

AMENDMENT TO H.R. 4531
OFFERED BY MS. MATSUI OF CALIFORNIA

At the end of title I, add the following:

1 **SEC. ____.** **BEHAVIORAL HEALTH INFORMATION TECH-**
2 **NOLOGY 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).

1 “(b) GEOGRAPHIC DISTRIBUTION.—In making
2 grants under subsection (a), the National Coordinator
3 shall—

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

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

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

12 “(1) a physician (as defined in section
13 1861(r)(1) of the Social Security Act) who special-
14 izes in psychiatry or addiction medicine;

15 “(2) a clinical psychologist providing qualified
16 psychologist services (as defined in section 1861(ii)
17 of such Act);

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

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

23 “(5) a psychiatric hospital (as defined in section
24 1861(f) of such Act);

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

3 “(7) a residential or outpatient mental health
4 or substance abuse treatment facility.

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

8 “(1) to purchase or upgrade health information
9 technology software and support services needed to
10 appropriately provide behavioral health care services
11 and, where feasible, facilitate behavioral health inte-
12 gration;

13 “(2) to demonstrate (through a process speci-
14 fied by the Secretary, such as the use of attestation)
15 that the eligible behavioral health care provider has
16 acquired health information technology that meets
17 the certification criteria described in the final rule of
18 the Office of the National Coordinator for Health
19 Information Technology of the Department of
20 Health and Human Services entitled ‘2015 Edition
21 Health Information Technology (Health IT) Certifi-
22 cation Criteria, 2015 Edition Base Electronic
23 Health Record (EHR) Definition, and ONC Health
24 IT Certification Program Modifications’ (80 Fed.

1 Reg. 62602 (October 16, 2015)) (or successor cri-
2 teria);

3 “(3) to ensure that such health information
4 technology is fully compliant with the regulations
5 specified in the final rule of the Centers for Medi-
6 care & Medicaid Services entitled ‘Medicare and
7 Medicaid Programs; Patient Protection and Afford-
8 able Care Act; Interoperability and Patient Access
9 for Medicare Advantage Organization and Medicaid
10 Managed Care Plans, State Medicaid Agencies,
11 CHIP Agencies and CHIP Managed Care Entities,
12 Issuers of Qualified Health Plans on the Federally-
13 Facilitated Exchanges, and Health Care Providers’
14 (85 Fed. Reg. 25510 (May 1, 2020)), including by
15 demonstrating the capacity to exchange patient clin-
16 ical data with primary care physicians, medical spe-
17 cialty providers and acute care hospitals, psychiatric
18 hospitals, and hospital emergency departments; and

19 “(4) to promote, where feasible, the implemen-
20 tation and improvement of bidirectional integrated
21 services, including evidence-informed screening, as-
22 sessment, diagnosis, prevention, treatment, recovery,
23 and coordinated discharge planning services for
24 mental health and substance use disorders, and co-

1 occurring physical health conditions and chronic dis-
2 eases.

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

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

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

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

18 “(1) information on the number and type of be-
19 havioral health care providers that have acquired
20 and implemented certified health information tech-
21 nology described in subsection (i), including a de-
22 scription of any advances or challenges related to
23 such acquisition and implementation;

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

4 “(3) information on whether the number of,
5 and rate of participation by, eligible behavioral
6 health care providers, including behavioral health
7 care providers that received a grant under this sec-
8 tion, participating in Medicare and Medicaid under
9 a value based or capitated payment arrangement has
10 increased during the grant program;

11 “(4) the extent to which eligible behavioral
12 health care providers that received a grant under
13 this section are able to electronically exchange pa-
14 tient health information with local partners, includ-
15 ing primary care physicians, medical specialty pro-
16 viders and acute care hospitals, psychiatric hospitals,
17 hospital emergency departments, health information
18 exchanges, Medicare Advantage plans under part C
19 of title XVIII of the Social Security Act, medicaid
20 managed care organizations (as defined in section
21 1903(m)(1)(A) of such Act), and related entities;

22 “(5) the extent to which eligible behavioral
23 health care providers that received a grant under
24 this section are measuring and electronically report-
25 ing patient clinical and non-clinical outcomes using

1 common quality-reporting metrics established by the
2 Centers for Medicare & Medicaid Services, such as
3 the child and adult health quality measures pub-
4 lished under sections 1139A and 1139B of the So-
5 cial Security Act and quality measures under section
6 1848(q) of such Act; and

7 “(6) evaluation of the impact and effectiveness
8 of grants under this section on advancing access to
9 care, quality of care, interoperable exchange of pa-
10 tient health information between behavioral health
11 and medical health providers, and recommendations
12 on how to use health information technology to im-
13 prove such outcomes.

14 “(i) VOLUNTARY STANDARDS FOR BEHAVIORAL
15 HEALTH INFORMATION TECHNOLOGY.—

16 “(1) IN GENERAL.—Not later than 1 year after
17 the date of enactment of the Behavioral Health In-
18 formation Technology Coordination Act, the Na-
19 tional Coordinator and the Assistant Secretary for
20 Mental Health and Substance Use, acting jointly, in
21 consultation with appropriate stakeholders, shall de-
22 velop recommendations for the voluntary certifi-
23 cation of health information technology for behav-
24 ioral health care that does not include a separate

1 certification program for behavioral health care and
2 practice settings.

3 “(2) CONSIDERATIONS.—The recommendations
4 under paragraph (1) shall take into consideration
5 issues such as privacy, minimum clinical data stand-
6 ards, and sharing relevant patient health data across
7 the behavioral health care, primary health care, and
8 specialty health care systems.

9 “(j) GUIDANCE.—The Secretary shall require the Ad-
10 ministrator of the Centers for Medicare & Medicaid Serv-
11 ices, the Assistant Secretary for Mental Health and Sub-
12 stance Use, and the National Coordinator to develop joint
13 guidance on how States can use Medicaid authorities and
14 funding sources (including waiver authority under section
15 1115 of the Social Security Act (42 U.S.C. 1315), directed
16 payments, enhanced Federal matching rates for certain
17 expenditures, Federal funding for technical assistance,
18 and payment and service delivery models tested by the
19 Center for Medicare and Medicaid Innovation under sec-
20 tion 1115A of the Social Security Act (42 U.S.C. 1315a))
21 and other Federal resources to promote the adoption and
22 interoperability of certified health information technology
23 described in subsection (i).

1 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 \$20,000,000 for each of fiscal years 2025 through 2029.”.

