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Vermont State House
115 State St.
Montpelier, VT 05633

Dear Senator Kitchel and the Senate Appropriations Committee:

On March 20, 2023, President Biden invited the cast of Ted Lasso to attend the White House to promote mental health. On that same day, I found out from the remittance advice I received from Vermont Medicaid that my rates were suddenly being reduced based on 2023 changes to DVHA RBRVS fee schedule, effective 3/15/2023 based on the Governor's SFY24 recommended budget of mental health being paid at 83.5% of Medicare.

The nation, and Vermont specifically, are in a mental health crisis. I could talk about that crisis, but since that has already been well represented in national and local news, instead I'm choosing to talk about another one—that of mental health providers.

I've been in practice since 2017. One of my values when I started my private practice was to be accessible to those with limited means. Taking Medicaid is part of that. However, in that time, Medicaid never once raised its reimbursement rates to account for cost of living increases until January 2022.

Now, despite exponentially high increases in cost of living and inflation in the state of Vermont, I find that my rate is being decreased. I'm trying to imagine how anyone else would react to finding out that they are getting a pay reduction during this time period. Quite frankly, it's a devastating feeling, a defeating one. It makes whatever the state says about valuing mental health care and mental health providers feel like nothing more than lip service.

Life has felt like a game that was switched from "normal" difficulty to "impossible" in the last three years. I, as a provider, dealt with similar stressors to my patients when the pandemic began. I was not immune to the fears, the isolation, the uncertainty. I haven't been exempted from the housing crisis as I attempted to navigate a market flooded by out of staters able to offer cash above asking price, sight-unseen. Like many Vermonters, I was not so lucky to have those kinds of resources available to myself. Yet amidst all that, I found purpose and meaning and even a sense of grounding in being able to offer support to those struggling with pre-pandemic as well as pandemic difficulties.

It's not often that providers will talk about fees. As caretakers, we tend to be uncomfortable with inserting our own needs into therapeutic spaces, even to the point of avoiding advocating for our fees with insurers. That being said, a pay reduction has a number of consequences on the therapist, but ultimately also on the patients. What are the consequences of this move?

When therapists are paid low rates, they are forced to choose between an income reduction or seeing more patients. However, there's a tipping point for every therapist. People bring their darkest moments

into the room with us. We sit with them through stories of abuse, rape, death, loss, medical crisis. We help them find their ways out of their own darkest moments. It's a job that has tremendous emotional reward, but it also comes at an emotional cost, especially when patient struggles resemble things we as providers might be experiencing ourselves simultaneously, as the pandemic has made inevitable.

At some point, having too many patients puts a therapist at risk for burnout, compassion fatigue, and vicarious traumatic stress. When a therapist's caseload isn't balanced, the quality of their care can decrease, sometimes at the risk of missing important elements of a patient's experience or care. Being over-extended can lead to *harm* to patients. This is why professional ethics codes mandate self-care. However, when work-load balance and self-care are pitted against the therapist's own financial needs, that balance can become nearly impossible to achieve. The choice between burnout to pay the mortgage and keeping a workload balance at the cost of the bills isn't really a choice.

Moreover, even if a therapist can "get by" on a lower rate with a caseload that barely pays the bills but doesn't overextend their energy, other necessary components of quality practice will have to give way. Part of the professional responsibilities of being a therapist is continuing to seek training, continuing education, and supervision. Professional development is costly. Supervision is costly. High quality trainings are costly. Therapists often have student loans to pay off in addition to continuing education and professional development responsibilities. One of the long-term effects of lower rates is that therapists have less capacity to seek the kinds of trainings and supervision that would truly enhance their care of their patients.

Before the rate increase last year, I was in a place where I was having to consider whether it was financially wise for me to continue taking Medicaid. At the time, the rate I got was almost half of my actual fee, and I had lost hope that there would be any reasonable cost-of-living raises in the foreseeable future. The rate increase enabled me to continue paneling with Medicaid and providing services to those with lower incomes, but I'm still aware that without consistent cost-of-living raises, that is temporary at best. Already, that rate increase has lost value due to continued inflation and continually rising cost of living. Now, staring at a rate reduction during a time when basics like milk, eggs, and meat are making the news for their high prices, gas is often fluctuating close to \$4.00, and housing has increased 15% in 2022 (that's not even looking at the inflation of the previous years), I'm once again forced to choose between accessibility to lower income patients and paying my bills and expenses.

This is a time when the state should be investing more in mental health care and access, not less. Cost-saving measures shouldn't come at the expense of the providers working hard to care for patients. If the state claims to care about mental health, they need to back that up financially. I'm aware that the House recently voted on a budget that would increase special care rates, including mental health rates, by 3.8%. I encourage you, at the very least, to pass that measure.

If the state can afford to offer up to \$10,000 for people to move here from out of state, surely it can afford to pay its mental health workers a decent rate. Therapists often quip that they didn't enter this profession to get rich, and that's true. But we did enter this profession to make a living. Otherwise, it's not a sustainable profession.

Sincerely,

Rachel Oblak