Dr. David Blumenthal  
National Coordinator  
Office of the National Coordinator for Health  
Information Technology [ONC]  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Room 729 D  
Washington, D.C. 20201

RE: Eligibility of CMHCs To Receive HITECH Act Technical Assistance

Dear Dr. Blumenthal:

As you know, I strongly support the Health Information Technology for Economic and Clinical Health (HITECH) Act because it will produce enormous savings for the federal government while improving health care for millions of Americans. I am writing you to seek clarity on the eligibility of Community Mental Health Centers (CMHCs) and other community behavioral health organizations for health information technology technical assistance.

Under Section 3011 of P.L. 111-5, the HITECH Act authorizes technical assistance delivered through a series of Regional Extension Centers (RECs) to aid health care providers in achieving “meaningful use” of Electronic Health Record (EHR) systems. However, it is unclear whether CMHCs and other mental health and addiction providers are eligible to participate in this critical program.

I am particularly concerned about the status of CMHCs because of the poor overall health status of their patient/consumer population. A 2007 study from the Substance Abuse and Mental Health Services Administration (SAMHSA) documented a high mortality rate among persons with serious mental disorders served in the public mental health system. These patients/consumers die 25 years sooner than other Americans because of a strikingly high incidence of co-occurring chronic diseases including asthma, heart disease, diabetes, cancer and cardio-pulmonary conditions of all kinds. In recent public remarks, SAMHSA Administrator Pamela Hyde noted that 83% of people with severe mental disorders are overweight or obese and a similar percentage smoke.

If primary care physicians and medical specialists employ EHRs but behavioral providers are excluded from such systems, it will soon become impossible to coordinate care and provide clinical case management to people with serious psychiatric conditions.
Since technical assistance is an important early step in the adoption of EHRs, ONC’s position on the eligibility of CMHCs for technical help through the REC program takes on considerable significance. In the same response, I hope you will document your outreach to CMHCs while also clarifying the status of other mental health providers including psychiatric hospitals, clinical psychologists and clinical social workers under Section 3011.

I look forward to your reply. Thank you for your help on this important matter.

Sincerely,

Michael F. Bennet
United States Senator