

STAND UP for MENTAL HEALTH PARITY! **Support Senate Bill 860!**

When I was a brand new therapist fresh out of social work school I started working at Providence hospital with a patient I will call Stevie. Stevie has the kind of trauma history that gives even the crustiest clinician nightmares. Stevie has Providence Medicare so her mental health care is administered by Optum.

I began to realize that seeing me was the first stable relationship Stevie had ever had. She began to make progress in a therapeutic alliance. She showed up every week and worked hard. In her words, "I finally decided to live so I want to do everything that's recommended."

Eventually it was time for me to leave Providence and start my private practice but I kept putting it off, in part because of Stevie and other Providence patients like her. I knew that it was clinically appropriate for these people to continue working with me. I waited until the Providence panel opened up and applied to get on. I felt proud of myself for working to ensure that their recovery progressed.

Imagine my dismay when I discovered in private practice the open secret that all therapists knew, namely that some panels were much worse to be on than others, that some fee schedules paid a social worker less than half of a therapist's customary rate, that some insurance companies would dog my office with misinformation, administrative deterrence, aggressive auditing and ultimately, denials for routine medical services.

Stevie's recovery needs secondary to her survival of trauma include management of anxiety, depression, relational distress, social isolation, relapse prevention for addiction, suicidal ideation with a history of multiple suicide attempts, and psychosis. I wish this staggering list of symptoms was more unusual for Oregonians, but unfortunately, it's very common. Stevie has a lot to contain in the week between sessions when she is treated. I made the clinical decision to use the CPT code 90837 as we needed a full hour to work.

What I discovered is that Optum cracks down on 90837 as a matter of course. They start by issuing denials after a certain number of visits. They call you to participate in a clinical audit but there isn't anything you can tell them about trauma history, or symptomatology or treatment methodology that will lead them to give you authorization for the hour long time code. I shared painful confidential material with an auditor and slowly began to realize on the phone call that I was violating Stevie's privacy because this company had no intention of granting authorization for 90837. Unfortunately, I was right, hour long sessions were categorically denied, and have been for every other Optum patient I see.

With Optum unwilling to pay for a routine medical code, this now leaves me trying to run a business on \$64.75 per 45 minute session. I don't want to refer Stevie and my other Optum patients to a clinic where they can only be seen once every several weeks until

they fall through the cracks and out of treatment. I don't want to risk their hard earned recovery by denying them access to a stable therapeutic relationship. But I have to ask myself: Can my practice survive at this rate of pay? Can my business keep eating the time required to deal with Optum's draconian deterrence practices? If I stay on this panel to treat Stevie and other Optum patients, can I afford my overhead? Many therapists decide that they simply cannot and they leave the panel.

Senate Bill 860 offers hope to ethical clinicians and patients who need our care. It says that even the less fortunate among us will have access to the routine provision of mental health care.

Middle class citizens also experience obstacles that prevent them from getting mental health care. They wonder: "Why in the world can't I find a good therapist who takes my insurance? I thought I had good insurance. Why does everyone who is listed on my panel say they are full? Why is my therapist leaving my insurance? Do I really have to start over with someone new? Why have my sessions been cut down to 45 minutes when the hour isn't long enough as it is?"

All these patients wrestle with the same logical question: "But I thought I had mental health care as part of my insurance coverage?"

SB 860 will keep Oregon at the forefront of its fight for comprehensive medical care as a civil right. It will keep insurers from contravening Oregon law, from stigmatizing mental health disorders as less worthy of care than physical health disorders. It will enable ethical private practitioners to treat Oregonians from all walks of life. Now more than ever we need to show our country what it looks like to be a state that protects the health and safety of its citizens. Please vote yes on this crucial legislation. Thank you.

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