

Testimony of Anne Emmett LCSW to the Oregon Senate Committee on Human Services on March 15, 2017.

Dear Chair Gelser and Members of the Senate Committee on Human Services,

My name is Anne Emmett, I am an LCSW in full time private practice with individual adults for the past 3.5 years. Prior to that I worked in community mental health in both outpatient and inpatient direct clinical work for the past 30 years including 1.5 years as the clinical supervisor/manager for the start-up program EASA in Multnomah County. I was working a part-time private psychotherapy practice for much of the time I worked an agency job.

I am asking you to support SB 860 for the following reasons:

- The disparity in reimbursement rates for the several panels that I am on range from my full fee to less than ½ of my full fee. It is difficult to sustain a business with such fluctuation in reimbursement rates.
- People need to be able to use their mental health benefits to access treatment and are confronted with the following obstacles:
 - High deductibles and high co-pays.
 - Loss of “out of network benefits” for an increasing number of plans.
 - Higher co-pays for patients with “out-of-network” benefits.
 - The inability to access a therapist that takes their insurance due to any of the following: low reimbursement rates not attracting enough providers to the panel, when the patient calls therapists on the panel no one has openings and/or patient’s insurance plan does not allow them to see a therapist “out of network”.
 - Some insurance companies that have intrusive, aggressive review systems and seemingly routinely deny certain codes or continued treatment.
- These factors all limit access and choice for the patient.

EXAMPLES:

A patient I have seen for two years recently had her insurance change to Optum (Providence). Patient wants to continue individual psychotherapy to address past losses and traumas and understand how they impact her relationship with her teenaged foster child who had also been impacted by early childhood traumas. This patient is on limited income and has to use insurance to pay for therapy. Rather than have this patient not have access to therapy I am considering joining this network which I would rather not be part of and which ultimately will not improve my bottom line. I offered to see patient pro bono but this was not acceptable for this person.

Another patient, on PBH (Providence) whom I have seen for nearly the same amount of time expressed concern that if I got on her insurance panel that she would have to pay considerably higher co-pays and could not afford to continue therapy.

I would like to be able to offer accessible quality private psychotherapy services to all income ranges and be able to have a sustainable business. My overhead continues to rise but reimbursement rates have remained stagnant or declined over the past decade. I am concerned that there will not be enough younger mental health providers who see private practice as a viable economic option while I do not see a decrease in the need for mental health treatment. I have attached a short film by Garrick Duckler that illustrates many of the reasons people may seek psychotherapy:

<https://www.youtube.com/watch?v=vQRWRPpbjBs>

Please support SB 860. Thank you.

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