



April 3, 2015

Chair Greenlick and Members of House Healthcare
Oregon Legislature

RE: HB 3427

Chair Greenlick and Members of the Committee:

On behalf of the Oregon Psychological Association, I would like to raise some concerns about HB 3427 and the -1 amendments. We concur with the spirit of the bill. Network adequacy standards are an issue, both in terms of richness of providers and also payment for providers. We appreciate the intent of this bill to guarantee reasonable payment to mental health providers who are not physicians. However, we have a few concerns:

- There are two levels of codes for the provision of mental health therapy—those that are “therapy codes” and those that include “evaluation and management” codes. At this time, only psychiatrists, psychiatric nurse practitioners and physician assistants can use the “E&M” codes. In other states that have enacted this legislation, the outcome has been a two-tiered system: a higher E & M tier, and a lower “therapy tier” for all the other mental health providers. This has the potential to harm the individuals the bill is aiming to serve—the psychologists, social workers, professional counselors and marriage and family therapists. There is no protection in the bill for this outcome, and recommendations presented at the last minute have significant issues that warrant analysis.
- Most networks in Oregon struggle to have adequate coverage for psychiatry, which will likely be in the highest tier, and could have cost-sharing impact for consumers. Given the shortages of these specialty providers in many communities, the partnerships between psychologists, social workers, professional counselors and marriage and family therapists and primary care providers to care for their patients is key. Disincentivizing consumers from using these providers due to higher cost-sharing will not help people get care. Disincentivizing providers from taking insurance due to low rates will also not help people get care.
- Network adequacy standards need to apply to the lowest cost-sharing tier of any tiered network. That tier must include the full range of specialty care providers for all covered services. While this is often the objective, if there are not enough providers available in the lowest cost-sharing tier, the additional cost-sharing associated with those providers will be born by consumers, causing them to utilize providers in a higher tier. It’s a costly and unfair consumer penalty, and one that unfairly penalizes the consumer.

Lastly, a robust network of providers of all types is essential to meet the needs of all our communities. We need provisions that support all providers within the network with fair compensation that supports consumer choice. The promise of mental health parity was robust support for all evidence-based therapy regardless of whether medication is prescribed and who provides the care. Mandated levels of percentage reimbursement aren’t the answer—enforcement of the law is.



We would support a targeted workgroup to look at reimbursement for mental health providers who are not prescribers, and would be very happy to participate in that. This was a recommendation of Governor's Task Force on Primary Care and Mental Health Reimbursement started by HB 2902, and redirecting the work of that group would be an excellent way to address the issue. This task force is funded through 2017, and adding more mental health providers to redirect the work to this task would provide a venue for legislation to come forward in 2016 if needed. OPA would strongly endorse this course of action, and cannot support current efforts that do not adequately protect all consumers and providers from harm.

Sincerely,

Robin Henderson, PsyD
OPA Legislative Chair
Oregon Psychological Organization