



MEMORANDUM

To: Sen. Lisa Reynolds, MD, Chair, Senate Committee on Early Childhood and Behavioral Health

Sen. Dick Anderson, Vice Chair, Senate Committee on Early Childhood and Behavioral Health

Members of the Senate Committee on Early Childhood and Behavioral Health

From: Courtni Dresser, Vice President of Government Relations

Date: February 17, 2026

Re: Uniform Credentialing Program

The Oregon Medical Association (OMA) represents and advocates for more than 7,000 physicians, physician associates, and medical and PA students across Oregon. Our mission is to support our members in their efforts to practice medicine effectively, improve the health of Oregonians, and provide the highest quality patient care.

OMA has been watching HB 4083. We appreciate the intent behind this bill — particularly efforts to streamline credentialing and reduce barriers to practice for Oregon’s behavioral health workforce. Administrative simplification is an important goal, especially at a time when access to behavioral health services remains a pressing challenge.

As written, the bill directs the Oregon Health Authority (OHA) to contract with a third-party entity to implement a uniform credentialing process for behavioral health providers. We respectfully offer several considerations to ensure the program achieves its intended purpose.

Third-Party Entity Review and Ownership Transparency

Before entering into a contract, it will be important to carefully examine the ownership structure, governance, and financial interests of any third-party credentialing firm selected by the state. Credentialing is a critical function within the health care system. The State should ensure the contracted entity operates transparently, is free from conflicts of interest, and is accountable to the public and providers it serves.

Administrative Burden - Reduction vs. Duplication

The goal of uniform credentialing should be to meaningfully reduce administrative burden. The committee should evaluate whether this new process will replace existing payer credentialing requirements or simply add an additional layer. The bill expressly says CCOs must use the state system for credentialing, however other lines of health insurance and hospitals are not subject to the bill. Providers may face duplication rather than simplification, potentially increasing, rather than decreasing, workload and delays.

Clear statutory direction and implementation metrics may help ensure that administrative burden is intentionally reduced and not unintentionally expanded.

Alignment with Broader Credentialing Reform

Although this proposal is limited to behavioral health providers, credentialing reform has implications across the health care system. We encourage dialogue with clinicians and provider groups who are not subject to the bill to ensure long-term alignment with broader uniform credentialing goals. Oregon should avoid building parallel systems that later prove difficult to integrate across disciplines.

Privacy, Data Security, and Regulatory Coordination

A centralized credentialing entity would collect and maintain significant professional and potentially personal information. Clear standards must be established regarding data privacy, cybersecurity protections, data sharing parameters, and breach accountability.

Additionally, clarification is needed regarding the role of Oregon's professional licensure boards. These boards already maintain licensure verification, disciplinary records, and regulatory oversight. The relationship between licensure verification and the proposed credentialing entity should be clearly defined to avoid duplication, confusion, or erosion of existing regulatory authority.

OMA supports thoughtful efforts to reduce administrative complexity and improve access to care. We encourage the State to ensure that any third-party credentialing system is transparent, accountable, aligned with broader system goals, and demonstrably reduces burden for providers.

We appreciate the opportunity to provide these considerations and look forward to continued collaboration as HB 4083 moves forward this session and through the implementation process.