



February 1, 2023

House Committee on Behavioral Health and Health Care

Re: HB 2977, HB 2651, and HB 2652

Chair Nosse, Vice-Chairs Goodwin and Nelson, and additional members of the committee:

Thank you for the opportunity to testify in favor of the concepts addressed in these three bills today. I do so in context of being a primary care provider, and a health care administrator for a nearby hospital and clinic system.

In my medical setting, the ability to provide care, both medical and behavioral, hinges on being able to receive money for services provided. Regardless of the potential benefits of value-based care, fee for service is the predominant model in which we must work at present, and for the near future.

The biggest impediment to expanding behavioral health services in our clinical environment is the lack of reimbursement for behavioral health care work. There are many factors which lead to this, including:

- Unattractive salaries for behavioral health care providers and workers
- Onerous licensure pathways which require a de facto residency without suitable reimbursement
- Few entrants into the behavioral health care professions
- Relatively greener pastures in other states for behavioral health care professionals

I welcome efforts such as HB 2977 that may improve the supply of BHCs.

I welcome efforts such as HB 2651 that may improve the opportunity to employ qualified-but-not-yet-licensed BHCs

I welcome efforts such as HB 2652 that may address shortages in traditional areas.

What I would welcome most is a multi-pronged approach that also addressed the payers and regulation of these professions, to provide stable financial footing on which medical clinics and hospitals could become a larger part of the solution that our patients need and deserve.

Thank you,

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