

2/2/2026

House Behavioral Health & Health Care Committee
Oregon State Legislature

Re: Strong Support for HB 4028 - 2026 Behavioral Health Protection Bill

Dear Chair and Members of the Committee,

My name is Brad Larsen. I am a psychologist and CEO of Portland Mental Health & Wellness, a large behavioral health practice serving Portland and the Oregon/SW Washington region. PMHW provides a full continuum of care, including outpatient psychotherapy, intensive outpatient programs (IOP), psychiatric medication management, and specialty programs that serve historically marginalized communities (including our QT-BIPOC, AFFIRM, and Florecer programs). We employ over 120 clinicians and administrative staff and rely on predictable reimbursement and timely payment to keep our doors open, protect patient access to care, and meet payroll obligations for our workforce.

There is a constant specter of audits, clawbacks, and retroactive recoupments that lives on the shoulder of every clinician in independent and group practices. That pressure is especially acute in behavioral health because, historically, our field has not advocated for itself with insurance companies as robustly as medical/surgical providers have. As a result, clinicians and small practices shoulder the operational and financial risk of aggressive medical-management practices, and many are forced into defensive documentation, reduced service offerings, or diversion of clinical time to dispute resolution instead of patient care.

I write to express strong support for HB 4028. The bill's audit-protection and parity-reporting provisions address harms my practice — and nearly every behavioral health provider I know — experiences when insurers use opaque “medical management” techniques, extended recoupment windows, and aggressive audit practices. HB 4028's requirements that insurers provide written descriptions of claim-resolution requirements, shorten the “clawback” window, impose clear timelines for audits, prohibit charging providers for audit costs, and forbid recoupment for mere clerical errors will materially reduce the financial and operational risks that threaten continuity of patient care and provider viability. These are commonsense protections that level the

playing field for behavioral health providers and help ensure parity with medical/surgical benefits.

To be concrete: unpredictable retroactive recoupments and prolonged audit exposure create immediate cash-flow crises that impair our ability to pay clinicians on schedule — particularly because our payroll and reimbursement cycles are tied closely to completed documentation, authorizations, and complex platform payment schedules. Large retroactive demands can force impossible choices between repaying insurers, meeting payroll, or continuing patient services. Simultaneous audits, vague selection criteria for review, and the lack of required attestation that techniques are applied equally to medical/surgical benefits further compound the risk that behavioral health services are effectively devalued and access is restricted. HB 4028’s transparency and reporting provisions (including attention to practices such as “Coding Advisor Programs” and other NQTLs) are critical to exposing and correcting these patterns.

Beyond financial stability, these protections safeguard patient care. When clinicians and administrative teams spend excessive hours responding to audits, we have less time for direct patient care, clinical coordination, and critical activities such as timely medication management. For higher-acuity services such as IOP and integrated psychiatry, interruptions or staffing instability can cause real harm.

For these reasons, PMHW strongly supports HB 4028 and urges the Committee to pass the bill. Its provisions will protect patient access, preserve workforce stability, and promote true behavioral-health parity. I would be glad to provide additional information, share practice-level data, or testify on behalf of this legislation.

Thank you for your consideration.

Sincerely,

Brad Larsen, PsyD