Comments in Support: Senate Bill 1046
From Chris Bouneff, Executive Director, NAMI Oregon
March 20, 2023
House Health Care Committee

NAMI Oregon wishes to express its support for SB 1046 with the Dash-1 amendments, which would grant the Division of Financial Regulation improved tools to assess the adequacy of health care provider panels for commercial insurance.

Network adequacy continues to be a major barrier to accessing quality and timely behavioral health services in Oregon. For example, a 2019 report from Milliman found that in Oregon, there was as significant disparity between in-network and out-of-network access for medical/surgical services and behavioral health (see graphic)[1].

% Out-of-Network Utilization in Oregon

Outpatient Facility	% Out-of-Network
Behavioral Health	32.9%
Medical/Surgical	4.1%
Inpatient Facility	**% Out-of-Network**
Behavioral Health	19.3%
Medical/Surgical	1.2%
Office Visit	**% Out-of-Network**
Behavioral Health	11.8%
Primary Care	2.8%
Medical/Surgical Specialist	4.5%

This is just one illustration of the various reports and analyses that demonstrate that commercial health insurance networks are inadequate to meet the behavioral health needs of members. And while there are workforce shortages in this area of health care, such shortages alone aren't to blame for the significant out-of-network disparity between medical/surgical and behavioral health.

NAMI Oregon appreciates the Division providing clarity about the telehealth provision in the Dash-1 amendments. Given existing disparities between behavioral health and medical/surgical, NAMI is concerned that plans would rely heavily on telehealth, to the exclusion of in-person services, to fill that gap.

However, in its written comments for the record, the Division states:

> *The intent of this provision is to ensure adequate access both to needed in-person and telemedicine services, and provide consumers with choice in health care access. This provision is in no way intended to enable substitution of telemedical services for access to needed in-person health care services, or vice versa, or to compromise consumer choice in how to access care. Rulemaking to implement this provision will include robust sideboards to ensure that oversight of telemedicine networks advances consumer access to needed care.*

Given these assurances, we believe the Division will develop rules that recognize the importance of telehealth and patient preferences for virtual services. And we are reassured that the Division will create rules that balance the necessity of having adequate in-person networks for behavioral health with consumer preferences for telehealth availability.

---

[1] "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

147 SE 102nd Ave., Portland, OR 97216 • 503-230-8009 • 800-343-6264
www.namior.org