

Submitter: Adam Fenske  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB4028

I am a practicing psychologist in Oregon, and I write in strong support of HB 4028.

Behavioral health providers support accountability, transparency, and appropriate oversight of public and private funds. Audits are a necessary part of any reimbursement system. However, the current audit practices used by some insurers and coordinated care organizations have become increasingly burdensome, inconsistent, and at times disconnected from clinical realities. HB 4028 represents a reasonable and much-needed correction.

Behavioral health care differs fundamentally from many other areas of medicine. Treatment is relational, longitudinal, and highly individualized. Retrospective audits that apply rigid, non-clinical standards—or reinterpret documentation requirements long after care has been delivered—create unnecessary risk for providers and instability for patients. These practices can result in retroactive denials or recoupments even when care was medically necessary, ethically provided, and appropriately documented under the standards that existed at the time.

The consequences extend beyond administrative frustration. Excessive or poorly structured audits divert clinicians away from patient care, increase burnout in a workforce already under strain, and discourage providers from serving high-need or publicly insured populations. Ultimately, this reduces access to care for Oregonians who already face significant barriers to behavioral health services.

HB 4028 does not eliminate audits, nor does it excuse improper billing. Instead, it establishes reasonable guardrails: clearer expectations, fairer processes, and limits on practices that undermine provider stability without demonstrable benefit to patients or the system. These protections support ethical clinical practice while preserving the ability of insurers and CCOs to ensure compliance and fiscal responsibility.

From a clinical perspective, stable and predictable reimbursement systems are not merely a provider concern—they are a patient care issue. When providers can practice without fear of arbitrary or retroactive penalties, they are better able to focus on therapeutic effectiveness, continuity of care, and long-term outcomes.

For these reasons, I respectfully urge the committee to support HB 4028.

Thank you for your consideration and for your work to strengthen behavioral health care in Oregon.

Respectfully submitted,  
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