Submitter:	Kristin Valerius
On Behalf Of:	
Committee:	House Committee On Behavioral Health
Measure, Appointment or Topic:	HB4028

Thank you for the opportunity to testify in support of House Bill 4028. I am the owner of a small group behavioral health practice in Oregon with 21 mental health providers serving clients across the lifespan—from very young children to older adults. Our clinicians work with individuals across a range of presenting concerns including those with with developmental disabilities and treatment-resistant depression. We provide individual and family therapy, psychological assessment, medication management, transcranial magnetic stimulation, and group therapy...all of which is increasingly difficult for patients to access in this state.

There are very few group practices like ours left in Oregon, particularly those willing to contract with insurance and serve complex, high-need clients. Many of our patients already struggle to find providers who will accept their insurance. When they cannot, they are forced to divide their care across multiple providers or settings, which is costly, inefficient, and often results in people simply going without needed treatment because it becomes unaffordable.

It has become increasingly difficult—if not nearly impossible—for a small group practice to keep up with the rapidly changing and opaque practices of the insurance industry. On the front end, rate negotiations are complex, time-consuming, and have not kept pace with the cost of living, inflation, or the salary increases required to recruit and retain qualified clinicians. On the back end, payors provide minimal guidance on how to properly code or document services. Requirements are often unstated (despite requests), fragmented, or obscure.

Then, after services have been appropriately provided, documented, and paid, insurers conduct audits, send threatening letters, downcode, and retrospectively claw back money, sometimes years later.

My practice is deeply committed to ethical care and regulatory compliance. We want to do things correctly. But the system is constructed in a way that makes compliance extraordinarily difficult, and leaves practices, without large legal or administrative departments, incredibly vulnerable.

We have persistently experienced down-coding by payors—such as Aetna—without any request for records, review of documentation, or accounting of time spent providing services. Even when services were delivered appropriately and documented according to contract requirements, insurers have reduced payment based solely on their internal belief—without reviewing any clinical information—that

a higher-level code was “unnecessary.” How can this be allowed?

My providers receive threatening payor letters from Regence, insinuating corrective action due to "practicing outside of standards" without any transparency regarding their data or comparison pool, let alone consideration for the TYPE of clients we serve.

This is an unfair fight! It creates enormous financial uncertainty. It undermines good-faith contracting and makes it incredibly difficult to operate sustainably.

These insurance practices do not just affect providers—they directly reduce patient access to care. Salary pressures combine with burdensome administrative/paperwork requirements, unpredictable audits, and indiscriminate clawbacks. It has become nearly untenable to continue operating a group practice that can effectively serves complex insured patients.

House Bill 4028 provides reasonable, balanced protections that are urgently needed. It does not eliminate oversight or audits. Instead, it brings clarity, transparency, and professional standards to insurance audit and payment practices. It protects patients from disrupted care, supports ethical providers, and helps stabilize small group practices that are essential to Oregon’s behavioral health system.

I emphatically urge your support of HB 4028 to protect access to care and ensure fairness and accountability in insurer practices.