

Anne Emmett's Testimony before the House Health Care Committee

April 3, 2015

House Bill 3427

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

My name is Anne Emmett and I am a licensed clinical social worker in Oregon where I have worked for 30 years. I am presently in full-time private practice for the past year and ½ and prior to that had a small private practice while I was working full-time clinical social work positions. I am here today representing the Oregon Independent Mental Health Professionals which is a multidisciplinary group in support of House Bill 3427. I thank Chair Greenlick and members of the Health Care Committee for holding this hearing.

I am compelled to provide testimony to this Committee as to the importance of fair reimbursement for all mental health providers. I was a provider for Blue Cross when they dramatically reduced reimbursement rates in 2009 and I chose to continue to be a provider for them as some of my clients had that coverage and could not afford to pay out of pocket fees. If I had been relying solely on my income from private practice at that time I would have had to drop off the panel, as many clinicians did at that time, because I could not have sustained those reduced rates.

At this point in my career I do need to rely on the income from my practice and it has been a financial stress relying on insurance reimbursements that often are not much more than my low fee slots. I am a provider with FamilyCare OHP, Medicare, am on multiple insurance panels and provide pro bono counseling for The Returning Veterans Project. Fluctuating reimbursement rates and abrupt, dramatic reductions in those rates are a challenge for myself and other Masters level clinicians in private practice to keep their doors open as do rates that remain stagnant and fixed for years. Since the Great Recession of 2008/2009 many people increasingly need psychotherapy but are unable to pay out of pocket fees and must rely on their insurance coverage. This is occurring at a time when there are more individuals and families looking to use their insurance coverage for mental health treatment.

My career has been varied, and largely in public sector mental health, both inpatient and outpatient, some program development and crisis/triage work. Over the years I have seen services cut to the point where the emphasis became more on crisis services and less funding for psychotherapy. People would stabilize and then services would be withdrawn and they would continue to re-enter the public system because they would go into crisis. In my work in community mental health the work horses typically are Masters level staff and interns from psychology and other mental health programs. PhD/PsyD level staff

psychologist positions have decreased in those settings as they are more costly and the same psychotherapy services can be provided by Masters level staff. As an inpatient social worker on a psychiatric unit it became increasingly difficult to make referrals for individuals needing psychotherapy, even if they did have insurance as many providers had no availability or did not accept a certain insurance due to low reimbursement rates. Frequently, individuals would return the emergency room due to inadequate access to outpatient mental health care.

With the Affordable Care Act there is the expectation that primary care and mental health care be integrated and coordinated. This cannot be achieved solely by embedding clinicians within the primary care setting as those clinicians are typically providing triage and referral services to other outpatient mental health providers and unable to provide all of the psychotherapy services themselves. A colleague of mine who is in such an embedded position has confirmed that this has been her experience. To be able to provide adequate mental health services to these primary care referrals there will need to be reasonable reimbursement rates to independent mental health providers of all stripes. Also important is the right of the client to be able to choose their therapist since psychotherapy is a very personal matter.

Presently Masters Level clinicians with the same level of skill and experience as psychologists and psychiatrists seeing individuals/families with the same presenting problems receive considerably less in reimbursement from insurance for providing the same psychotherapy services. In some cases the discrepancy in reimbursement is at least 30% less. This is not an equitable system of reimbursement for providing the same psychotherapy services and affects the ability of Masters Level clinicians to sustain themselves financially. This inequitable level of reimbursement for the same psychotherapy services provided also seems to be in conflict with The Equal Pay Act of 1963 (equal pay for equal work).

I am involved with the Oregon Psychoanalytic Center as well as the Oregon Independent Mental Health Professionals. I have seen the value of psychotherapy personally and professionally to be able to expand a person's life in enriching and fulfilling ways including increasing one's capacities, internal resources and functioning level. I would like to refer you to an excerpt from an article from The American Psychologist Feb-Mar. 2010 by Jonathan Shedler entitled: The Efficacy of Psychodynamic Psychotherapy. "...the available evidence indicates that effect sizes for psychodynamic therapies are as large as those reported for other treatments that have been actively promoted as "empirically supported" and "evidence-based". It indicates that the (often unacknowledged) active ingredients" of other therapies include techniques and processes that have long been core, centrally defining features of psychodynamic treatment. Finally, the evidence indicates that the benefits of psychodynamic treatment are lasting and not just transitory and appear to extend well beyond symptom remission" (page 107).

Psychotherapy is an investment that pays off in better health and reduced utilization of medical services the year following treatment. I advocate for support of House Bill 3427 for a healthier community and as a step towards providing the means to increase the availability of independent mental health practitioners to remain in private practice and for new practitioners to consider private practice so that there is reasonable access to mental health services for all. Licensed Masters Level clinicians providing similar psychotherapy services should be given adequate and equitable compensation. Thank you in advance for your consideration of supporting HB 3427.

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References: Article: Shedler, Jonathan. (2010) The Efficacy of Psychodynamic Psychotherapy, Feb-March issue of American Psychologist, Vol 65. No2, p.98-109.

You-Tube video/ Jon Thor Cornelius MD: The Case for Psychoanalysis: The Scientific Evidence. (10/2014).