

Submitter: Amanda Salmick
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2029

My name is Amanda Salmick I am a LCSW in private practice serving high acuity populations. I work in both Portland and Astoria Oregon, and have been practicing for 4 years. I am writing this letter in support of HB2029.

Insurance audits are abusive and unfair and limit access to care to the people of Oregon. Insurance audits in Oregon—and across the U.S.—are often abusive and unfair to mental health practitioners, creating unnecessary financial and emotional distress. While audits are supposedly designed to prevent fraud and ensure compliance, in practice, they frequently punish ethical providers who are simply trying to deliver quality care.

Unreasonable Documentation Demands:

Audits typically require an excessive level of documentation, often retroactively applying new standards to past records. Many insurers expect providers to justify every aspect of treatment in ways that are unrealistic, nitpicky, or outright unreasonable. If a therapist writes notes in a way that doesn't fit the insurer's rigid expectations—regardless of whether the treatment itself was appropriate—the company can demand repayment of thousands of dollars.

Financial Devastation for Ethical Practitioners:

When an insurance company conducts an audit, they often claim that payments for services already rendered must be refunded. This can leave therapists suddenly owing massive amounts, even for work that was properly authorized and documented to the best of their ability. Because insurance panels hold all the power, there's little recourse. Therapists either pay up, spend unpaid time fighting the audit, or risk being dropped from the panel entirely—losing access to all their clients who rely on that insurer.

Weaponized Retrospective Scrutiny:

Many insurance audits seem arbitrary and punitive, not truly about quality assurance. Companies use audits as a cost-saving measure, clawing back payments whenever possible. Insurers can retroactively deny claims based on minor technicalities, even years after services were provided. Worse, they may request repayment for sessions

that were already approved at the time, leaving therapists with no way to recover lost income.

Increased Stress and Burnout:

Therapists already work in a high-stress field, often seeing clients in crisis. The constant threat of an audit—and the potential for sudden financial devastation—adds another layer of anxiety. This is especially harmful in Oregon, where provider shortages mean mental health workers are already overburdened. Instead of supporting the professionals who care for vulnerable populations, insurance companies make it harder for them to continue practicing.

Lack of Oversight and Accountability:

Unlike therapists, who must adhere to strict ethical and legal standards, insurance companies face little accountability for their audit practices. They are allowed to move the goalposts, demand repayments unfairly, and drop providers with little warning. The appeals process is often opaque and stacked in favor of the insurer. Many therapists simply give up rather than spending unpaid time and energy fighting a system designed to wear them down.

A Call for Reform:

Oregon needs stronger protections for mental health providers against predatory insurance audits. Transparency, fair standards, and a reasonable statute of limitations on repayment demands would go a long way toward balancing the scales. If insurers were truly concerned with quality care, they would work collaboratively with providers rather than treating them like criminals. Until meaningful reform happens, audits will continue to be a major force driving therapists out of insurance-based practice—leaving clients with fewer options for care.

Please help stop this practice.

Thank you for supporting this bill.

Sincerely,

Amanda Salmick, LCSW