

John Milnes' Testimony Senate Committee on Human Services

March 15, 2017

Senate Bill 860

Dear Chair Gelser and members of the Senate Committee on Human Services

My name is John Milnes. I am a licensed clinical social worker and have been in private practice at the same location for over 30 years. Over that time, I have served as president of the Oregon Society of Clinical Social Workers. I am here today representing the Oregon Independent Mental Health Professionals which is a multidisciplinary group in support of Senate Bill 860. I want to thank Chair Gelser and members of the Committee on Human Services for holding this hearing.

I last provided testimony in 2015 in support of reasonable reimbursement for all mental health providers. Unfortunately, the reimbursement rates have remained stagnant for many years. The problem was greatly exacerbated in 2009 when Blue Cross drastically slashed their reimbursement rates.

If I were a younger man, I would not be sitting in front of you, as I would be working for the state or another agency. I would not be able to take the risk of starting a private practice. Clinicians in private practice have fixed expenses that do not flex with a sudden drop in reimbursement rates such as we experienced in 2009. Overhead expenses continue to go up and my office staff deserves yearly raises. I am only able to sustain my practice in recent years as I work very long hours.

Throughout the year, many Oregonians will spend a considerable amount of time trying to find a therapist or counselor to address their families' needs. Some give up and rely solely upon medications, resulting in more visits to their primary care physician.

Primary and mental health care professionals must be supported with reasonable reimbursement rates based on parity. Failure to treat both physical and mental health conditions in a comprehensive manner results in poorer health outcomes and higher health costs. (Center for American Progress, 2010). Various studies estimate that anywhere from 11 – 36% of primary care patients have a psychiatric disorder, yet, the average primary care appointment lasts only 13 minutes.

Over the years, I have thought that it is important to remain on as many insurance panels as possible to provide affordable access to individuals and families needing mental health services.

However, because reimbursement rates have been very challenging for a long time, I finally decided that it was necessary to go out of network with two of the largest insurers in the state.

I am now able to compare “in network copayments” versus “out of network copayments” with the same insurer. Sadly, the clients’ copayments (after meeting “out of network deductibles”) is 7 to 8 times higher with me being out of network. This type of expense is unsustainable for many clients, but also the reimbursement rates were unsustainable for me.

We know from outcome surveys that talk therapy provides the necessary focus and time to help people overcome such problems as depression and anxiety .Psychologists, clinical social workers and licensed professional counselors all do well in achieving positive outcomes through talk therapy. (ref. consumersreports.org: [Drugs versus Talk Therapy](#), October 2004; consumersreports.org: [Depression and anxiety: readers reveal the therapist and drugs that helped](#), July 2009).

I think Senate Bill 860 goes a long way to improve access for individuals and families needing mental health services. Increasing access is a cost savings measure as clients frequently utilize fewer medical services the year following their mental health treatment.

Thank you for the opportunity to provide this testimony and please let me know if you have any questions.

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