

John Milnes' Testimony before House Health Care Committee
April 12, 2013
House Bill 2353

Dear Chair Greenlick and members of the House Health Care Committee,

My name is John Milnes. I am a licensed clinical social worker and have been in private practice at the same location for over 25 years. I am also the president of the Oregon Society of Clinical Social Workers. I am writing in support of HB 2353. I want to thank Representative Kennemer for his leadership on this issue and the committee for holding a hearing about this important matter.

In 2010, I provided written testimony in support of HB 3607 which is similar to the present HB 2353. As you know, reimbursement rates had remained largely stagnant for many years and nothing really has changed since my last testimony. In 2010, I was told by a large insurance company that they would be reviewing their rates in 2012. (Their reimbursement rates did not change except for a slight decrease because of a change in the procedure codes). My income has dropped over 33 % since 2008, with my hours remaining the same. Sadly, I am not alone in this. The number of clinical social workers in private practice has also decreased by 33%. With fewer clinicians doing talk therapy, clients will be forced to turn more to medication only; with more visits to their primary care physician. This seems contrary to the goals of healthcare reform where there is expected to be an emphasis on mental health/talk therapy as a tool to help reduce healthcare costs.

As we know many psychiatrist and psychiatric nurse practitioners, because of time constraints and demand for medication reviews, do relatively little talk therapy. Studies have shown that Clinical Social Workers do equally well with talk therapy as medical providers/psychiatrist. (ref. Consumerreports.org Drugs versus Talk Therapy October 2004).

Clinicians in private practice have fixed expenses that do not flex with a sudden drop in reimbursement rates such as we experienced in 2009. There are many expenses that need to be considered such as rent, health insurance, retirement and office expenses. For instance, my associate and I have in-house staff for insurance billing and scheduling appointments. I think these services are very valuable for the client being able to experience a more efficient and comfortable access to the mental health system. However, it is important to note that most licensed clinical social workers do not have in-house schedules or billers. Most clinicians already do their own insurance related tasks' by checking benefits... etc., and, therefore, already have very few ways to cut their expenses.

Some clinicians will continue to work on absorbing the cuts themselves by doing such things as decreasing support staff hours. If support staff are reduced this will have a negative effect on efficiency and ability of the clinician to see more clients. If the practitioner chooses to go "out of network" in order to collect their usual fee; this will significantly increase the insurance

copayment. The client will have a more difficult time paying the higher cost of treatment resulting again in a decrease of access to services.

The Oregon Legislature, in 1981, passed legislation to help ensure greater access to mental health services through clinical social workers. The law included language that seemed to promote a stable and reasonable reimbursement platform. ("The payment or reimbursement shall be in accordance with the benefits provided in the policy and shall be computed in the same manner whether performed by a physician, a psychologist or by clinical social worker, according to the customary and usual fee of clinical social workers in the area served"). Apparently the state of Oregon does not presently have a legal definition for "customary and usual fee" and therefore the insurance companies have been able to decide independently and unilaterally how they want to interpret the statute. House Bill 2353 is a first step in being able to move towards a more stable and reasonable platform in determining usual and customary fees.

It has been shown that talk therapy provides a cost savings as clients frequently utilize fewer medical services the year following treatment. Investing in mental health/talk therapy saves money overall . I urge your support for House Bill 2353. Thank you very much for your time and please do not hesitate to call me if I can provide any more information.

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