## **Rosenberg Corey**

From: mooney.patrick@comcast.net
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**To:** SHS Exhibits Subject: Support SB 860

Please support Senate Bill 860. Over the last couple of decades, Oregon insurance companies have charged consumers and employers higher premium rates year after year, quite frequently increasing rates each year by double digit percentages. However, they do not invest this additional income in mental health benefits for Oregon citizens. In fact, over the last 10 to 20 years, many insurance companies have decreased the rates they pay mental health professionals for their services. As a licensed psychologist, I cannot fathom the possibility they are also reducing their investments in medical and surgical services at the same level. It would make health care delivery unsustainable.

Our organization, the **Oregon Independent Mental Health Professionals**, sent out surveys to 5,158 mental health professionals in the state of Oregon asking them whether they had ever left, or were now considering leaving in-network insurance provider panels. Our survey process could not predetermine which professionals worked in active private practice. Many of those surveyed were retired, salaried, or worked in agencies, hospitals, or schools/universities. We did receive back 721 surveys. As a point of reference, if all of those who returned surveys worked in the Providence Insurance psychotherapist network, these numbers would represent about 90% of Providence providers within a 200 mile radius of Eugene (i.e. Eugene, Salem, Portland, Albany, Newport, and Bend).

Forty-six percent of licensed providers of outpatient mental health services reported they had left an in-network insurance panel within the last 10 years. Of this group, 94% left due to poor reimbursement. Forty-nine percent of surveyed licensed providers of outpatient services reported they were currently considering withdrawing from an in-network provider panel. Of this "on-the-fence" group, 96% stated they would be motivated to leave due to low reimbursement rates.

Our group seeks a remedy to the discrepant investment in consumer health benefits by requiring insurance companies to comply with current federal and state mental health parity laws. These laws are simply not enforced as they were intended. Insurance companies only seem to comply with the most minimal requirements of the parity laws—equivalent copays, coinsurance, deductibles, and number of treatment visits. This minimalist compliance with the law makes little difference to Oregon families who cannot find a qualified in-network therapist to treat their children who are suicidal or have a life-threatening eating disorder. Oregon parents face the hard choice between paying high out of pocket expenses to treat their child, or by trying to manage the best they can without needed treatment.

Licensed mental health professionals have spent many years in university studies preparing for their professions. They have had student debt, raise families, and like everyone else face rising costs of living. Please do not allow insurance companies to continue to discriminate against Oregon citizens who have disabling mental health conditions. Without the availability of needed services, their lives can be at risk as much as citizens with diabetes, heart disease, or cancer. **Please stand up for mental health parity by supporting**SB860.

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