

Submitter:

Peter Addy

On Behalf Of:

Committee:

House Committee On Behavioral Health

Measure, Appointment or Topic:

HB4028

Dear Chair Pham and Members of the Behavioral Health Committee,

My name is Peter Addy, PhD, and I am a Licensed Professional Counselor in Oregon and a Licensed Mental Health Counselor in Washington. I operate an independent private practice in Portland. I am writing to express my strong support for HB 4028.

HB 4028 addresses a problem I live with every day. As an independent provider, I accept insurance because my patients depend on it. Many of them are low-income individuals who would not otherwise have access to the specialized care I provide. But the current audit environment has made it increasingly difficult to sustain that commitment to my patients. Insurance companies do not clearly communicate their documentation requirements. They do not tell providers what will or will not trigger an audit, what standards they will be held to, or how far back a claim can be revisited. We are expected to meet requirements that have never been made explicit. When we fall short of an invisible standard, the consequences can be devastating.

The fear of audits is already reshaping the landscape of mental health care in Oregon. Providers are dropping insurance panels. Some are leaving the profession entirely. I have seriously considered both myself. When independent therapists stop accepting insurance, it is a direct reduction in access to care for the patients who need it most.

HB 4028 does not ask insurers or CCOs to stop auditing. Fraud detection and claims accuracy matter. What this bill asks for is a fair process. It requires insurers to actually tell providers what the rules are before they audit us against them. It limits how far back audits can reach. It prohibits recoupment for clerical errors. It bans financial incentives that encourage auditors to maximize the dollar amount they recover. It requires that behavioral health audits be reviewed or conducted by someone with behavioral health expertise. This is the kind of basic procedural fairness that providers in other healthcare specialties already take for granted.

The expanded parity reporting requirements in this bill are equally important. Mental health providers are routinely subjected to greater documentation scrutiny and a higher burden of prior authorization than medical and surgical providers. At the same time, audit practices in behavioral health remain opaque in ways that are themselves a parity concern. Until we have transparent data on how often medical management practices are applied and whether they are applied equally, we cannot meaningfully enforce parity. HB 4028 creates the reporting infrastructure to answer that question.

I urge this committee to pass HB 4028. Thank you for your time and your leadership on this issue.

Peter H Addy, PhD, LPC, LMHC
Portland, OR