

April 3, 2017

House Committee on Health Care
Written Testimony, HB 3091



Chair Greenlick and members of the committee,

Thank you for the opportunity to review and provide feedback regarding proposed amendments to House Bill 3091 (HB 3091-1). Moda Health appreciates the work Rep. Keny-Guyer has done to bring a wide variety of stakeholders together to improve coordination of care for Oregonians with behavioral health conditions. Moda Health remains committed to partnering with other stakeholders to improve the quality and coordination of these services. We respectfully offer the following recommendations and concerns related to proposed language in HB 3091-1:

Page 8, lines 24-26:

We recommend deleting “a certified clinical social work associate” and “an intern or resident who is working under a board-approved supervisory contract in a clinical mental health field.” This language conflicts with the list of eligible providers in ORS 743A.168 both in current statute and as proposed in the current bill, page 12, line 23 through page 13, line 6. We believe the proposed definition on page 12, line 23 through page 13, line 6 best reflects the intent of the workgroup and provides a greater level of safety and accountability to Oregonians experiencing a behavioral health crisis. Allowing unlicensed providers operating outside the structure of a licensed program to provide crisis assessments, diagnosis and stabilization would put our most vulnerable citizens at an unacceptable level of risk.

Page 9, lines 2-3:

We recommend deleting the words “or licensed behavioral health residential facility” from the definition of “behavioral health crisis.” ORS 743A.012 deals with insurers’ responsibility to cover emergency medical (including behavioral health) conditions. Emergency medical conditions are of such a severity and acuity as to require evaluation and/or treatment in an emergency room or acute inpatient facility. Expanding the definition to include a residential facility would be similar to expanding the definition of emergency medical treatment to include that provided in a Skilled Nursing Facility. As such, it would constitute a new mandate and create a financial liability for the state.

For consistency, we recommend the same change be made to Page 12, lines 4-5.

Page 11, lines 27-30:

ORS 743A.168 addresses insurers’ broad responsibility to cover behavioral health services. In this context, the definition of “behavioral health assessment” offered is too narrowly focused on



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crisis assessment. Insurers' responsibility to cover behavioral health assessment and treatment under ORS 743.168 includes non-urgent, non-crisis services, and the definition in this section should reflect that broader responsibility. This could be addressed by deleting "immediate crisis stabilization" and inserting in their place, "behavioral health treatment."

This recommendation may also apply to Page 2, lines 10-13 in regard to Coordinated Care Organizations.

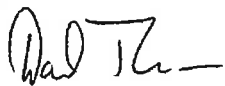
Page 14, lines 15-17:

This line needs clarification. As written, it could be interpreted as meaning that medical necessity is defined solely by the provider's assessment and recommendations. This is inconsistent with how medical necessity is applied elsewhere in statute. Insurers' responsibility to cover medical or behavioral health treatment is always contingent upon the insurer's determination of medical necessity, subject to review by an Independent Review Organization. An appropriate fix might be to add to the end of line 17, "subject to utilization review as described in this section"; or to change lines 15-17 to read: "No less than the level of services determined by the group health insurer to be medically necessary based upon a behavioral health assessment of a patient or a patient's care plan."

This same recommendation would apply to Page 1, lines 13-16 in regard to Coordinated Care Organizations.

Thank you again for your work on this important issue, and for the opportunity to provide feedback regarding the proposed legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Thoma", with a horizontal line extending to the right.

Dan Thoma, LPC
Manager, Behavioral Health
Moda Health