Oregon
Tina Kotek, Governor

Oregon Health Authority
Equity & Inclusion Division
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All relay calls are accepted

Dear Members of the Oregon Health Policy Board,

We are writing on behalf of the Health Equity Committee to express our deep concerns regarding the recent decision to disallow associate behavioral health providers from billing the Oregon Health Plan (OHP) for their services if they do not work for a Community Mental Health Program (CMHP) or Certificate of Approval (COA) organization. This decision, communicated to many associate providers through letters from CareOregon prior to OHA's announcement of their decision to seek this rule change, is already causing widespread disruption in access to mental health care for some of Oregon's most underserved and vulnerable populations, including LGBTQ+, disabled, and Black, Indigenous, Latino/a/x/e, immigrant, and other communities of color, as well as rural clients and providers.

At the December 2024 Health Equity Committee (HEC) meeting, associate counselors and community members shared harrowing testimony about the immediate and potential long-term impacts of this policy. The associate providers serving CareOregon members provide culturally competent and accessible mental health care in the Portland metro area, Southern Oregon, and the Oregon Coast, including through telehealth services for remote care in rural areas; many have built their practices specifically to address systemic gaps in care. In nearly 30 written and spoken testimonials, associate providers named specific examples of real and potential harm:

- A trans nonbinary associate testified about the devastating impact this policy will have on their ability to serve a caseload almost entirely composed of marginalized individuals on the Oregon Health Plan who rely on them for affirming and life-saving support.
- One associate provider testified as one of only 14 Latino male therapists listed on Psychology Today as accepting OHP and speaking Spanish – and with Latino healthcare providers making up just 6% of Oregon's workforce, they have seen firsthand the lack of culturally appropriate care.
- Dozens of providers testified that they were and will be forced to interrupt established therapeutic relationships—an essential determinant of treatment success—without having appropriate alternatives to provide their clients.
- Over half of the associate counselors identified as having a disability and felt that this policy change will negatively impact their ability to work, even forcing them out of Oregon's behavioral health workforce.
- Many therapists testified that their clients depend on them for access to gender-affirming care; associates expressed concern that the cascading effects of this decision will include longer wait times for care, worsened mental health outcomes, and

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potentially increased suicide rates among the populations most in need of care. These impacts could be replicated for other populations served by associate providers.

We believe the decision will exacerbate existing inequities in Oregon's behavioral health landscape: it directly undermines the state's commitment to transforming behavioral health as reflected in the Governor's top three priorities and OHA's strategic plan. It disproportionately impacts both clients and providers from marginalized backgrounds: for example, associates with disabilities or chronic illnesses testified that the flexibility of small group and private practice allows them to work sustainably—a critical factor given that larger agencies are often unable or unwilling to provide necessary accommodations, despite requiring providers to take on larger caseloads of high acuity patients. This will also disproportionately impact clients and providers in rural parts of the state who do not have access to larger mental health organizations in their area.

We understand the reasoning provided for this decision includes encouraging associates to join larger behavioral health organizations to strengthen the public mental health system and to standardize quality assurance mechanisms across all behavioral health providers. However, this approach does not consider the systemic reasons why associates and licensed providers may choose private practice, such as unsustainable caseloads, inadequate supervision and compensation, and burnout in community mental health settings. Additionally, while we agree quality assurance is a top priority, we have not seen data to support the assertion that services provided by these associate providers are *not* meeting quality standards.

It is also important to note that OHA is already convening a workgroup through HB 2235 to address workforce recruitment and retention issues like what this proposed policy change is meant to address. The workgroup submitted its interim report and recommendations to the legislature on January 15, 2025 and did *not* include a recommendation consistent with this proposed policy change. It is incumbent on OHA to take a 360-degree view of behavioral health policy and practice changes in its efforts to eliminate health inequities by 2030.

We urge you to take the following actions:

1. **Request that CareOregon Pause Policy Implementation:** Request an immediate halt to this policy to prevent further harm to providers and clients while a thorough impact assessment is conducted. Per OHA's January 16, 2025 memorandum on this issue, OHA has extended the grace period for interns and associate providers to June 2026. CareOregon and any other CCOs already planning for this change should align with this date, rather than June 2025 as outlined in CareOregon's provider communications.

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2. **Request transparency:** Ask both CareOregon and OHA for a comprehensive rationale with supportive data for this policy change, including how potential equity and access impacts were evaluated and who was consulted.
3. **Conduct an Equity Review:** Request the OHA Equity & Inclusion Division complete a health equity impact assessment of the proposed policy and rules change through an equity lens, centering the voices of affected providers and clients.
4. **Find Alternative Solutions:** Call for a workgroup formed by providers and patients or create a sub-committee to the HB 2235 workgroup to have a collaborative conversation with OHA and develop alternative solutions, including sustainable ways to incentivize associates to serve high-need populations without restricting access to care and support for providers like those that testified above to seek a Certificate of Approval.
5. **Delay Rulemaking at OHA:** Ensure that a full impact assessment has been completed before rulemaking begins at OHA.
6. **Strengthen Oversight:** Review accountability structures to ensure that CCO decisions are subjected to a standardized equity review process, advancing OHA's health equity strategic goal.

Thank you for your attention to this urgent matter for those whose lives depend on accessible, culturally specific, and affirming mental health care. We believe that with your leadership, OHA can reverse this harmful decision and instead advance solutions that truly support Oregon's communities. We would welcome the opportunity to collaborate on equitable approaches to strengthening Oregon's behavioral health system and progressing towards OHA's health equity strategic goal.

Sincerely,

Health Equity Committee Co-chairs

Health Equity Committee Members