## Greetings,

I am writing on behalf of the Coalition of Oregon Professional Associations for Counseling and Therapy, we are the legislative arm of the Oregon Counseling Association. Our mission is advancing access to quality mental health care for all Oregonians. It is for that reason we write this to express our deep concerns about the upcoming changes to CareOregon's reimbursement policy and anticipated Oregon Health Authority rulemaking that would prohibit associate (graduated but yet unlicensed) therapists and counselors working in the private sector from accessing Medicaid/Oregon Health Plan reimbursement. This decision risks exacerbating Oregon's already critical mental health crisis and undermining the significant investments made in recent years to strengthen our behavioral health workforce.

Oregon ranks 49th in mental health access<sup>1</sup>, a sobering statistic that reflects the challenges our communities face in obtaining timely and effective care. This policy change threatens to worsen our ranking by causing thousands of patients to lose access to the professional counselors they depend on. The option of private practice is a vital component of our behavioral health system, offering an alternative to overwhelmed agency settings and meeting diverse client needs. Removing this option will significantly impact both patients and providers.

Key reasons for reconsideration include:

 Impact on Patient Care: Thousands of Medicaid patients stand to lose their therapists if this policy is enacted, even as state leaders prioritize improving access to mental health care. Community Mental Health Clinics alone cannot absorb this increased demand, and clients will face longer wait times and fewer choices for care.

<sup>&</sup>lt;sup>1</sup> Mental Health America, Adult Ranking 2024

- 2. Workforce Stability: Associate therapists are a critical segment of Oregon's behavioral health workforce. They are also the most racially and ethnically diverse segment, reflecting Oregon's commitment to equitable care. Limiting their options for employment will discourage new professionals from entering the field, undermining workforce diversity and stability.
- 3. Pipeline to Licensure: Flexibility during the supervision process has been instrumental in growing Oregon's licensed workforce. From 2018 to 2022, the amount of counselors and therapists that worked full time offering patient care increased by more than 13% annually due to such policies. Restricting employment options for associates risks reversing this progress.<sup>2</sup>
- 4. Addressing Workforce Shortages: Over 60% of healthcare providers in Oregon report a need for more behavioral health professionals, with 76% emphasizing the importance of expanding training capacity.<sup>3</sup> Restricting private practice opportunities for associate therapists directly contradicts these goals.
- 5. **Equity in Training**: Providers of color have reported greater success in recruiting diverse candidates when workforce representation is strong. Limiting opportunities for associate therapists will perpetuate barriers to increasing diversity in the behavioral health field.

This policy change fails to address the underlying issue of improving workplace conditions and pay for community-based associate therapists. Instead, it creates unnecessary obstacles for new professionals, leaving patients without care and further straining an already overburdened system.

We urge you to engage with stakeholders, including mental health professionals, patients, and advocacy groups, to find a more effective solution that supports both the behavioral health workforce and the communities they serve. Allowing associate therapists to continue working in private practice is essential to maintaining the progress we have made in

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expanding access to care and strengthening Oregon's mental health system.

Thank you for your attention to this critical issue. I look forward to seeing Oregon's continued commitment to mental health access and workforce development.

Sincerely,

Elisabeth Herrera, LPC, NCC COPACT President

