

## Expanded Telehealth: NAMI Oregon Supports HB 2508

**Background:** House Bill 2508 would make permanent telehealth coverage and access changes that went into effect after the Covid-19 pandemic shut down in-person clinical services for mental health and substance use disorders. Under emergency orders and guidance from the state, managed Medicaid and commercial health insurance plans covered and reimbursed telehealth visits at the same rate as in-person visits. Traditionally, telehealth was reimbursed at lower rates, making it economically infeasible for the service to be widely available.

- **An unexpected benefit of the pandemic — expanded telehealth increased engagement and, in some cases, access for individuals and families seeking mental health services.**

Before the pandemic, the behavioral health sector was reticent to adopt new technology such as telehealth. But overnight, clinical services moved online and proved that telehealth can have a profound positive impact on engagement with services.

For example, no-shows are a chronic problem in behavioral health due to the disruption in daily life that mental health symptoms can cause. Attendance rates ranged between 50% and 75%, according to various studies and providers.

- **Because of convenient access to telehealth, show rates reached as high as 95% for some providers and, for many others, reached at least 90%.**

Clearly, having telehealth available on par with in-person visits provides significant benefits. Telehealth isn't a panacea, but it must remain an accessible and financially viable option in behavioral health moving forward.

**HB 2508 Addresses Out-of-Network Access:** Pandemic-related emergency orders only applied to in-network visits. In contrast, HB 2508 requires equal coverage for out-of-network telehealth services if a plan covers out-of-network in-person visits.

Office Visits	% Out-of-Network
Behavioral Health	11.8 %
Primary Care	2.8 %
Med/Surg Specialists	4.5 %

Because of anemic provider panels and low reimbursements, Oregonians affected by mental health disorders are forced to access out-of-network care at a much higher rate than for medical/surgical services.<sup>1</sup> Preserving access to out-of-network providers via telehealth is crucial until such time as Oregon enacts and enforces true insurance parity.

<sup>1</sup> “Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement,” Milliman Research Report, by Stoddard Davenport, Travis J. (T.J.) Gray, and Stephen P. Melek, November 2019. See: <https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p>