

AMENDMENT TO
RULES COMMITTEE PRINT 119–4
OFFERED BY M__ . _____

At the end of title II, add the following:

1 **SEC. ____ . ROUNDTABLE ON USING HEALTH INFORMATION**
2 **TECHNOLOGY TO IMPROVE MENTAL HEALTH**
3 **AND SUBSTANCE USE CARE OUTCOMES.**

4 (a) ROUNDTABLE.—Not later than 180 days after
5 the date of enactment of this Act, the National Coordi-
6 nator for Health Information Technology shall convene a
7 public roundtable to examine—

8 (1) how the expanded use of electronic health
9 records among mental health and substance use
10 service providers can improve outcomes for patients
11 in mental health and substance use settings; and

12 (2) how best to increase electronic health record
13 adoption among such providers.

14 (b) PARTICIPANTS.—The National Coordinator for
15 Health Information Technology shall ensure that the par-
16 ticipants in the roundtable under subsection (a) include
17 private and public sector stakeholders, including patients,
18 providers (including providers of inpatient services and
19 providers of outpatient services), and representatives of

1 payors, health information exchanges, professional asso-
2 ciations, health information technology vendors, health in-
3 formation technology certification organizations, and
4 State and Federal agencies.

5 (c) REPORT.—Not later than 180 days after the con-
6 clusion of the public stakeholder roundtable under sub-
7 section (a), the National Coordinator for Health Informa-
8 tion Technology shall submit to the Committee on Health,
9 Education, Labor, and Pensions of the Senate and the
10 Committee on Energy and Commerce of the House of
11 Representatives a report outlining information gathered
12 from the roundtable under subsection (a). Such report
13 shall include an examination of—

14 (1) recommendations from the roundtable par-
15 ticipants;

16 (2) unique considerations for using electronic
17 health record systems in mental health and sub-
18 stance use treatment settings;

19 (3) unique considerations for developers of
20 health information technology relating to certifi-
21 cation of electronic health record systems for use in
22 mental health and substance use treatment settings
23 where the applicable health information technology
24 is not subject to certification requirements;

1 (4) current usage of electronic health record
2 systems by mental health and substance use disorder
3 service providers, and the scope and magnitude of
4 such providers that do not use electronic health
5 record systems;

6 (5) examples of how electronic health record
7 systems enable coordinated care and care manage-
8 ment;

9 (6) how electronic health record systems ad-
10 vance appropriate patient and provider access to se-
11 cure, usable electronic information exchange;

12 (7) how electronic health record systems can be
13 connected to or support existing systems, which may
14 include the 9–8–8 National Suicide Prevention Life-
15 line, mobile crisis response systems, and co-re-
16 sponder programs, to facilitate connectivity, re-
17 sponse, and integrated care;

18 (8) any existing programs to support greater
19 adoption of electronic health record systems among
20 mental health and substance use service providers;

21 (9) any limitations to greater adoption of elec-
22 tronic health record systems among mental health
23 and substance use service providers;

1 (10) the costs of adoption of electronic health
2 record systems by mental health and substance use
3 disorder service providers; and

4 (11) best practices implemented by States and
5 other entities to support adoption of use of elec-
6 tronic health records among mental health and sub-
7 stance use disorder service providers.

