



**February 11th, 2025**

**House Committee on behavioral Health and Healthcare**

**RE: Statement in Support of HB 2013**

**Chair Nosse, Vice-Chairs Javadi and Nelson, and members of the committee:**

I am here to speak in support of HB 2013 that we believe will increase immediate access to Substance Use Disorder Treatment for many who are currently faced with limitations due to their private insurance plan's provider reimbursement policies.

### **Immediate Access to Treatment Saves Lives**

Too many Oregonians seeking help for addiction face unnecessary barriers to life-saving treatment. When someone struggling with substance use reaches out for help, they need immediate access to care—not a long list of obstacles. Every delay increases the risk of overdose, hospitalization, or continued harm. This bill addresses a critical gap in our system by ensuring that Certified Alcohol and Drug Counselors (CADCs) employed through state certified outpatient facilities—who make up a significant portion of Oregon's addiction treatment workforce—can be reimbursed by private insurance.

### **Private Insurance Often Fails Those Seeking Treatment**

People with private insurance assume they will have access to treatment, but in reality, many find only a short and inadequate list of in-network providers. Our state-certified outpatient treatment center, known for offering immediate access to care, frequently receives calls from people desperate for help. The first question they ask is, "Do you take my private insurance?" More often than not, the answer is complicated: their plan may not cover out-of-network providers, and even if it does, the insurer may refuse to reimburse CADCs, making care unaffordable.

### **Insurers Choose Not to Pay, Leaving People Without Options**

This issue is not about a lack of available treatment—it is about private insurers choosing not to pay for it. Some insurers already reimburse CADCs, proving that it is possible. However, most continue to operate under outdated policies that exclude CADCs from reimbursement, leaving people in need of treatment with nowhere to turn.

### **The Impact on Providers and Patients**

I have firsthand experience navigating these barriers. When I attempted to get my state-approved treatment center credentialed with a major private insurer, I was told they

would not contract with us because we primarily employ CADCs. Even if we were in-network, only our one licensed clinician would be reimbursed, while our CADCs—the backbone of addiction treatment—would not. The irony? That same insurance company covers our employees, yet refuses to reimburse the very services we specialize in providing.

### **CADCs Are Essential to Addiction Treatment**

Some argue that CADCs lack the advanced degrees of licensed clinicians, but addiction treatment is a specialized field. CADCs undergo extensive training and many bring lived experience, which research shows is crucial for helping people engage in treatment and stay in recovery. Denying reimbursement for their services does not improve care—it only limits access.

### **Denying Care Increases Costs for Everyone**

Blocking access to treatment does not save money; it shifts costs elsewhere. When people can't get the care they need, they end up in emergency rooms, hospitals, or jail—costing insurers, Medicaid, and taxpayers far more than outpatient treatment ever would. Ensuring CADCs can be reimbursed is a cost-effective way to expand access and reduce the burden on our healthcare and criminal justice systems.

### **This Bill is a Common-Sense Solution**

HB 2013 does not create new mandates, programs, or expenses for insurers. It simply ensures that CADCs—who are already recognized by Medicaid, the Oregon Health Authority, and state licensing boards—can be reimbursed when providing out-of-network care. Private insurers already have the ability to do this; this bill ensures they follow through.

### **Oregon Cannot Afford to Wait**

Oregon is in the middle of an addiction crisis. We cannot allow qualified providers to sit on the sidelines while people suffer and die. The solution is clear: expand access to treatment by removing unnecessary barriers.

I urge you to support HB 2013 and the people of Oregon who are seeking recovery services.

Thank you for this opportunity.

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