

Testimony to the House Health Care Interim Committee
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Chair Greenlick, members of the committee, thank you for the opportunity to speak with you this afternoon.

I support the legislative concept being heard today. Even though many have worked long and hard to pass legislation ensuring parity for behavioral health, in fact it still exists and in some cases the disparity has even widened in our area in recent months. In my view, the policy goal of achieving parity in mental health and physical health services has been seriously undermined by the reimbursement decisions of third party payers. This legislative proposal will be an important step in creating transparency in the decision making by health insurance carriers that makes such a critical difference in access to mental health services.

As a Psychiatric/Mental Health Nurse Practitioner in private practice, the major portion of my income is from insurance reimbursement for my services. 53% of my caseload is covered by one insurance carrier. I have signed contracts with each of the insurance panels of which I am a member. These contracts contain a non-disclosure clause which stipulates that I shall not disclose the reimbursement rates established by the company without prior written consent of that company, as the disclosure of these reimbursement rates might cause "irreparable damage" to the company and that they have the right to seek relief for my breach of this provision. Because of this clause I will not be revealing the names of any insurers during my testimony.

I have been in private practice since 1993 and currently have a caseload of about 400 clients. I also contract with the Child Welfare Partnership to teach stress management to groups of foster parents throughout the state and volunteer my psychiatric services at the Salem Free Medical Clinic. Before entering private practice I worked in a large community-based mental health clinic. I have practiced in this specialty for over 2 ½ decades.

On August 31, 2009, I received \$96 for an appointment that involved evaluation, diagnosis, prescription selection and patient education. In September, the new carrier for one half of my patient population notified me that the rate for the same visit I just described would be reduced by 57%. As you can imagine, this has had a profound impact on the income of other nurse practitioners and mental health providers. It has been reported to me that the reimbursement rate for psychiatrists who use the same CPT codes that I use for treatment was not reduced.

When the rationale for this reduction was questioned, we were told that the new carrier compared its reimbursement rates to other carriers and found that others were lower. Thus, the new carrier concluded that it was being subjected to cost shifting by the other carriers and reduced its rates.

In order to withstand the decreased reimbursement rates for mental health providers and avoid the increasingly burdensome requirements of the carriers, some of my colleagues are choosing to move to a "cash only" payment system. While this will certainly free up time for the provider to see more patients and theoretically could improve their bottom line, it will likely also compromise access to services because most of our patients cannot afford to pay out of pocket for these services and then try to wade through the complicated procedures for obtaining insurance payment. The chances for a person who is already compromised to successfully navigate the health insurance paperwork and procedures are slim.

It is not my intent to demonize the health insurance carriers in these comments. Rather, I am committed to state policy which supports access to care and the parity we thought we had achieved several years ago. The importance of a reimbursement structure that is fair and includes paying the same amount for the same service is critical to achieving mental health service capacity. This proposal is an important step in setting reimbursement standards.

I am happy to provide you with additional examples of the difficulties which both my patients and I experience in dealing with health insurance carriers or answer any questions related to my practice.

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