118TH CONGRESS
1ST SESSION

S. 2688

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.

IN THE SENATE OF THE UNITED STATES

JULY 27, 2023

Mr. MULLIN (for himself and Ms. CORTEZ MASTO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Behavioral Health Information Technology Coordination Act''.

SEC. 2. BEHAVIORAL HEALTH INFORMATION TECHNOLOGY GRANTS.

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

"SEC. 3019. BEHAVIORAL HEALTH INFORMATION TECHNOLOGY GRANTS.

''(a) GRANTS.—

''(1) IN GENERAL.—The National Coordinator shall award grants to eligible behavioral health care providers to promote behavioral health integration and improve care coordination for persons with mental health and substance use disorders.

''(2) NOFO.—Not later than 18 months after the date of enactment of the Behavioral Health Information Technology Coordination Act, the National Coordinator shall publish a Notice of Funding Opportunity for the grants described in paragraph (1).

''(b) GEOGRAPHIC DISTRIBUTION.—In making grants under subsection (a), the National Coordinator shall—

''(1) to the maximum extent practicable, ensure an equitable geographical distribution of grant recipients throughout the United States; and

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

''(c) ELIGIBLE PROVIDERS.—To be eligible to receive a grant under subsection (a), a behavioral health care provider shall be—

''(1) a physician (as defined in section 1861(r)(1) of the Social Security Act) who specializes in psychiatry or addiction medicine;

''(2) a clinical psychologist providing qualified psychologist services (as defined in section 1861(ii) of such Act);

''(3) a nurse practitioner (as defined in section1861(aa)(5)(A) of such Act) with respect to the provision of psychiatric services;

''(4) a clinical social worker (as defined in section1861(hh)(1) of such Act);

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

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

''(7) a residential or outpatient mental health or substance abuse treatment facility.

''(d) PROGRAM REQUIREMENTS.—An eligible behavioral health care provider receiving a grant under subsection (a) shall use the grant funds—

''(1) to purchase or upgrade health information technology software and support services needed to appropriately provide behavioral health care services and, where feasible, facilitate behavioral health integration;

''(2) to demonstrate (through a process specified by the Secretary, such as the use of attestation) that the eligible behavioral health care provider has acquired health information technology that meets the certification criteria described in the final rule of the Office of the National Coordinator for Health Information Technology of the Department of Health and Human Services entitled '2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications' (80 Fed. Reg. 62602 (October 16, 2015)) (or successor criteria);

''(3) to ensure that such health information technology is fully compliant with the regulations specified in the final rule of the Centers for Medicare & Medicaid Services entitled 'Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Interoperability and Patient Access

for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-Facilitated Exchanges, and Health Care Providers' (85 Fed. Reg. 25510 (May 1, 2020)), including by demonstrating the capacity to exchange patient clinical data with primary care physicians, medical specialty providers and acute care hospitals, psychiatric hospitals, and hospital emergency departments; and

''(4) to promote, where feasible, the implementation and improvement of bidirectional integrated services, including evidence-informed screening, assessment, diagnosis, prevention, treatment, recovery, and coordinated discharge planning services for mental health and substance use disorders, and co-occurring physical health conditions and chronic diseases.

''(e) APPLICATIONS.—An eligible behavioral health care provider seeking a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

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

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

''(h) REPORTING ON PROGRAM OUTCOMES.—Not later than 2 years after the date of enactment of the Behavioral Health Information Technology Coordination Act, and annually thereafter, the Secretary shall submit to Congress a report that describes the implementation of the grant program under this section, including—

''(1) information on the number and type of behavioral health care providers that have acquired and implemented certified health information technology described in section 3001(c)(5)(C)(iv), including a description of any advances or challenges related to such acquisition and implementation;

''(2) information on the number and type of behavioral health care providers that received a grant under this section;

''(3) information on whether the number of, and rate of participation by, eligible behavioral health care providers, including behavioral health care providers that received a grant under this section, participating in Medicare and Medicaid under a value based or capitated payment arrangement has increased during the grant program;

''(4) the extent to which eligible behavioral health care providers that received a grant under this section are able to electronically exchange patient health information with local partners, including primary care physicians, medical specialty providers and acute care hospitals, psychiatric hospitals, hospital emergency departments, health information exchanges, Medicare Advantage plans under part C of title XVIII of the Social Security Act, medicaid managed care organizations (as defined in section 1903(m)(1)(A) of such Act), and related entities;

''(5) the extent to which eligible behavioral health care providers that received a grant under this section are measuring and electronically reporting patient clinical and non-clinical outcomes using common quality-reporting metrics established by the Centers for Medicare & Medicaid Services, such as the child and adult health quality measures published under sections 1139A and 1139B of the Social Security Act and quality measures under section 1848(q) of such Act; and

''(6) evaluation of the impact and effectiveness of grants under this section on advancing access to care, quality of care, interoperable exchange of patient health information between behavioral health

and medical health providers, and recommendations on how to use health information technology to improve such outcomes.

''(i) GUIDANCE.—The Secretary shall require the Administrator of the Centers for Medicare & Medicaid Services, the Assistant Secretary for Mental Health and Substance Use, and the National Coordinator to develop joint guidance on how States can use Medicaid authorities and funding sources (including waiver authority under section 1115 of the Social Security Act, directed payments, enhanced Federal matching rates for certain expenditures, Federal funding for technical assistance, and payment and service delivery models tested by the Center for Medicare and Medicaid Innovation under section 1115A of the Social Security Act and other Federal resources to promote the adoption and interoperability of certified health information technology described in section 3001(c)(5)(C)(iv).

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

SEC. 3. VOLUNTARY STANDARDS FOR BEHAVIORAL HEALTH INFORMATION TECHNOLOGY.

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

''(iv) VOLUNTARY STANDARDS FOR BEHAVIORAL HEALTH INFORMATION TECHNOLOGY.—

''(I) IN GENERAL.—Not later than 1 year after the date of enactment of the Behavioral Health Information Technology Coordination Act, the National Coordinator and the Assistant Secretary for Mental Health and Substance Use, acting jointly, in consultation with appropriate stakeholders, shall develop recommendations for the voluntary certification of health information technology for behavioral health care that does not include a separate certification program for behavioral health care and practice settings.

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

ioral health care, primary health care, and specialty health care systems.''.

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