



OREGON PSYCHIATRIC  
PHYSICIANS ASSOCIATION

Date: February 7, 2018

To: The Honorable Laurie Monnes Anderson, Chair  
The Honorable Alan DeBoer, Vice-Chair  
Members of the Senate Health Care Committee

From: Jonathan Betlinski, MD, President  
Oregon Psychiatric Physicians Association

RE: Position statement on SB 1549 OHP Coverage for OSH Patients

Chair Monnes Anderson, Vice Chair DeBoer and members of the Senate Health Care Committee:

The Oregon Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, was established in 1966. OPPA serves as the organization for medical doctors (psychiatrists) in Oregon working together to ensure humane care and effective treatment for persons with mental illness, including substance use disorders, and compassion for their families.

OPPA supports SB 1549, which requires continuation of medical assistance for a period of 12 months or until recertification for medical assistance, following admission to the Oregon State Hospital. The bill also provides that a person with a serious mental illness whose medical assistance is terminated while the person is admitted to the state hospital may apply between 90 and 120 days prior to their expected date of release.

Access to health care is essential for those with chronic illness and serious mental illness is no exception. Often people with serious illness become impoverished and eligible for medical assistance because these illnesses begin in the teens or early adult years. Those who suffer with serious mental illness are only hospitalized at Oregon State Hospital (OSH) when they are extremely ill and it can take a number of months for them to stabilize. During this period of time, those with Oregon medical assistance lose their access to all medical care outside of the hospital. This perpetuates the cycle of poverty and increases the likelihood of relapse and readmission at discharge from OSH. This is an example of what is referred to as “churn” when an event interferes with someone’s health insurance.

The NIH study on “Discontinuity of Medicaid Coverage: Impact on Cost and Utilization Among Adult Medicaid Beneficiaries with Major Depression”, Aug 2017, notes that when beneficiaries

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experience coverage disruptions, it resulted in an increase of \$650 in acute care costs per-person, per Medicaid month, compared with those with continuous coverage.

Interrupting continuity of care deprives people — at their most vulnerable time — of access to the very treatment that will allow them to attain stability.

This bill protects people with serious illness who qualify for medical assistance by allowing them to continue to receive care from the same providers they saw prior to hospitalization. Access to routine outpatient care allows people to have the maximum chance of stability as well as saving the state money due to the avoidance of costly emergency treatment.

OPPA respectfully requests the committee to support this bill.