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On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure: HB2542

The Oregon Health Authority is already a bloated and unmanageable agency, and adding new programs to it at this time compounds the problem. I recognize there are problems in the addiction recovery space, especially among for-profit providers, but stepping back - Oregon's current opiate crisis has only gotten worse over the past decade of the Oregon Health Authority's operations. The Oregon Health Authority is the problem, not the solution.

Also, this bill as written is far too lax in terms of constraining the OHA's authority or ensuring oversight. For instance, it is well-known that some of the most effective addiction counselors are recovered addicts themselves, but the OHA could require onerous and protectionist educational and internship requirements for this low-income occupation, creating barriers to entry, artificial scarcity, and turning away some of the best counselors. Moreover, we have seen the OHA impose unrelated agendas on many bodies under its "authority" - such as vaccine mandates for all workers at accredited recovery centers or mandated infectious disease testing for program participants - which is really just a way to drum up sales for the lucrative Hepatitis C and HIV drug industry. For example, the notoriously effective program Delancy Street was ineligible for an accreditation in California because it refused to accept individuals on psychiatric drugs into its program. Likewise, I fear the OHA will discriminate against faith-based recovery programs.

There already exist private accreditation bodies such as CARF and the Joint Commission, and if we draw an analogy from the Higher Education space, it would be inappropriate for HERC to accredit Oregon's colleges and universities because of an inherent conflict-of-interest.