



Comments on House Bill 2468  
From Chris Bouneff, Executive Director, NAMI Oregon  
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House Committee on Health Care

NAMI Oregon wishes to express its support for HB 2468, which would permit the Insurance Division to develop rules to verify that health insurance policies in Oregon include an adequate number of providers to meet the needs of policyholders.

This is a vitally important topic for individuals and families affected by mental illness and addiction. In 2005, Oregon achieved insurance parity for mental health and addiction coverage. NAMI Oregon views HB 2468 as a logical step to promote the success of our parity mandate by ensuring that Oregon families and employers who purchase health insurance have reasonable access to a qualified network of providers.

Our organization is replete with examples in which a lack of reasonable access proved to be a significant barrier to treatment and endangered the well-being of individuals and families affected by mental illness and addiction. For example, we regularly help families and individuals find a qualified prescriber with expertise in mental health medications. Those whom we serve usually work from a list of approved or in-network providers from which to choose, but they quickly find that none is accepting new patients. Thus, they are left scrambling for alternatives that often are less than sufficient to meet their needs. In short, the benefit may exist on paper, but in practice the benefit is nonexistent.

Examples are just as acute in disciplines licensed to provide psychotherapies. Licensed professions are not identical in their scope of services, so policyholders need a healthy mix of providers that is often lacking. And there exist specific proven therapies, such as cognitive behavioral therapy, that are best suited for certain mental health disorders but remain unavailable to policyholders because a provider panel lacks such expertise or provider capacity.

Currently in Oregon, there is no mechanism to regularly monitor whether a provider panel is sufficient for current health insurance plan members, which also is information vital to Oregonians shopping for an appropriate insurance plan.

To adequately meet the needs of Oregonians, HB 2468 is a logical step forward. With appropriate rules and processes, the Insurance Division will be able to verify that network panels are sufficient and include the right mix of providers. And when panels are found unsuitable, the Division can require insurance plans to take action to meet the needs of its policyholders.

NAMI Oregon is encouraged that Oregon's Insurance Division is taking an interest in this issue, and we are pleased to support HB 2468.