



HB 3046 (-2) OIMHP Presentation to OR House Behavioral Health Committee: Feb 17, 2021

Chairperson Sanchez and committee members, thank you for allowing me to provide testimony in support of HB 3046 (-2) on behalf of the Oregon Independent Mental Health Professionals (OIMHP) legislative group. My name is Patrick Mooney. I have worked as a clinical psychologist over the last 32 years, primarily practicing in Salem. OIMHP developed many of the concepts included in the 2017 SB 860 parity bill.

In 2017, our group conducted a survey of 721 therapists in the state. We asked them to report whether they had ever withdrawn from any insurance network panel over the last 10 years or were considering withdrawing. Fifty-four percent of the therapists stated they had withdrawn. Fifty-one percent stated they were considering withdrawing from panels. The two top reasons therapists gave for leaving panels included low reimbursement and aggressive utilization management practices denying continued service to their clients.

This data is consistent with a 2019 Milliman health disparity study looking at service claims' data in each state. It revealed, in 2017 Oregon citizens saw 4 times as many behavioral health therapists for out-of-network office visits than they saw physicians and other medical providers for out-of-network office visits.

SB 860 sought an examination of these issues in Oregon by asking the state to determine whether reimbursement methodology and utilization management was handled equivalently across medical and mental health providers. SB 860 was necessary because this information is not easily available or discoverable.

HB 3046 (-2) is designed to continue the work of SB 860 by requiring insurance companies to report their Nonquantitative Treatment Limitation practices so the information is available to regulators. Recent federal law passed in 2020 requires them to do the same. This will assure that someone with diabetes and someone with depression both receive timely, quality care.

I would like to illuminate some of these issues by describing one of my clients, a person of color, who was a state worker injured on the job. I asked this client's permission to share her story. She and her husband were both state workers, living a middle-class lifestyle until she was assaulted at work in 2017, nearly killed by her client, a ward of the state. Ever since this occurred, she has dealt with posttraumatic stress and has been unable to return to work.

My client is served by the worker's comp system, allowing me to see her for treatment. However, she is not served well by her state health insurance plan. This couple has two daughters, ages 13 and 17, who are suffering from mental health problems. These daughters represent many American children, who have become depressed as they attend school remotely, isolated from peers. Both have been suicidal.

Over the last 2 months, the parents have called around looking for mental health providers, who will take their state insurance plan. My client estimates that she and her husband have called

nearly 100 mental health providers. The father does this on his one day off work and learns that the providers on his list either: are not taking new clients, are not taking their insurance, or do not call him back. He called his state health insurance plan for help and received another list of 20-30 therapist names supposedly in-network, but got the same results. As you might imagine, my client with PTSD is frantic about her daughters' suicide risks.

While the parents searched for an in-network therapist, the 13-year-old daughter, started seeing her primary care physician every couple of weeks to assure safety. This type of stopgap, inefficient and expensive care comes from having an inadequate network of mental health providers. Eventually, I was able to find a colleague who was able to see this daughter. The parents have not found outpatient care for their 17-year-old daughter and she will be referred to a psychiatric hospital in Newport if outpatient care does not become available.

I happen to know because of my own experience with this insurance company that their in-network reimbursement levels are low and rates have not significantly changed in 25 years. Most all Oregon therapists know this about this company. It uses a third-party to determine therapists' rates and their management practices tightly restrict care.

HB 3046 (-2) is designed to address problems regulators experience trying to determine whether insurance carriers **APPLY NONQUANTITATIVE TREATMENT LIMITS TO** medical and mental health providers equivalently. This will determine whether Oregon insurance carriers will have adequate provider networks and will help solve my client's family problems.

HB 3046 (-2):

- 1) requires the insurance carriers to use the same methodology to set reimbursement rates for both medical and mental health providers.
- 2) requires insurance carriers to update rates at the same frequency.
- 3) establishes a couple of measures to help regulators determine whether medical and mental health providers' rates increase by the same relative percentage from year to year.
- 4) establishes how "medical necessity" is determined and applied for each provider discipline, whether it be established by the carrier or by its 3<sup>rd</sup>-party behavioral health manager.
- 5) requires insurance carriers to provide out-of-network services at no greater cost to the patient if their insured cannot find an in-network provider in a timely manner.
- 6) establishes an advisory committee, so providers having knowledge of insurance practices on the ground can tell DCBS where to look for parity violations.

HB 3046 (-2) is a game changer for mental health parity and Oregon mental health services. Our Oregon Independent Mental Health Professionals group seeks your full support of this bill.