



2021 OPA Legislative Strategies

Why do Oklahomans not have access to the care they seek and deserve? Why do psychologists continue to encounter barriers when treating/seeing patients/Oklahomans?

Below is a list of barriers faced by Oklahoma psychologists. Oklahoma ranks 3rd in the nation for mental illness and 2nd in the nation for substance abuse disorders. Help us help OKLAHOMANS with behavioral health needs. Our people need us now more than ever!

1. TELEMENTALHEALTH/TELEPSYCHOLOGY EXPANSION/EXTENSION:

- OPA commends Medicare, Medicaid, and private insurers for responding quickly to remove the barriers to care during the COVID 19 pandemic. By allowing audio-only platform restrictions to be lifted and various extensions to provide continuity of care using telemedicine, psychologists have been able to treat patients who had not utilized telehealth benefits previously. They have seen fewer cancelled appointments and better access using a platform that made the patient comfortable, breaking down some of the barriers that already exist with behavioral health. We realize video with audio is the better situation, however treatment for our aging population and those in rural Oklahoma should provide equal access to the care needed, and often times audio only is the only option outside of a standard in-office visit. Allowing multiple telemental health options, through video and audio services has also opened doors to treatment to economically disadvantaged Oklahomans who may face transportation and other access issues.
 - ✓ **STRATEGY:** We ask that our elected leaders allow treatment to those seeking it through telehealth platforms that are HIPAA compliant and allow patients the ability to use audio, video, or a combination of the two for their treatment. Other health care providers with bigger grassroots advocacy numbers will be advocating for this tool to continue to be used, allowing collaboration of messaging and grassroots advocacy. We have been meeting with other health care coalitions and The State Chamber on this issue.
 - ✓ **STRATEGY:** We must advocate for provider rates for all health care providers to stay at the same reimbursement rate as in person services. There are expenses incurred to perform patient services under telemental health just as there are expenses to see a patient in person. Telehealth tools will continue to be a necessity now and, in the future, and discounting those rates to providers is not a solution to the health care crisis our state and nation is in. Other organizations have already added this to their 2021 legislative agendas, and we will work with them in ongoing efforts to stabilize rates given during the pandemic for ongoing telehealth treatments in the future.
 - ✓ **STRATEGY:** Blue Cross Blue Shield has the biggest commercial insurance footprint in Oklahoma. They contract for services to provide telehealth via MD LIVE. MD LIVE is not accepting any new providers at this time AND will not supply us with a list of current providers to allow psychologists to refer to other psychologists...they say it violates HIPAA. In meetings with the Insurance Commissioner and OHCA, OPA made them aware of the challenges this creates for Oklahoman's inability to have access to the highest expert in behavioral health, psychologists. The Insurance Commissioner is investigating and promises to advise us on a possible solution.

2. PARITY IN PRACTICE:

- State Definition of Physician: Oklahoma Psychologists are the only doctoral-level health care providers NOT included in the state's definition of physician. We will work hard to gain parity with other doctoral-level health care providers and fight to include psychologists in the definition of physician, not EXCLUDE psychologists in state statute. Oklahoma ranks 3rd in the nation for mental illness and 2nd in the nation for substance abuse disorders. OPA challenges legislators to make a

change that will set the standard for our state and change these statistics by helping psychologists provide their services without unnecessary obstacles. Oklahoma state code acknowledges psychologists and physicians as equals in several statutory situations already so precedent is already present for parity when practice scope/expertise overlaps.

- ✓ **STRATEGY:** We will reserve a bill in Dec. 2020 using language from our HB 2194 from 2019 and language moving forward from the House of Representatives to the Senate. We are likely keeping the same Senate author (Senator DeWayne Pemberton) as 2020 given that our Limited PAC contributed to his re-election campaign and he has been educated and was in the freshman class with Representative Randleman in 2019. The challenges we experienced when fighting to pass this in the House of Representatives in 2019 will be re-focused by having House authors in more leadership roles and not as familiar, like Dr. Randleman is, with the physician definition CMS reimbursement attempts by APA.
- Medicaid Provider Rates for Psychologists: The Oklahoma State Legislature approved rate increases for physicians based on the changes in value codes for services, yet we believe those reimbursements to psychologists have not been completely fulfilled from allocations from two recent legislative sessions. If physicians are paid more when the code values go up, the rates for all other health providers, including psychologists, need to increase as well and should be a priority.
 - ✓ **STRATEGY:** We must validate when the last rate increases were given to psychologists to determine if psychologists are receiving the full reimbursement as approved by the Legislature in 2018. Once we confirm this, we will then either eliminate this as a barrier or place it on the 2021 Legislative agenda as an item that we maintain focus on to ensure Psychologists reimbursement rates are equivalent to those of other health care providers. The Oklahoma Health Care Authority has promised to clarify reimbursement rates for psychologists and when the last increase was given.

3. **ACCESS AND CONTINUITY OF CARE FOR MEDICAID ADULTS:**

- Psychologists cannot currently see Medicaid patients under their care, in a private practice setting after they reach the age of 21 for psychotherapy services. With the Healthy Adult Waiver under Sooner Care 2.0 implemented in 2020, this extends the age to 20. For many reasons, not just continuity of care, this is an antiquated rule and one that needs to be changed given today's reality of caring for patients. This is Oklahoma's most vulnerable population who already have limited access to mental health services. By allowing psychologists to continue to see Medicaid patients as they transition into adulthood, we are better able to provide consistent care. Removing this barrier could also allow for adults in the Medicaid population to receive training from providers in Oklahoma trained at the highest level, especially those who need treatment from those who have specialized training (e.g., Autism providers, substance use providers, etc.).
 - ✓ **STRATEGY:** One of our engaged psychologists had the opportunity to be in a small group setting with the Governor recently and questioned the Governor about this. As a result, OPA polled other SPTA's about their state regulations and coverage for adults on Medicaid. OPA has compiled the information and supplied it to the Governor and will continue to use it to educate other elected leaders. Additionally, the Oklahoma Health Care Authority (OHCA) believes that when Oklahoma becomes a Managed Care state, fee for services will make this easier to accomplish. Ongoing dialogue with OHCA and others will warrant a result soon. We are confident legislation will NOT be necessary on this at this time.

4. **POST DOC/PRE-DOCTORAL INTERNS:**

- Many other states allow post docs to see commercial insurance patients and Oklahoma should be one of those states. Postdoctoral fellows and predoctoral interns in our state are already able to see Medicaid patients, under the supervision of licensed psychologists. By allowing postdoctoral fellows and predoctoral interns to see commercial insurance patients, we expand the number of Oklahomans who can receive services, as well as improving the training of these providers. Improved training and exposure to a more diverse population could enhance the likelihood that these providers remain in the state following their training year.

- ✓ **STRATEGY:** We are scheduled to meet jointly with the OSBEP Board of Directors at our Nov 6-7, 2020 Annual Conference. The licensing board will play a role in governance should we accomplish this objective. Meetings are planned with Blue Cross Blue Shield of Oklahoma and other commercial insurance providers to determine their willingness to allow this to happen. If Blue Cross Blue Shield comes on board in support, other commercial insurance agencies, we believe will follow suit. The Insurance Commissioner is aware of this initiative and will work with us to communicate why this is important. He suggested we look at reimbursement rates of other states to ensure the value proposition we ask for is comparable to those states, likely a reduced rate than what is received by a psychologist.

5. **OPIOID CRISIS and COMMUNITY MENTAL HEALTH CENTERS(CMHC):**

- OPA will continue to watch our lawmakers and agency leaders in the decisions made on how to use and what they plan to accomplish with the money the state received to combat Oklahoma's opioid crisis. Psychologists need to be at the table when decisions are made on how to use these funds at the state and local levels to ensure continuity of care and research-based treatment options are provided by the highest doctoral trained professional. Psychologists are expert mental health providers and have doctoral degrees equal to those who are in the medical community. We should be actively involved in anything and everything that has a direct impact on those struggling with mental illness in our state, especially when most of the opioid addictions have underlying conditions that need to be treated.
 - ✓ **STRATEGY:** The Attorney General's office indicated that many of these settlement funds will be used by local agencies to combat areas of need. We suspect Community Mental Health Centers (CMHC) will be the avenue most widely used for disbursement of these funds. The AG's office encouraged psychologist to investigate getting involved with eligible political subdivisions or first responder organizations and submit an opioid grant application for funding to be used for behavioral health related services. The Board that oversees these funds is still getting up and running to address the grant process, application, and the disbursement process.
 - There are fifteen CMHC's, five of which are state-operated facilities, and the others are contracted non-profit providers. They cover all 77 counties in Oklahoma and most centers have satellite offices or other specialized programs in their service areas. The CMHC mission is to serve adult Oklahomans in need of mental health and substance abuse treatment who are 200% of poverty or below and have no other means of pay. However, because of limited resources, they also have illness severity criteria that must be met for adults to receive these services. For children, they service any child in need of treatment who has no other means of payment. OPA would like to revisit the mission of these centers as currently there is a competitive advantage for these facilities over psychological practices and agencies and many use behavioral health providers that do not have the expertise of doctoral level psychologists.
 - ✓ **STRATEGY:** In our meeting with the OHCA, we determined that OPA will host a roundtable breakout at our November Conference, facilitated by the OHCA with CMHC's. The goal is to have healthy dialogue realizing at the end of the day, the client should have a choice of providers, which is NOT currently happening with CMHC's. The OHCA will continue having dialogue with the OHCA Commissioner of Mental Health to drive home the message about having psychologists in the mix of providers. There could be some form of MOU developed in the end advancing the involvement of psychologists in the care provided by CMHC's.

6. **MANAGED CARE IN OKLAHOMA:**

- The Oklahoma Health Care Authority (OHCA) sent an RPF the week of October 15th for Oklahoma to become a Managed Care state for Medicaid. The Governor wishes Oklahoma to join the other 40 states who have Managed Care and OHCA would like to learn from the implementation of this from those states in hopes to make Oklahoma's a better roll out than those states have seen.
 - ✓ **STRATEGY:** OPA respectfully opposes the administration's push toward 3rd party managed care. As healthcare providers, we understand the true impact of managed care when implemented within the State of Oklahoma's Medicaid system. It leads to reduced accessibility for the most vulnerable populations, negatively impacts providers who are already accepting reduced rates to

service those in need, and waste the monetary resources of the State by covering inflated administrative fees to and unneeded bureaucracy that will stand between the provider and the person receiving care. The current model of managing the Medicaid resources for our state is not the same as managed care. Although we do believe some improvements could be made to how Medicaid is administered in Oklahoma, we do not support an approach that would negatively impact the individuals needing psychological services, the providers who provide those services, and the taxpayers of Oklahoma. The current proposals being offered remove a large portion of our state's Medicaid dollars from those in need and the providers on the front lines. In addition, the proposals call for "3rd party" Manage Care Organizations (MCO'S) contract to provide care coordination, some of which is already done today at the Oklahoma Health Care Authority for around 15% of our state's Medicaid budget. Oklahomans would be better served if we would spend our energy reducing this 15% rather than handing everything over to third party organization that would only raise this percentage. There are countless examples of these MCO's coming back to states asking for hundreds of millions of dollars to cover their unforeseen expenses— and their guaranteed profits.

- OPA was invited to discuss this with the Medicaid Division of Humana Insurance and plans are to contact the other likely Managed Care Organizations (MCO) that will be bidding on the contract, based on their Oklahoma footprint. We need to ensure psychologists are on the list of providers and ensure this as an outcome. Managed Care cannot happen without the Oklahoma Legislature allocating funding. At this time, we have asked to review the RPF and will investigate what role OPA will play in the entire managed care discussions that are and will continue to take place. Our inside intelligence indicates that this WILL NOT be funded in 2021 and that other bigger grassroots advocacy groups are continuing to fight this concept.

ACCOMPLISHMENT: BCBA CERTIFICATION UPDATE

- Oklahoma Psychologists are licensed to treat those with behavioral and mental health related issues. They go through a strict review before gaining licensure and are held to high standards to maintain ethical practices. We should not be compelled to receive additional training as our license states we are trained at the doctoral level to provide these services. Emergency rules came into effect on July 1, 2019 that require all psychologists to obtain a national BCBA certification through BACB to bill behavioral analysis service codes for the autistic population. Psychologists already have the necessary credentials to serve this population and no additional training or national certification should be required. We need to tweak this language to NOT MANDATE that psychologist have this ADDITIONAL certification to provide this type of treatment they are already providing to Oklahomans. This rule prevents licensed psychologists from practicing based on their areas of training and expertise. Emergency rules should NOT overrule STATE STATUTE.
- ✓ **STRATEGY:** In 2019 we asked the Behavioral Health Advisory Committee to consider revisions to what we thought were unintended consequences when they introduced the rule language making this requirement of psychologists. The attempt failed. In a September meeting with the OHCA, we were asked to produce a white paper outlining the expertise of psychologists to further argue this point and supply to the OHCA and Insurance Commissioner. As a result, Rule amendments will be made this next session to exempt Psychologists from having this national certification. While the Rule will not be effective until September 2021, we are excited that our voices were heard!