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From: Kathryn Playfair <katie@playfairconsulting.com>
Sent: Tuesday, March 07, 2017 1:27 PM
To: SHS Exhibits
Subject: SB-860 - Mental Health Parity Enforcement Support

I'm writing in support of SB-860, a bill to increase enforcement of mental health parity laws in Oregon. Under Oregon law, mental health conditions are to be covered by each medical insurance plan in no more a restrictive fashion than any other medical condition covered by the plan. Unfortunately, while plan documents may comply with the law, utilization management services actually employed by various plans often do not.

For example:

- United Behavioral Health (which manages United and Providence mental health care) restricts the use of standard 60-minute psychotherapy visits to very few mental health diagnoses and treatments and requires prior approval of those sessions. They require most clinicians to use 45-minute visits which are not standard practice in the Oregon therapy community. Because requesting "extended sessions" requires long, often invasive phone calls and chart reviews, many practitioners have been intimidated into offering 60 minute sessions whilst being compensated for 45.
- United Behavioral Health's own best practices guidelines list Exposure and Response Prevention treatment for PTSD to be a standard of care. Sessions take 90 minutes using that protocol but they refuse to approve more than 60-minute sessions.
- Many insurers have "carved off" behavioral health to speciality companies which are incentivized to minimize behavioral health spend rather than taking into account overall medical cost reduction provided by behavioral health treatment. For example, if a Providence member has anxiety that has led to the patient picking their skin, that member may need twice weekly 90-minute psychotherapy which would likely be denied by Providence's behavioral health management company (UBH/Optum). But such treatment may save Providence thousands of dollars of dermatology bills in the same year. UBH/Optum has no incentive to invest in the overall health of the patient because they are managing only mental health conditions. Imagine how endocrinologists would object if you carved off diabetes care to a company whose mission was to restrict spending on insulin, pumps, injectors, and education because it wasn't taking into account diabetes' impact on other health conditions.
- Many insurers aggressively audit practitioners whose treatment extends beyond 20 sessions in a year. So despite plan documents not restricting sessions to 20 per year, insurers threaten practitioners with arduous and often intimidating chart-reviews in order to get more sessions approved. While some mental health conditions can be treated using a 12-session protocol, it is not outside the norm for therapy to continue for several months.

Unfortunately the insurance division requires complaining patients who have been denied services in order to investigate these situations. Insurance companies then get out of the investigation by saying, "we didn't say no. We just made it so arduous (much more difficult than it would be for medical practitioners to get paid for services) to get approval that the patient or practitioner gave up asking." Insurance companies need more enforcement to ensure they are not being more restrictive with mental health benefits than with other medical benefits and to that end, I hope you will support SB-860.

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