

Submitter:

Amber Caldera

On Behalf Of:

Committee:

House Committee On Behavioral Health

Measure, Appointment or Topic:

HB4083

### Public Testimony in Opposition to HB 4083

My name is Amber Caldera, and I am a Licensed Clinical Social Worker licensed in Oregon and Washington. I am writing to share concerns regarding HB 4083 while also acknowledging the very real need for improved access to mental health care and clearer pathways to licensure.

I strongly support efforts to reduce unnecessary barriers to licensure, improve workforce sustainability, and increase access to high-quality mental health services. Expanding portability, improving supervision availability, and addressing system bottlenecks are important goals. However, merging distinct mental health professions into a single regulatory structure is not the same as improving access, and it raises serious concerns about safety, ethics, and quality of care.

Social work is a distinct profession with its own ethical framework, scope of practice, and training model. Social workers are educated to assess individuals within the full context of their lives, including family systems, community environments, cultural identity, disability, socioeconomic factors, and structural inequities. This person-in-environment approach is foundational to social work practice and cannot be assumed or substituted by other mental health licenses.

HB 4083 would allow social workers to be supervised by Licensed Professional Counselors and Licensed Marriage and Family Therapists. While interdisciplinary collaboration is essential, supervision is profession-specific. Effective supervision requires training in social work ethics, values, assessment frameworks, and legal responsibilities. Without this foundation, supervisors cannot adequately guide social workers in ethical decision-making or scope-appropriate practice.

When the social work lens is absent, important nuances are missed. This can lead to assumptions that overlook systemic contributors to distress, misinterpret client behavior, or over-individualize problems that are rooted in social conditions. These gaps are especially harmful for clients from marginalized or high-risk communities.

Improving access to care should not require abandoning the fundamentals of each profession. A national or more portable approach to licensure may be worth exploring, but it must preserve profession-specific standards, ethics, and supervision requirements. Quality and access are not opposing goals; both are necessary to protect the public.

I urge lawmakers to reconsider HB 4083 in its current form and to engage meaningfully with practicing social workers, educators, and supervisors to develop solutions that expand access without compromising professional integrity or client safety.

Thank you for your consideration.

Respectfully,  
Amber Caldera, LCSW, LICSW