

# Melissa Todd, Ph.D. | Licensed Psychologist

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February 17, 2021

House Committee on Behavioral Health  
Public Hearing, 2/17/21, 8:00 AM  
Oral Testimony Submitted in Support of HB 3046

Chair Sanchez and Members of the Committee,

My name is Dr. Melissa Todd. I'm a psychologist practicing in Eugene, and I have been a member of the Oregon Independent Mental Health Professionals (OIMHP) since 2017. Thank you for this opportunity to testify in support of House Bill 3046.

I started my own private practice six years ago and attempted to contract with a wide variety of insurers so my services would be generally accessible to the community. However, it quickly became clear that inequities exist within the health insurance system, and these inequities significantly and unfairly disadvantage some consumers. These inequities are systemic within the networks of several offending insurers – and every mental health professional in Oregon knows it.

There are many examples I could share to illustrate my point but there is one that I find particularly disturbing. A young woman with a bipolar mood disorder and a history of trauma became my client. She was motivated, consistent, and worked very hard. However, her bipolar condition was challenging and cyclical, causing her to experience alternating periods of depression and mania. Many people with bipolar disorder benefit from a combination of medication and psychotherapy. Thus, I attempted to refer her to a psychiatrist but couldn't find anyone in network who was accepting new patients. Her insurance was through United HealthCare, an insurer that many mental health providers refuse to take because of their poor reimbursement and aggressive review tactics. Ultimately, United failed to provide her with in network psychiatric care. She ended up with an out-of-network psychiatrist, whom she struggled to afford on her modest salary, adding more financial stress to the list of her burdens.

The young woman made progress during her first six months of treatment. Then I received my first of what would be three requests for review by her insurance company over several months. I found the experiences unsettling, as the reviewers conveyed three things: (1) my client had to be experiencing severe symptoms in order to continue her current treatment, regardless of my recommendation, (2) it did not matter that she had a chronic condition and a history of trauma, both of which typically necessitate longer term treatment, and (3) I was

expected to provide a termination date to her treatment. This third condition was especially inappropriate given her situation. I was essentially being trapped into giving a clinically inappropriate and potentially harmful timeline for my client's recovery. When I pushed back on this during my second review, I was immediately elevated to a higher-level peer review—a punitive response that is also clearly discriminatory against people with chronic mental health conditions. In the end, I was pressured to treat my client on a timeline that I would later learn was dictated not by her psychological needs, but by an algorithm set by her insurer designed to control costs.

My client shared with me that she found this experience deeply upsetting. When she inherited a small sum of money from the death of a family member, she chose to stop using her insurance and to pay for her treatment out-of-pocket. She should not have had to do so while she was insured; however, she was adamant that the peace of mind was worth it to her. Think about that for a minute – this young woman paid thousands of dollars out-of-pocket for two more years so she would feel safe in the knowledge that *her insurer* could not take therapy away from her.

I eventually terminated my contract with United because I was no longer willing to work under such duress. I wish I could avoid dealing with them altogether, yet I am treating two of their members right now because I can't bring myself to discriminate against people due to their insurer. However, I've found United's tactics to be applied even more aggressively now that I'm out-of-network. Prepayment audits have become commonplace, with United requesting records for *every* out-of-network appointment and withholding reimbursement while they "clarify the information in your claim." United HealthCare made 15.4 billion in profits during 2020; meanwhile, their members struggle to find quality, affordable mental health care. They keep their networks inadequate; they micromanage providers; they prioritize cost containment over patient care. And no one is holding them accountable.

I am not a lobbyist nor am I a politician: I am a psychologist. I want to do what's best for my clients so they can live the lives they deserve, and I need your help to do that. Please support HB 3046 to strengthen mental health parity in Oregon. The scales have been tipped in favor of health insurers for far too long at the expense of vulnerable Oregonians. Thank you for your time and consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Melissa Todd".

Melissa Todd, Ph.D.

Licensed Psychologist