

Submitter: Alyssa Davidson
On Behalf Of:
Committee: House Committee On Behavioral Health
Measure, Appointment or Topic: HB4028

My name is Alyssa Davidson, LCSW. I am a licensed clinical social worker and owner of a small, independent mental health practice in Oregon. I am writing in strong support of HB 4028.

HB 4028 addresses a critical and under-recognized threat to behavioral health access in Oregon: the misuse of audits, retroactive clawbacks, and opaque medical management practices that disproportionately harm small providers and the patients they serve.

Independent mental health practices operate without legal teams, compliance departments, or financial buffers. When commercial insurers initiate audits or demand repayment months or years after services were authorized, provided, documented, and paid, the impact can be destabilizing or catastrophic. A single clawback can erase months of income, with no meaningful recourse to recover lost revenue, administrative time, or legal costs.

Audit responses require extensive unpaid labor — record retrieval, narrative justification, and navigating shifting documentation standards that were not disclosed at the time of service. This work directly reduces time available for patient care and places providers in a constant state of financial uncertainty. Many clinicians ultimately reduce insurance participation, stop accepting certain plans, or close their practices entirely as a result.

HB 4028 introduces reasonable, balanced protections. Limiting the commercial insurer clawback window to 12 months ensures providers can rely on payments made in good faith and manage their practices responsibly. The bill also creates accountability and transparency around medical management tactics, including coding surveillance programs that disproportionately target behavioral health codes such as CPT 90837 and 99215.

These programs function as indirect care suppression. When providers are monitored, pressured, or penalized for delivering clinically appropriate, evidence-based care, treatment decisions shift away from patient need and toward financial risk avoidance. This undermines mental health parity in practice, even when parity exists in statute.

Mental health parity cannot exist if clinicians are punished for meeting the clinical needs of complex patients. The downstream effect is reduced session length, fragmented care, longer waitlists, and diminished access — particularly in rural and underserved communities.

HB 4028 protects patients by protecting the providers who serve them. It supports sustainability, fairness, and regulatory oversight without compromising program integrity. If Oregon is serious about expanding behavioral health access, we must also ensure that providers are not driven out by administrative practices that favor

scale over care.

I urge you to support HB 4028.

Thank you for your time and consideration.