## John Milnes' Testimony before House Health Care Committee April 3, 2015 House Bill 3427

Dear Chair Greenlick and members of the House Health Care Committee,

My name is John Milnes. I'm a licensed clinical social worker and have been in private practice at the same location for over 30 years. Over that time, I have served as president of the Oregon Society of Clinical Social Workers. I am here today representing the Oregon Independent Mental Health Professionals which is a multidisciplinary group in support of House Bill 3427. I want to thank Chair Greenlick and members of the Health Care Committee for holding this hearing.

I last provided testimony in 2013 in support of reasonable reimbursement for all mental health providers. Unfortunately, the reimbursement rates have continued to remain stagnant for many years; and as you recall, Blue Cross slashed the rates significantly in 2009 exacerbating the problem. Since 2009 my income has gone down by over 33% even though I work the same number of hours.

If I were a younger man I would not be sitting in front of you as I would be working for the state or another agency. I would not be able to take the risk of starting a private practice because the reimbursement rates are just too low. Clinicians in private practice have fixed expenses that do not flex with a sudden drop in reimbursement rates such as we experienced in 2009. Overhead expenses continue to go up and my office staff deserves yearly raises. I have only been able to sustain my practice in recent years as I am privileged to have consistent referrals and I also work very long hours.

Many clinicians have left the field. As I indicated back in 2013, the number of clinical social workers in private practice decreased by about 33%. Throughout the year many Oregonians will spend a considerable amount of time trying to find a therapist or counselor to address their families' needs. Some give up and rely solely upon medications, resulting in more visits to their primary care physician.

If the goal of the Affordable Care Act is to increase the integration of primary and mental health care, both professional groups must be supported with reasonable reimbursement rates. Failure to treat both physical and mental health conditions in a comprehensive manner results in poorer health outcomes and higher health costs. (Center for American Progress, 2010). Various studies estimate that anywhere from 11 - 36% of primary care patients have a psychiatric disorder, yet, the average primary care appointment lasts only 13 minutes— not enough time to address these patients' needs.

Many psychiatrists and psychiatric nurse practitioners also do not have the time to provide talk therapy because of the need to review medications. While there is a lot of conversation about treating mental and emotional disorders, the insurance companies as a whole do not invest sufficient resources in treating mental health issues. It looks like a number of the insurance carriers have not substantially raised their mental health reimbursement rates for many years.

We know from outcome surveys that talk therapy provides the necessary focus and time to help people overcome depression and anxiety and it is very effective. Psychologists, clinical social workers and licensed professional counselors all do well in achieving positive outcomes through talk therapy. (ref. consumersreports.org: <u>Drugs versus Talk Therapy</u>, October 2004; consumersreports.org: <u>Depression and anxiety</u>: readers reveal the therapist and drugs that helped, July 2009).

Oregon health care leaders hope to reduce the overall cost of health care by requiring greater levels of integration between primary care physicians and mental health clinicians. However, this will not be possible if mental health providers leave or fail to enter the field due to low reimbursement. House Bill 3427 is a necessary step in establishing fair reimbursement rates which will in turn help to assure reasonable access for all clients needing mental health services. Talk therapy provides a cost savings as clients frequently utilize fewer medical services the year following treatment. Supporting House Bill 3427 is good for our clients and healthcare in general.

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