Tahlia Harrison, MA, LMFT
Retune Space, LLC

+503-867-5107
4713 N Albina Ave., Suite 204; Portland, OR 97217
tahlia@retune.space

House Behavioral Health & Health Care Committee Oregon State Legislature

Re: Strong Support for HB 4028 - 2026 Behavioral Health Protection Bill

Dear Chair Pham and Members of the Behavioral Health Committee,

My name is Tahlia Harrison, and I am a Licensed Marriage and Family Therapist practicing at Retune Space, LLC in Portland, Oregon. I am writing in strong support of HB 4028 because it directly addresses a reality that so many small and independent behavioral health providers quietly live with: we are spending more and more of our energy surviving insurance systems instead of caring for people.

In my practice, the work itself—sitting with people in crisis, holding complexity, staying present to pain and hope—is demanding, but it is meaningful and sustainable when the system around us is not constantly moving the goalposts. The strain comes from a different direction: shifting documentation rules, opaque audit processes, and the never-ending worry that months or even years of already-paid claims will suddenly be clawed back over technicalities. That fear is not just an emotional reaction; it is backed by a strong body of research showing that burnout in mental health professionals is widespread and serious. Studies have found that roughly 21% to 67% of mental health workers report high levels of burnout, and that burnout is tied to depression, anxiety, physical health problems, missed work, and people leaving the field altogether. When clinicians burn out or walk away, it is clients who lose their therapist, lose continuity, and lose ground in their healing.

We also know the system-level drivers of this burnout. Research consistently points to excessive workload, time pressure, unclear expectations, and a lack of organizational support as major contributors. For behavioral health providers, those factors often show up as complex and shifting documentation standards, unpredictable audits, and payment delays and denials. National Academies of Sciences, Engineering, and Medicine's recent research (2024) has highlighted that behavioral health clinicians specifically identify prior authorization, claim denials, and heavy documentation tied to audits and recoupments as key reasons they cut back on or stop taking insurance, including Medicaid. Even when rates look better on paper, those administrative barriers can cancel out any gains. HB 4028 doesn't pretend this problem can be fixed with another wellness seminar; it goes upstream to the policies that create the stress in the first place.

One of the things I appreciate about HB 4028 is that it builds in clarity and predictability—two things clinicians rarely get from payers. Section 2 requires insurers to clearly lay out, in plain language, what documentation is required, what could trigger recoupment, and to give at least 30 days' notice before changing those requirements. That directly targets the "moving target" problem that research points to as role ambiguity, a known driver of burnout. The bill also limits most post-payment audits to a 12-month look-back (except in cases like fraud) and requires insurers to complete audits within 180 days, instead of allowing a cloud of uncertainty to hang over providers for years. Given that studies show piling increasing productivity and administrative demands on top of already demanding clinical work fuels burnout and undermines care quality, these kinds of boundaries are not "nice to have"—they are key to keeping people in the work.

HB 4028 also distinguishes between genuine program integrity issues and harmless human error. It says insurers cannot demand recoupment just for clerical mistakes and must explain identified errors and give providers at least 30 days to correct them. If repayment is necessary, the bill allows for reasonable multi-year repayment plans rather than a single devastating hit. It also prohibits auditor compensation structures that reward finding recoupable errors. The burnout literature is clear that perceived unfairness and arbitrary punishment seriously erode morale and engagement. What this bill does is create a culture of accountability that is firm but not predatory—something that supports ethical practice rather than punishing it.

Sections 4 and 7 extend these same principles to CCOs (Coordinated Care Organizations) and OHA (Oregon Health Authority) audits and strengthen behavioral health parity in a very practical way. CCOs and OHA must clearly communicate documentation requirements, distinguish in-network from out-of-network expectations, and generally limit audits of paid claims to a five-year look-back, aligned with federal rules. Just as importantly, insurers, CCOs, and OHA cannot use audits to retroactively undo prior medical-necessity decisions except in narrow circumstances (like fraud or loss of coverage), and they must continue paying for medically necessary care during an audit dispute without pushing the bill onto the patient. In mental health care, where trust and continuity are everything, pulling the rug out mid-treatment is not just disruptive; it is clinically harmful and unethical. Reporting and litigation around "progress-based" denials of mental health treatment have shown that cutting off coverage just as patients begin to improve can lead to relapse, deterioration, and rehospitalization. HB 4028 is a very grounded, Oregon-specific way to prevent those harms.

The bill's parity reporting requirements also move us toward a more honest picture of how behavioral health is actually treated in our insurance systems. By amending ORS 743B.427, HB 4028 requires carriers to report data on denials, reimbursement rates by provider type and region, and the medical-management playbook they use to monitor or limit behavioral health codes—including criteria for selecting providers for review and any deviations in reimbursement methodology. Current parity enforcement efforts have made it clear that the real barriers are often non-quantitative limits—things like utilization review, audits, and recoupments—that quietly restrict access even when benefits look equal on paper. Detailed, transparent reporting is exactly what national experts recommend to surface and fix those hidden barriers.

Zooming out, HB 4028 lines up with what we know actually helps retain a behavioral health workforce. A major review of burnout in mental health services describes burnout as widespread and likely to grow as funding plateaus and administrative demands climb, with high costs in turnover, reduced performance, and worse outcomes for clients. That review also notes that while individual coping skills matter, meaningful change comes from organizational and policy-level shifts: clearer expectations, less unnecessary bureaucracy, and more fairness and respect built into systems. HB 4028 is exactly this kind of policy-level change. It does not let fraud slip through the cracks; it simply stops using audit tools in ways that destabilize small practices and punish good-faith providers.

Crucially, the bill centers the realities of behavioral health providers working outside large hospital systems and corporate groups. These are the clinicians without compliance departments, in-house attorneys, or the financial cushion to absorb overlapping audits and large, sudden recoupments. National Academies (2024) work has shown that administrative burden and payment instability are major reasons behavioral health clinicians limit or stop accepting insurance, particularly Medicaid, which directly undermines access for those with the fewest resources. By limiting overlapping audits, preventing audit costs from being shifted to providers, and reducing the risk of destabilizing recoupments, HB 4028 gives small and solo practices a fairer playing field so we can keep saying “yes” to insured Oregonians.

My own commitment—as a clinician and as someone who cares deeply about ethical, relational, accessible care—is to stay in this work for the long haul. HB 4028 does not solve every problem in our system, but it addresses a key pressure point that is quietly pushing people out of network and, in some cases, out of the field. It is thoughtful, evidence-informed, and balanced: it protects program integrity while also protecting the people actually delivering care and the patients who depend on that care.

For these reasons, I respectfully urge you to support HB 4028. It is a practical, values-aligned step toward a more sustainable behavioral health system in Oregon—one where clinicians can focus less on bracing for audits and more on doing the work Oregonians are asking us to do. Thank you for your time, your leadership, and your commitment to protecting behavioral health access in our state.

Sincerely,

Tahlia Harrison, MA, LMFT
OBLPCT #T2807

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