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Wyden Statement at Finance Committee Hearing Examining Barriers to Mental Health Care

As Prepared for Delivery

The Finance Committee meets for our third hearing on mental health care this year, and we'll begin with mental health parity.

For 13 years, the parity law has required equal treatment by insurance companies of mental health care and physical health care. That law was the result of the efforts of the late Senators Wellstone and Domenici, who came from families touched by mental health challenges.

The parity law was supposed to be a game changer, but mental health patients have still spent the last 13 years all too often bogged down in insurance company foot dragging, red tape and piles of excuses. This committee is coming together to finally fix this on a bipartisan basis. It's not on today's docket, but I'll just say that more finally needs to be done to hold the executives of these companies accountable.

Four examples of what's going wrong. First, too many Americans are getting shoved by insurers into "ghost networks." When you're stuck in a ghost network, you can't get a provider to take your insurance. The insurance company's directory of providers is often wrong, even years out of date. Or insurance companies often pay so little for mental health services that patients get stuck with the entire bill. When families pay good money for insurance and wind up with a ghost network, you don't feel like you're getting parity, you feel like you're getting ripped off.

Next example, mental health patients are getting whacked by coverage limits that cut off their stays in a hospital. Health treatments ought to be driven by a professional diagnosis, not an arbitrary cap set to protect insurance company profits.

Third, insurance companies are relying on loopholes to deny coverage. Requiring prior authorizations before they'll pay for care. Setting unreasonably high standards for the "medical necessity" of mental health care.

Particularly for somebody experiencing a mental health crisis, these bureaucratic roadblocks to insurance coverage can be fatal. If you break your arm, you don't have to make a dozen phone calls and gather a mountain of paperwork to prove to your insurance company that you really do need to see a doctor. A mental health crisis shouldn't be any different.

Fourth, stonewalling on paying claims. I was struck during the pandemic that even leading health institutions like Oregon Health & Science University couldn't get mental health services claims paid by insurance companies.

At first they claimed it was because they couldn't hire enough staff. But after I wrote a letter calling for the GAO inquiry into this stonewalling, the floodgates reopened and the claims got paid. It shouldn't take a United States Senator weighing in to get paid for needed mental health care.

These four barriers make a mockery of the parity that Senators Wellstone and Domenici envisioned. Tools like ParityTrack, which is run by an organization headed by former Surgeon General Dr. David Satcher and former Congressman Patrick Kennedy, are out there to hold states and federal regulators accountable for enforcing parity law. It's going to take a lot of hard work to address these issues, but members on both sides of this committee are working to bring their best ideas forward.

The second challenge that's up for discussion is bringing mental health care and physical health care closer together. Mental health should not be fenced off from the rest of the health care system. This lack of integration can be fatal.

People typically start with their primary care doctor, but less than half of patients who receive a referral to a mental health provider are able to get the care they need. This approach is often slow to help somebody through a crisis.

As many as one in three people who have died by suicide saw their primary care doctor within a month of their death. Let's be clear: this is not a blame game that falls on primary care doctors, who often have to see dozens of patients every day. The truth is that patients need more options.

What's needed is a fresh strategy so that it's possible to get primary care and mental health care at almost the same time. End the interminable delays that slow down badly-needed help.

Taking care integration beyond the doctor's office is another priority. In my home state, the CAHOOTS program takes mental health care to people where they are, and mental health providers and law enforcement are both for it. It's also essential to ensure there's follow-up care once the initial crisis has been stabilized.

There's a lot of work ahead, but this committee is focused on guaranteeing that Americans can get the mental health care they need when they need it.

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