A of the So-  
15 cial Security Act and other Federal resources to promote  
16 the adoption and interoperability of certified health infor-  
17 mation technology described in section 3001(c)(5)(C)(iv).

18 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
19 is authorized to be appropriated to carry out this section  
20 \$20,000,000 for each of fiscal years 2025 through 2029.”.

21 **SEC. 3. VOLUNTARY STANDARDS FOR BEHAVIORAL**  
22 **HEALTH INFORMATION TECHNOLOGY.**

23 Section 3001(c)(5)(C) of the Public Health Service  
24 Act (42 U.S.C. 300jj–11(c)(5)(C)) is amended by adding  
25 at the end the following:



1                   “(iv) VOLUNTARY STANDARDS FOR  
2 BEHAVIORAL HEALTH INFORMATION TECH-  
3 NOLOGY.—

4                   “(I) IN GENERAL.—Not later  
5 than 1 year after the date of enact-  
6 ment of the Behavioral Health Infor-  
7 mation Technology Coordination Act,  
8 the National Coordinator and the As-  
9 sistant Secretary for Mental Health  
10 and Substance Use, acting jointly, in  
11 consultation with appropriate stake-  
12 holders, shall develop recommenda-  
13 tions for the voluntary certification of  
14 health information technology for be-  
15 havioral health care that does not in-  
16 clude a separate certification program  
17 for behavioral health care and practice  
18 settings.

19                   “(II) CONSIDERATIONS.—The  
20 recommendations under subclause (I)  
21 shall take into consideration issues  
22 such as privacy, minimum clinical  
23 data standards, and sharing relevant  
24 patient health data across the behav-

1 ioral health care, primary health care,  
2 and specialty health care systems.”.

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