



OREGON
INDEPENDENT MENTAL
HEALTH PROFESSIONALS

From the Desk of
Rep. Jeff Reardon

Please Support Senate Bill 860-B ... Make Mental Health Parity Work!

Oregon Law ORS 743A.168 (Oregon Mental Health Parity) requires insurers who reimburse hospital and medical expense benefits to reimburse mental health/chemical dependency benefits at the same level and subject to limitations no more restrictive.

Problem:

The intent of Oregon's Mental Health Parity law is being undermined by insurer reimbursement practices that differentiate between how medical and mental health providers are reimbursed for service. These practices place more restrictions on mental health providers. This leads to:

1. A decrease in the number of mental health providers willing to work in-network,
2. Less overall expertise on panels,
3. Mental health patients unable to afford the care they need due to higher out-of-pocket cost,
4. Diminished access to critical mental health treatment for those who need it most.

Insurance companies also apply utilization and management policies that are more restrictive to mental health outpatient procedures than medical outpatient procedures.

Solution:

Senate Bill 860-B assures equivalency of each insurer's in-network medical and mental health provider panel by remedying discrepancies in how reimbursements are established.

This bill requires DCBS to:

1. Review **historical reimbursement trends** of each insurance plan's maximum allowable reimbursement rates paid for mental health and medical in-network panels;
2. Determine whether insurers **restrict the utilization of longer office visits** differently for medical and behavioral mental health providers;
3. Review whether health insurance plans reimburse time-based office visit codes for in-network panel of mental health providers and in-network panel of medical providers **in an equivalent proportional way based upon incremental increases in visit length**;
4. Determine whether the **methodologies used to determine each insurance plan's reimbursement rate schedule** are applied in a manner that establishes equivalent mental health and medical provider panels.

Finally, SB 860-B authorizes DCBS to remedy disparities that are found between treatment of medical and mental health claims which would undermine the intent of Oregon's Mental Health Parity law.