

TO: The Oregon House Health Care Committee
FR: Larry Conner MA LPC, President of COPACT
DA: April 12, 2013
RE: Support for HB 2353



Chair Greenlick and Members of the Committee:

The Coalition of Oregon Professional Associations for Counseling and Therapy (COPACT) represents Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs) across Oregon. **COPACT supports amending HB 2353, to include LMFTs/LPCs and other licensed mental health care providers. HB 2353 will require health insurance carriers to share reimbursement methodology and directs the Interim Health Care Committee to review reimbursement structures for mental health service providers.**

Both LPCs/LMFTs have been licensed to practice under Oregon Statute since 1991. We are highly trained Masters level mental health providers who offer psychotherapy services to individuals of all ages, families, couples, groups, and organizations throughout Oregon.

There are 3,500 LPCs, LMFTs and registered interns. We estimate that each week LPCs, LMFTs and registered interns work with 70,000 Oregonians seeking services in mental health clinics, private practices, colleges, hospitals, prisons, and rehabilitation agencies.

In 2009, Regence Blue Cross of Oregon dramatically reduced reimbursement rates for behavioral health providers. Masters level providers found their reimbursement reduced by nearly 45%. At the same time, Regence closed its provider panel to all psychotherapists. Due to the reduced reimbursement rates, many licensed providers left the Regence provider panel. With the loss of those providers and the permanent closing of the panel, the result has been a smaller panel serving Oregonians with mental health needs.

According to the Oregonian (10/1/11) a similar strategy was put in place by Blue Cross Blue Shield in Massachusetts at around the same time, perhaps reflecting a larger multi-state approach. *"It is obvious what is going on here: Blue Cross Blue Shield of Massachusetts, like other private insurers, aggressively constrains patients' access to mental health care through several covert means, including by limiting provider networks."* These policy decisions are bad for Oregonians in need of care, and they compromise the promise of Oregon's landmark Mental Health Parity Act.

LPCs and LMFTs incur significant academic debt achieving our high level of training and experience to obtain licensure. Decreasing reimbursement rates put an enormous strain on the profession's ability to attract new practitioners and to retain experienced ones. This further reduces access to care, especially in rural parts of the state.

Decreasing access to the clinically effective provision of psychotherapy will likely result in greater reliance on emergency rooms or law enforcement interventions, which are more expensive. Furthermore, with fewer psychotherapists available, primary care physicians end up doing much of the work of managing mental illness, which is expensive and not the most efficient use of primary care provider time.

It is very challenging to expect non-medical behavioral health provider groups to meet their bottom line when carriers arbitrarily reduce reimbursements by 45%. If mental health practitioners and clinics are to survive in Oregon, there has to be full disclosure of insurance rate information so that all parties have the information needed to make informed business decisions, and to better address network adequacy so Oregonians can access the care they need.

HB 2353 will help make reimbursement methodologies more transparent and shine a light on the resulting reduction in access to care. COPACT is committed to working toward a solution that will ensure capacity to better serve the needs of vulnerable Oregonians.

I ask your support for HB 2353.