

Testimony from OSCSW in Opposition to House Bill 4010
House Health Care Committee Hearing
February 3, 2012

Good afternoon, Co-Chairs Greenlick and Thompson and members of the Health Care Committee. For the record, I am David Reinhard, representing the Oregon Society of ██████████ Clinical Social Workers. I'm here today with a heavy heart, because we would rather not be here in opposition to rate reimbursement parity. And yet House Bill 4010's special deal for nurse practitioners, we think, fails to address a larger problem that affects all non-physician practitioners and runs counter to the clear charge that this committee gave the Oregon Nurses Association and Regence in the 2011 Legislature.

As you will recall, support for House Bill 3028's reimbursement parity provisions for all providers came up short in the 2011 Legislature. The chief reason was that the Oregon Psychiatrists Association testified that this approach might trigger "a race to the bottom" in which insurers would slash rates to psychiatrists so that they could pay reduced rates to non-physicians. The psychiatrists' testimony made public a concern that became more apparent as OSCSW and the nurses association worked after the hearing to craft a House Bill 3028 compromise. Even some groups that nominally supported the bill feared it could end up reducing reimbursements for their members.

As a result, the House Health Care Committee was not prepared to move House Bill 3028 or something like it. In announcing this, however, Co-chair Thompson made plain that he wanted health insurers and the nurses association, as well as other behavioral health providers, to address the reimbursement issue before the 2012 legislative session and come up with a compromise solution – or House Bill 3028 would be back in play. The nurses association, which was supposed to take the lead on this search for compromise, never engaged OSCSW or anyone else. In fact, their contact with Regence was rather limited. House Bill 4012 is the reason why.

In the absence of any consultation, OSCSW worked with the Psychiatrists Association on a possible solution. The general idea was to tie clinical social worker's reimbursement rate to the psychiatrists' rate, not trigger a race to the bottom while not preventing Regence or other insurers from being able to trim their rates, provided those cuts are justifiable and not dramatic. We would require insurers to pay clinical social workers and counselors no less than 80 percent of

what psychiatrists receive. Psychologists and nurse practitioners could agree on their own percentages. The proposal would also include a provision to prevent insurers from slashing psychiatrist rates and, thus, triggering a race to the bottom for everyone. We proposed a mechanism that would limit any cuts to a certain percentage each year – maybe no more than 5 percent – and require insurers to show cause and seek approval from the insurance division if they wanted to slash rates in two consecutive years or over a certain period of time. The legislation could also phase in the “no less than 80%” requirement over a period of years so that this would not dramatically jack up insurers’ reimbursement costs.

OSCSW submitted this proposal to Regence at the end of October. If we had received an encouraging response, we then planned to put it before other provider groups, including the nurses association. But before we heard back from Regence, we – that is, all provider groups and insurers – discovered that the nurses were pursuing their own deal.

OSCSW has consistently made clear that there is a compromise proposal that would be good for all other non-physician behavioral health providers.

OSCSW’s message to legislators: Come up with a solution that meets the needs of *all* providers and solves the *whole* problem.

It’s a pity that kind of legislation is not before you today. It wasn’t for lack of direction on Co-Chair Thompson’s part or a lack of interest or ideas on OSCSW’s part.

As such, OSCSW urges you to delay action on this important issue until the 2013 Legislature and until *all* parties work out a solution that works for *all* providers.