Health Equity Impact Considerations

Proposed Change to the Associate Provider Medicaid Billing Rule

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Concern #1: Impact on OHP Members

- Oregon Therapists for Equity Survey (February 2025)
  - **129** respondents
  - An average of 10 clients per associate provider will lose access to care
  - Given these results, we estimate **5,000 - 10,000 clients** will lose access to their chosen therapist
- CareOregon confirmed that **5,700 members** will lose access to behavioral health care with their chosen therapist.
- Community mental health programs generally offer limited appointments and prioritize care for high-acuity clients.

"Clients indicated that they had **difficulty getting literally any mental health care**, not just culturally competent care." - *Private practice provider, Portland*

"Almost all of my CareOregon clients have expressed **difficulty receiving adequate care within CMHA settings** both on a cultural and a clinical level." - *Private practice provider, Medford*

Concern #2: Impact on Workforce

- Oregon is in the midst of a **behavioral health crisis: ranked 47th** in access to care
- Associates generally study and train with a specific goal in mind, this rule change would limit that **flexibility** driving providers to other states
    - **Washington adopted a similar rule** modeled off of Oregon in the Summer of 2024.
- This rule change **fails to address systemic issues** in the work settings it forces providers into.
    - “At the organizational and system levels, chronic underfunding and poor administrative infrastructure made frontline providers feel undervalued and unfulfilled, pushing them to leave the public behavioral health setting or behavioral health altogether.” (OHSU Study, 2024)
- Large agencies are **not equipped** to adequately serve all populations.

Impact on Workforce Continued - Large Agencies

- **Economic Instability:** Low wages, unreliable income, and limited career advancement.
- **Unsustainable Workloads:** High caseloads with complex needs, inadequate supervision, inconsistent hours, and emotionally taxing environments.
- **Lack of Inclusive Workplaces:** Few accommodations for providers with disabilities and limited opportunities to serve culturally specific communities (e.g., BIPOC, LGBTQ+, non-English speakers).
- **Inadequate Support for Families:** Traditional agencies often lack the flexibility and resources to deliver coordinated, child- and family-centered care.
- **Lack of Low Acuity Care:** Larger agencies generally focus on high acuity patients with limited to no space for the low acuity patients that will be cut off from their provider.
- **Lack of Care for Students:** Students would be funneled exclusively to overburdened community centers, reducing the likelihood of receiving timely, effective mental health support during critical periods.

Impact on Workforce Continued - Associates

- It is well documented and OHA has even stated that **associates providers (10% of the workforce) make up the most diverse segment**. (An Analysis of Oregon's Behavioral Health Workforce 2019)
- "Unlicensed providers are the **most racially and ethnically diverse segment of the behavioral health workforce**, and comprise approximately 28% of the unlicensed behavioral health workforce." (Behavioral Health Workforce Report to OHA and State Legislature, 2022)
    - In this report, unlicensed providers includes pre-licensed providers.

"We recently hired a Black male therapist who moved to rural Oregon from Hawaii, and he stayed with our organization for a week before **he realized that our community was pretty inherently racist**. If we don't pay attention to this stuff, the impact that it has is real, and we need to do better."
-HB 2235 Workgroup member

"My **clients are distressed** about losing my services and fear that, just like before our connection, they will **have to "settle" for non-specialized care** from non-disabled therapists or go without mental health care altogether**.**"
- Private practice provider, Portland

Table 8. People of color are underrepresented in almost all licensed behavioral health occupations

Race, Ethnicity, and Gender Distribution: Licensed Behavioral Health Workforce vs. Oregon Population

Comparison to state distribution

☐ Similar to state ☐ Below state ☐ Above state

	Hisp/Latino	White	Black/AA	AI/AN	Asian	NH/PI	Multi-racial	Other
Oregon	12.8%	76.0%	1.8%	0.9%	4.2%	0.4%	3.7%	0.2%
Counselors & therapists	4.4%	88.7%	1.0%	0.5%	2.0%	0.2%	2.4%	0.8%
Psychiatrists	5.3%	78.2%	1.7%	0.3%	11.4%	0.4%	1.8%	1.0%
Psychiatric physician assistants	4.2%	91.7%	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%
Psychiatric naturopathic physicians	8.1%	83.8%	0.0%	0.0%	1.4%	0.0%	5.4%	1.4%
Psychiatric nurse practitioners	3.5%	87.9%	1.3%	0.6%	2.1%	0.2%	3.1%	1.3%
Psychologists	4.1%	87.3%	0.6%	0.1%	4.2%	0.3%	2.5%	0.9%
Clinical social work associates	11.8%	74.3%	3.9%	0.4%	3.2%	0.4%	5.3%	0.7%
Licensed clinical social workers	4.0%	88.8%	1.4%	0.5%	2.0%	0.1%	2.4%	0.8%
Grand Total	4.7%	86.9%	1.3%	0.4%	3.1%	0.2%	2.6%	0.9%

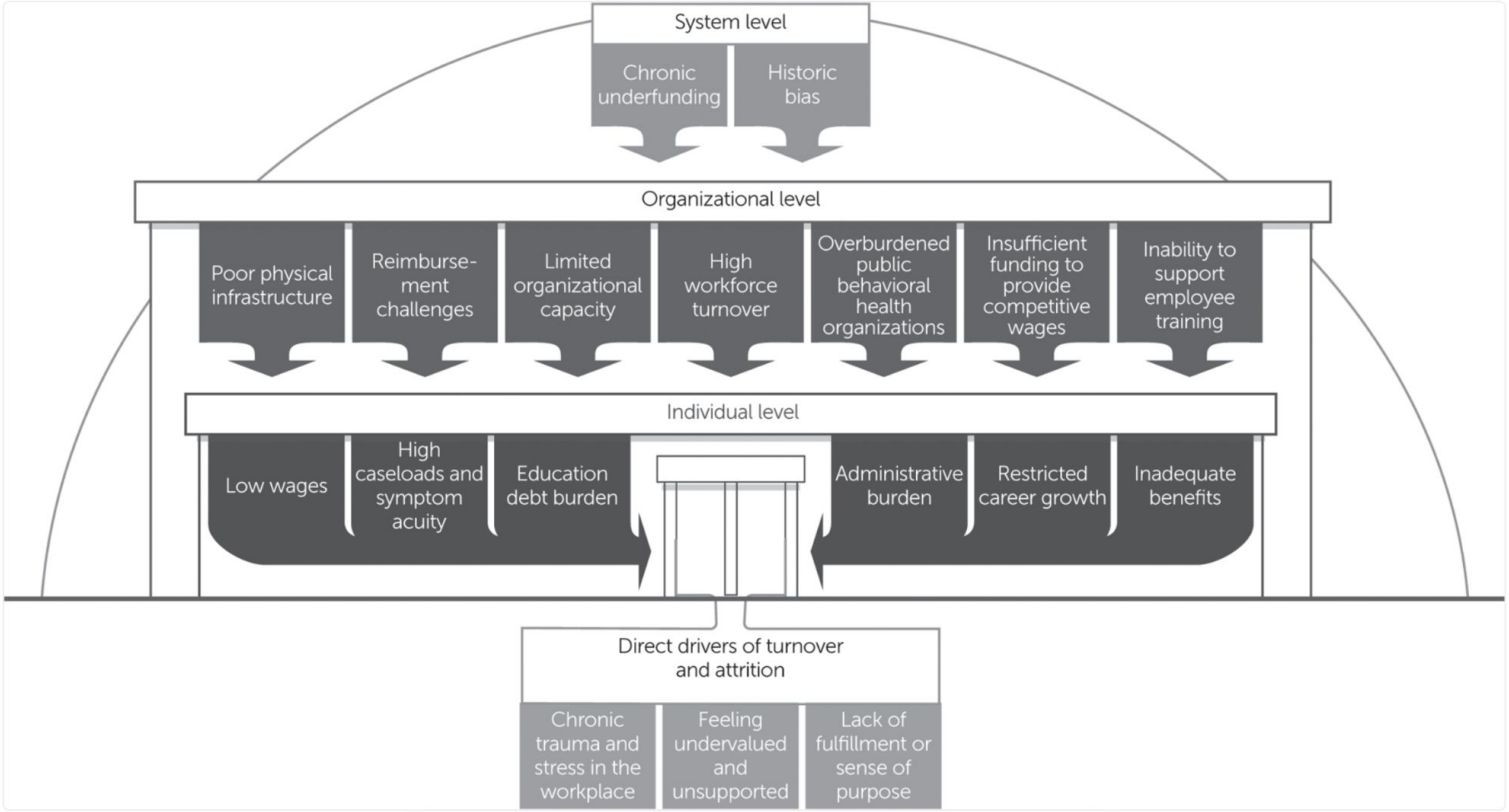
Notes: Providers with missing data were excluded from the analysis. Racial categories exclude Hispanic/Latinx providers. AA=African American/Black, AI/AN=American Indian or Alaska Native, NH/PI=Native Hawaiian or Pacific Islander

Source: 2021 Health Care Workforce Report

Impact on Workforce Continued: Supervision

- **Supervision concerns**:
  - “Often within the public BH system, there is a lack of internal resources to offer consistent, high-quality supervision. As a result, emerging individual clinicians often pay out of pocket for supervision, leading them to choose lower-cost options that may not align with their practice specialty. This shortage limits the ability of professionals to advance in their careers, exacerbating workforce shortages and creating blockages in the behavioral health system.”- HB 2235 Workgroup Report, Jan 2025
  - “There's so much administrative burden at this point that more than 70% of supervision is focused on completion of paperwork and not on clinical care, and what's going to be in the best interest of clients.” - County mental health supervisor, Behavioral Health Workforce Report to OHA and State Legislature, 2022

FIGURE 1. Factors influencing turnover and attrition in the public behavioral health system workforce in Oregon[a].



Source: [OHSU Study, 2024]

Concern #3: Certificate of Approval

- Arduous application process, not accessible for small or medium practices
- In Portland, there are **103 active COAs** (according to OHA list obtained in April 2025)
  - **64 are not currently hiring associate providers**
  - 39 are currently hiring associate providers (about a third of these **COAs require a QMHP or CADC**, increasing the burden on applicants)
- Having a COA is **not** a guarantee for a contract with an insurance carrier
- **Limited options in rural areas**

"Given that the **Clinical Coordinator for the COA I worked for two years lived in the midwest** and didn't actually have lived experience in Medford where he was employed caused all kinds of **problematic trickle down issues,** yet this is where our clients will be forced to return." - Private practice provider, Medford

"Many **Medicaid members in rural areas** (Klamath has a large tribal and migrant community) will face an **even worse situation where accessibility, a lack of culturally competent providers, and stigma** is already an issue. - Private practice provider, Klamath Falls

Proposed Recommendation

Given the expansive negative impact of this proposed rulemaking on OHP members and the behavioral health workforce as a whole, **COPACT, Oregon Therapists for Equity, The Oregon Education and Association, NAYA Action Fund, and Oregon Health Coalition** **strongly oppose** the change to the associate provider medicaid billing rule, and calls on OHA to **stop the rulemaking process**.

Instead, we call on OHA to pursue **equitable, community-driven, and evidence-based solutions to behavioral health workforce shortages** in Oregon, including those developed by the HB 2235 Workgroup.

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