Oregon Psychological Association

My name is Dr Susan Rosenzweig. I am a licensed psychologist in Oregon since 1996, and I currently live and practice in Portland. I am the Director of Professional Affairs for the Oregon Psychological Association since 2018.

OPA is neutral on this bill, HB 2041 – we support the intent of the bill as amended, but the crisis in access to behavioral health services in Oregon requires us to get this right.

1) The most recent study of behavioral health parity was published in 2024 by the Research Triangle Institute (RTI) and showed that very low reimbursement rates are the major factor in limiting access to behavioral health services for Oregonians.
2) The RTI study not only provided national data, but also examined every state and provided us with Oregon-specific data in 2024.
3) The RTI study used Medicare benchmarks "to allow valid and accurate comparisons" between medical/surgical and behavioral health reimbursement.
4) The RTI study showed that "out of network use was many times higher for behavioral health treatment than for medical/surgical treatment, which created a significantly greater financial burden for behavioral health patients." In Oregon, out of network behavioral health use in 2021 was 4.7 TIMES the out of network Med/surg rate. In Oregon, the study found that access was worst for psychologists' patients, with those patients being 13 times more likely to have to go out of network for office visit care than the patients of specialty physicians, even higher than the national discrepancy of 10.6 times.
5) Furthermore, the low reimbursement levels for behavioral health compared to med/surg creates disincentives for behavioral health providers to participate in-network. Psychiatrists and psychologists had lower reimbursements than physician assistants. *Thus, it is not that we have fewer providers, but rather that providers are so low paid by insurers that providers do not participate in insurance panels, creating a financial burden on Oregon residents, even those with insurance. In fact, the high out-of-network utilization for behavioral health patients shows that behavioral health providers are available, just not in networks.*

We have at least 2-3 major areas of concern with this bill as written:

1) The bill should stipulate that behavioral health be paid ***at least*** the same rate per RVU as for medical/surgical, rather than stipulating it be paid the same, which appears to be how the amendment would work. If insurers must increase behavioral health payments above that rate in order to achieve state-mandated parity in access to care, then we should allow them to do so. Parity laws generally do not limit what insurers can do to improve access to care; they just prohibit stronger limitations on behavioral health care.
2) OPA would like further opportunity to evaluate the RVU benchmark approach. OPA has not seen *recent* data on the dollar/RVU ratio for OR insurers. The data from the 2015 Task Force report is a decade old, and does not compare all medical to all behavioral health as the statute would.
3) The bill needs to include some enforcement mechanisms. Oregon is a beacon in having a state parity statute, but we have never provided statutory enforcement powers for that statute. The 2024 RTI report data shows that Oregon has not achieved the behavioral health parity that legislators envisioned, and the state Insurance Division needs to be empowered to enforce all parity provisions.
4) We believe that the benchmark of "percentage of Medicare" is the appropriate benchmark because that has been used in the RTI study and other evaluations of reimbursement parity, rather than RVUs.

We have spoken to the bill's proponent & will be setting up a meeting to discuss the best possible path to get us where we want to be.

Thank you for your consideration. Let's get this right.

For more information please contact:

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