



**TO:** The House Committee on Behavioral Health  
**FROM:** Coalition of Oregon Professional Associations for  
Counseling and Therapy  
**DATE:** March 2, 2021  
**SUBJECT:** HB 2949

---

Chair Sanchez and members of the Committee,

COPACT advocates for the 6,300 Licensed Professional Counselors (LPCs), Marriage Family Therapists (LMFTs), and Registered Interns who provide clinical mental health diagnosis and treatment to over 100,000 Oregonians each week through their work in agencies, universities, corrections, health clinics, rehabilitation, and private psychotherapy practices.

Thank you for this opportunity to express COPACT's support for many of the components of HB 2949, as well as a few areas of concern that we hope can be addressed through amendments.

For the last several years, COPACT's primary focus has been advocating for policies at the state level that improve access to quality mental health care for all Oregonians. Through our work we have identified several key factors that conspire to impede access to mental health care by reducing the number of providers available to treat mental health needs. The high cost of education, the intern/association covered cost of supervision (ranging anywhere from \$40-\$300 per hour), the low provider pay and reimbursement rates, and unrealistic workloads all create barriers for those looking to become a licensed counselor or therapist and create opportunities for burnout for those who are currently licensed. We know that this is especially true for BIPOC Oregonians.

**Because of this, COPACT supports the allocation of funding to provide scholarships, stipends for graduate students, student loan forgiveness programs, coverage of supervision fees, and access to mental health care for BIPOC and formerly incarcerated Oregonians, as well as the development of workforce retention programs and a provider pipeline.** Additionally, COPACT appreciates the changes included in the -5 amendments that would place this funding within the Oregon Health Authority, which we believe is much more appropriate agency than the Mental Health Regulatory Board.

While COPACT supports the overall goals of the legislation, we would like to share a few areas of concerns that we hope can be addressed before this bill passes out of committee.

First is the reduction in supervised clinical experience hours. Currently, according to statute, would-be LPCs and LMFTs must complete 36 months (three years) of supervised clinical experience which the licensing board has defined in OAR as 2,400 hours of supervised client

face-to-face hours. The licensing board can credit 400 pre-degree hours and one-year from graduate school. For LMFTs, 1,000 hours of those 2,400 hours must be spent seeing couples and families.

**COPACT is concerned that reducing the number of direct experience hours to 1200, essentially cutting the number of supervision hours in half, could impact provider competence and patient safety, risk the potential for LPCs and LMFTs to get Medicare reimbursement, complicate the current discussions around interstate reciprocity, and reduce the number of intern/associate providers in the community health space.** A reduction to 1200 direct supervision hours would put Oregon toward the bottom of the list of states in terms of licensure requirements—ahead of only four other states. COPACT was concerned with this policy change when it was proposed in the spring and we remain concerned with its inclusion in the underlying bill now.

To that end, while COPACT does not believe a reduction in the experience hours is necessary, we do appreciate that the -7 amendments change this requirement to 1600 direct hours and 1400 indirect hours, placing Oregon’s requirements among most other states. COPACT also appreciates that the experience hours reduction was expanded to include licensed social workers (the other masters level provider in the mental health space) and would encourage the committee to include them in this discussion moving forward. But, **COPACT remains concerned that the new language would allow for the licensing board to further reduce the number of direct hours back down to 1200 and potentially reduce the yearly experience to less than 2 years.**

(A) 1,600 direct client contact hours;

(B) 1,400 indirect client contact hours; and

**(C) Two years of supervised clinical experience, which may include 400 hours of supervised direct client contact completed during the clinical portion of a qualifying graduate degree program.**

If the committee believes that reducing the number of experience hours is necessary, **COPACT respectfully asks that the number of post-graduation direct hours be reduced no further than to 1600.**

Secondly, **COPACT is concerned that allowing for interns/associates to receive reimbursements from insurers would have the negative outcome of reducing the number of providers in the community health space,** as interns would be able to enter private practice right away and would be financially incentivized to do so. This is especially concerning as we know a significant portion of BIPOC Oregonians receive their behavioral health care through community mental health programs.

COPACT also knows that the workforce shortage and reduced access to care within the behavioral health space is complex and will need multiple approaches to successfully address. COPACT encourages the committee to also consider interstate licensure reciprocity—making it

easier for out-of-state licensed providers who are recruited to Oregon to become licensed—as well as policy changes within the community mental health space—increasing provider pay, decreasing provider caseload and developing opportunities for bachelor level workers to continue their education toward licensure—that reduce provider burnout and help keep behavioral health providers in the workforce.

Finally, COPACT has been working with a coalition of providers and consumer advocates in the Medicaid and commercial insurance space to address parity in accessing behavioral health care and the market forces that keep providers in the workforce. HB 3046 was drafted with the goal of increasing the number of behavioral health providers available to provide appropriate and timely treatment to Oregonians, regardless of their specialty needs or geographic location. As the committee works to address the provider shortages in the behavioral health space, COPACT encourages you to support HB 3046 as well.

COPACT thanks Rep. Bynum and the committee for bringing attention to this important issue. We appreciate the opportunity to share our support for HB 2949 and hope that you consider addressing our areas of concerns through future amendments.