

Rosenberg Corey

From: Heather Tollander <heather.tollander@nw-adhd.com>
Sent: Tuesday, March 07, 2017 2:48 PM
To: SHS Exhibits
Subject: Support Senate Bill 860

To Whom it May Concern,

As you likely already know, good mental health is just as important as good physical health. It is important for *all* people to have equal access to the services they need, not just those with good insurance benefits. I am a clinical psychologist, and I am writing to ask that you support senate bill 860.

I want to share my own experiences as a mental health provider to illustrate how improved mental health parity would be beneficial for all Oregonians. I work in private group practice and I take primarily commercial insurance, with a few clients who have OHP. One of the biggest issues I have is that many insurance companies, particularly Providence and United, do not reimburse for 60 minute therapy sessions (CPT 90837) without a prior authorization. They typically only approve a prior authorization when a client has acute PTSD or is suicidal. However, I have clients with other diagnoses who desperately need 60 minutes instead of 45. I either have to spend 60 minutes without being reimbursed, or my clients do not get the care they need. I have several clients in this situation and I end up spending the extra time with them without pay to benefit them.

On my end the other issue is that there is a very wide range of what insurance companies pay for the same service. For example, for a 60 minutes of individual therapy I am paid between \$99.50 (Providence) and \$204.45 (Pacific Source). Other professions do not have a wage gap of over \$100.00 per hour for the same service. I would like to be adequately reimbursed for the work that I went to school for 11 years to do.

Last, Another issue that increased parity would hopefully address is more consistent reimbursement for psychological testing (CPT 96101). I work at an ADHD clinic where my clients often need psychological testing to make an accurate diagnosis to inform treatment. However, a prior authorization is often required and insurance companies do not cover testing at the same rate they cover individual psychotherapy. Their deductible often applies, or they have a higher co-pay, making the service inaccessible for many, creating a barrier to adequate care. It takes me much longer to diagnose some complex clients without being able to do testing, sometimes months. As a result I can't provide them with the gold standard treatment because I don't know which diagnoses they have. This ends up being more costly for the system in the long run.

I appreciate you being open to hearing about my experience with our current health care system, and I hope you will consider supporting senate bill 860. I am happy to share client related stories, or talk with you in greater depth on the topic.

Sincerely,

Dr. Heather Tollander

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