

To Whom It May Concern,

I am writing in strong support of HB 4028 and to urge its passage. I am a licensed behavioral health provider in Oregon whose livelihood is primarily based on providing psychotherapy services billed under CPT code 90837. While I have not personally experienced a clawback to date, the constant threat of audits, retroactive payment recoupments, and opaque medical management practices has a real and ongoing impact on my professional and personal well-being.

For many behavioral health providers, including myself, the possibility of a clawback creates persistent anxiety and financial uncertainty. Because insurers currently retain the ability to audit and recoup payments years after services are rendered, providers are left carrying disproportionate financial risk long after care has been delivered in good faith. This uncertainty affects quality of life, contributes to burnout, and ultimately discourages highly trained clinicians from continuing to work with insurance altogether.

The heavy scrutiny of commonly used service codes such as 90837, particularly through practices like Coding Advisor Programs, further exacerbates this issue. These programs often frame standard, clinically appropriate care as “potentially erroneous billing,” despite being widely accepted and necessary for patients with complex clinical needs. Even without a direct clawback, the chilling effect is real: providers are pushed to shorten sessions, avoid complex cases, or leave insurance panels entirely in order to protect themselves financially.

HB 4028 offers critical and reasonable protections that help rebalance power between insurers and behavioral health providers. Provisions that increase transparency around medical management practices, limit audit look-back periods, prohibit clawbacks based solely on clerical errors, and allow repayment plans reflect fairness and basic due process. These changes do not prevent legitimate oversight; rather, they ensure that oversight is timely, transparent, and proportionate.

Most importantly, this bill directly supports access to behavioral health care. When insurers’ medical management practices drive experienced clinicians out of insurance-based practice, patients are the ones who lose. They are facing longer waitlists, fewer options, and higher out-of-pocket costs. Protecting providers from destabilizing financial practices is inseparable from protecting patient care.

I appreciate the bipartisan support HB 4028 has already received and the growing coalition advocating for this bill. I strongly urge lawmakers to continue supporting HB 4028 and to take this important step toward ensuring a sustainable, accessible behavioral health system in Oregon.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Spencer Uemura". The signature is fluid and cursive, with the first name "Spencer" being more prominent and the last name "Uemura" following in a similar style.

Spencer Uemura, Licensed Clinical Social Worker