

viders. The implication is that direct or indirect rationing of behavioral health providers may be an important underlying factor in our study results, which did not show large increases in behavioral health expenditures associated with Oregon's parity law. We agree with Dr. Kuttner's comments about shortages in some aspects of Oregon's behavioral health services, particularly in psychiatrists and inpatient beds. Oregon is generally not considered to have shortages of psychologists, social workers, and counselors (of various disciplines), although there may be a wait to see, for example, psychologists who are well regarded as skilled providers of evidence-based treatments. During the study period, we did not find evidence that behavioral health provider networks decreased. Health plan administrators disclosed in interviews that they planned to expand (not contract) networks. Furthermore, our analysis of a subset of health plans found that distance to the nearest primary care provider was relatively unchanged after the parity law, and distance to the nearest psychiatrist, master's-level therapist, and psychologist tended to decrease (1). While this analysis was not a direct test of provider networks, our data suggest that access to most providers of behavioral health improved, or at least did not worsen, in the 2 years after parity.

Like Dr. Kuttner, we have heard anecdotally that reimbursement rates for behavioral health providers have declined recently, although we believe that these changes occurred after the study period. We found no evidence of decreased reimbursement rates in our study. Nonetheless, we agree that health plans might indirectly ration behavioral health services through reductions in reimbursement, and that these trends should be monitored locally and nationally.

Reference

1. McConnell KJ, Gast SN, McFarland BH: The effect of comprehensive behavioral health parity on choice of provider. *Med Care* (in press)

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Corrections

In the article "A Double-Blind Placebo-Controlled Trial of Fluoxetine for Repetitive Behaviors and Global Severity in Adult Autism Spectrum Disorders," by Hollander et al. (*Am J Psychiatry* 2012; 169:292–299), a "≥" symbol was omitted in the last sentence of paragraph seven of the Discussion section. The parenthetical data should have read "(IQ≥70: 92% versus 52%)." This has since been corrected in the HTML version of the online article.

The title of the book *The Ethical Treatment of Depression: Autonomy Through Psychotherapy*, by Paul Biegler (MIT Press, 2011), was listed incorrectly in the Books Received column of the August 2011 issue (*Am J Psychiatry* 2011; 168:862).