NAMI Oregon
2021 Policy Priorities

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The Problem We’re Trying to Solve

Why have we failed to bend the curve?

Lack of MH Care

~60 million people in the US with any Disorder; 11-17 million “serious”

Sources:
NSDUH (2009); Kessler, Chin, Demler, & Walters (2005), Wang, Lane, Olsson, Pincus, Welsh & Kessler (2005); Merikangas, He, Bertstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson, Olsson (2011)
Mental Health Enters the Modern Age
Continued Vigilance Is Needed Because We’re New at This

• 2005 – Insurance parity legislation in Oregon
  ✓ Applies to employer group plans only.

• 2008 – Federal parity legislation approved
  ✓ Rules not finalized until 2013.
  ✓ No enforcement outside of aggressive states taking action.

• 2010 – Affordable Care Act
  ✓ Insurance exchange and Medicaid expansion in 2014.
  ✓ Behavioral health an essential benefit on exchange.

• 2016 – CMS issues final Medicaid parity rule
Policy Priorities

- Mental Health Housing Incentive Fund.
- Protecting medication access. Improving prescribing.
- Civil commitment (adding definitions to statute).
- Insurance parity.
- Network adequacy for commercial and Medicaid.
Housing Incentive Fund

- Provides incentive matches for projects serving individuals living with serious mental illness and/or SUD.
- Move Incentive Fund to Oregon Health Authority from OHCS.
- Fits better at OHA and its expertise with specific populations.
- Request “deposit” into Incentive Fund.
- Track record of success.

✓ $20M in funding; $140M in total development
Protecting Medication Access

• Response to mental health medications are highly variable.
• Created Mental Health Clinical Advisory Group to draft treatment algorithms.
• Extend sunset on protections so Advisory Group can finish work.
• Tie future access decisions directly to Advisory Group guidelines.
Civil Commitment

• Oregon statute does not define important terms such as “danger to self.”

• Oregon Court of Appeals left to define terms in case law.

• Lack uniform application of holds and commitments even within same jurisdiction.

• Most people enter system via criminal justice system.

• Opens door to civil system. Avoid criminal justice involvement.
### Parity: Continued Vigilance Essential

#### % *Out-of-Network Utilization in Oregon*

<table>
<thead>
<tr>
<th>Inpatient Facility</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>19.3%</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>1.2%</td>
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</table>

<table>
<thead>
<tr>
<th>Outpatient Facility</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>32.9%</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>4.1%</td>
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<table>
<thead>
<tr>
<th>Office Visits</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>11.8%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>2.8%</td>
</tr>
<tr>
<td>Med/Surg Specialists</td>
<td>4.5%</td>
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</tbody>
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Parity in Oregon Medicaid

- Long waits for access to services.
- Lack access to critical levels of service.
- Variation by region in terms of utilization management.
- Inadequate provider panels.
- Unstable workforce, due in large part to low reimbursements.
Wit v. United Behavioral Health: What Does Parity Mean?

- Treat the underlying condition, not only current symptoms of crisis.
- Treat co-occurring conditions in coordinated manner.
- Treat at the least intensive level of care that is safe and effective.
- Err on the side of caution.
- Effective treatment includes services to maintain function.
- Determine duration based on individual needs.
- Take unique needs of children & adolescents into account.
- Make level of care decisions based on a multidimensional assessment.
Legislative Solutions

• Direct DCBS to require annual comparative data reporting.
  ✓ Specify critical data points (reimbursements, networks).
  ✓ 12+ states with such requirements.

• Enact spirit of Wit decision.
  ✓ Treat the underlying condition for the duration necessary using generally accepted standards of care. (CA’s SB 855 enacted)
  ✓ Require OHP to aggressively monitor and enforce uniform network adequacy and utilization management requirements.

• Examine how state can interact with self-funded plans.
Thank You