

Chair Nosse and Members of the House Committee of Behavioral Health and Health Care:

My name is Lacy Cooper I am a licensed mental health counselor and a native Oregonian. I am the owner of a small group practice in SE Portland, out of which I have been practicing for the last 10 plus years. Currently roughly 70% of our clients identify as trans, queer, neurodiverse and/or needing specialty trauma focused therapy. And as of this time over half of our clients have Oregon health plan and many are located rurally. We also are in-network with multiple private insurance plans. We know that Oregonians access to care is severely limited, and our goal is to bridge that gap and help therapy be accessible and not add another additional burden to those that we serve. Over 95% of our client's utilize their insurance to obtain their services.

We are constantly full and again right now have a 6 month long waitlist, which we have had to cap. The demand has not decreased even with the impact of covid lessening and when I talk with individuals calling looking for a provider they share how many people they have called, how long they have been looking and what they have been told (for both private and federal insurances). Many stating they feel forced to pay out of pocket to find a therapist who can see them in a timely manner. We have so many more providers who have chosen to not work with insurance due to the increased risks and horror stories they have heard deciding it is not worth the risk or hassle.

It feels disheartening that after trying to "master" how to comply with insurance standards for the past 10 years that I feel no more security then when I first started. It very much still feels like the "wild west" when dealing with insurance companies. I wish I could share with you every email, every meeting, every late night internet search going line by line of every insurance manual I could find to help make sure I was doing the "right" things, at first it was for my clients and so I could feel secure in promising that I would be able to continue to take their insurance and now its because I have other Oregonians relying on me to pay their own rent and bills as a group practice owner and their clients who need them so they too can reach their own goals.

I do not take this lightly and wish we could just focus on our clients' needs but I know that is a bit too simplistic and not practical. I have worked for the last year with a group of other group practice owners for 2 hours each week to try to clear up our requirements and demand clarity from the CCO's, OHA and private insurance companies and to pool our resources to make this task feel more obtainable. Each of us speaks English as our first language, have advanced degrees and many have backgrounds in health insurance/compliance, we have had to hire lawyers and auditing specialists and yet many times we are pulling out our hair and feel less secure then when we started due to the shifting demands and confusing updates we receive. We have multiple experiences, with documentation, where both a local CCO or private insurances would give each of us radically different answers when we would reach out as providers to ask clarifying questions. And then the burden is then put on us to contact and follow up, many times it is taking MONTHS of us reaching out to finally get an "answer" that might change at any time and we would not be informed. It has never been to make the requirements they give us any easier but instead just for transparency in what the requirements are and to be included on these changes in a timely manner. This does not just happen with OHA or the CCO's. I have so many examples of this also occurring in various ways but want to be mindful of your time so please contact me if you would like additional examples.

I am not asking for no requirements or even a reduction in them I am just asking that the burden of clarity and standards be placed on the people enforcing them. Our lawyer already told us one audit by OHA or CCO would cost us roughly 10k in their fees to help us navigate "at minimum". As a lifelong tax payer and Oregonian I believe in treating federal funds and funds in general conservatively and I also believe that care and treatment should be focused and evidenced based but this is not what they are auditing us on. We currently have no one to advocate for us as providers, or for our clients who we serve, because this system as it is, is not sustainable. With more and more private companies coming on as CCOs, for example, what motivation do they have to provide this to us if they get to keep a percentage of funds "recovered" by our "errors"? To them, with a team of lawyers at ready, what do they care if they cause us to go bankrupt or hold back funds to create an "audit fund" which means we have to pay our employees less, just so we can survive.

I sit here and while I should be proud of the work we have done and working to increase our accessibility I instead am afraid and tired. My family has talked many times about just walking away, the risk and liability being so much that it could take all that we have worked our whole lives to build, even without one known error or fault on our end. My delusions that because I am helping that I will be given some grace or that we are on the same team/side is gone. Even writing this letter is causing me intense fear as the last time I worked with other providers to help push for this type of clarity I was called up on the phone by an insurance executive and told I should "be a better team player" if I wanted to maintain a "good relationship" with them and to not "rock the boat". We are just one small cog of a very large machine and while our absence in the machine might not be as felt by many I am writing this because the absence to the Oregonians who rely on us and contact us for services and will have no longer have other places to turn to for support will be greatly missed. So I do this for them. Oregonians also deserve better.

This bill would help lower the liability to a sustainable level and empower more providers so they can feel secure in working with insurance panels and have options to turn to for support and/or to push back against if needed, which I believe would go far in expanding accessibility to those that need counseling so we can hopefully turn the tide on our shameful and long term rankings as bottom of the barrel in the US for accessibility to mental health. People deserve to obtain quality care and they deserve to use their insurance. Providers also deserve to be allowed to do their jobs and to feel secure in their work with due diligence being completed. This bill would help us get there and without it I feel many of us will either walk away or drown.

Greatly appreciate you taking the time to read this and I am always open to contact if you have any questions,

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