

## Testimony for HB 3351 – Interstate Counseling Compact

Dear Members of the Behavioral Health and Health Care Committee,

My name is Demetrius Baldwin, and I am an Associate Counselor practicing in Oregon since 2022. I am writing in strong support of HB 3351, which seeks to enact the Interstate Counseling Compact. Even in my relatively brief career, I have witnessed firsthand the critical importance of allowing counselors to practice across state lines, ensuring continuity of care for clients who entrust us with their well-being.

In pursuit of this goal, I will highlight the accessibility challenges facing communities across Oregon. One of the most significant issues Oregon and many other states face is the disparity in access to mental health care, particularly in rural areas. These communities bear the greatest burden of workforce shortages, limiting residents' ability to obtain timely and appropriate care.

In fact, 75% of rural communities nationwide are classified as "mental healthcare deserts," meaning they either lack mental health providers entirely or have fewer than 50 providers per 100,000 residents (Rossi, 2021). For Oregonians who have managed to establish a provider it is not uncommon for a client's temporary relocation to result in the termination of a counseling relationship, disrupting care and progress. A survey of counselors on an online therapy platform indicated that nearly 70% of counselors have had a therapeutic relationship end due to a client's relocation (Rossi, 2021). Attempting to continue serving clients after a relocation through "licensure reciprocity" offered by certain states is often impractical. Surveys indicate that 25% of counselors experience wait times of four to six months, while 11% wait seven to twelve months for reciprocal licensure. In extreme cases, some clinicians have reported waiting up to 17 months for licensure approval (Rossi, 2021). These prolonged processes create unnecessary gaps in care for clients and obstacles for counselors attempting to maintain continuity in their practice.

The failure to meet individuals' mental health needs not only burdens them personally but also places a considerable strain on the broader healthcare system. When individuals cannot access preventative or lower-level care, their conditions often worsen, leading to increased emergency room visits, higher hospitalization rates, and greater overall healthcare costs (Livingston & Green, 2022). The shortage of providers also places a heavier workload on existing clinicians, contributing to burnout and further exacerbating the access issue. Even in areas with an adequate number of providers, individuals may still struggle to find specialists who meet their unique needs—such as expertise in treating complex disorders or proficiency in languages other than English.

A key to addressing each of these concerns is expanding the options for practitioners available to Oregonians seeking mental health care. However, a significant barrier remains: the lack of interstate portability for licensed providers. The Interstate Counseling Compact directly addresses these concerns. Under the compact, licensed counselors who hold a license in good standing will be eligible to obtain a privilege to practice in remote states. This process will be facilitated through a commission established by the compact, ensuring streamlined access for out-of-state providers while maintaining necessary regulatory oversight.

Importantly, the compact does not prevent Oregon from maintaining its own licensure standards. Each member state retains the authority to impose additional requirements for licensees establishing their home-state licensure within that state. This means Oregon can continue

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enforcing any testing, academic, or jurisprudence requirements it deems necessary for applicants seeking to designate Oregon as their home state for licensure *(for specific details on state authority over licensure requirements, see Counseling Compact Model Legislation, Section B5 (lines 146-147) and Section B2C (lines 232-233))*.

By enacting this compact, Oregon would significantly expand access to providers, particularly for individuals with diverse or specialized needs, including those in rural areas. It would ensure continuity of care for clients, ease the licensure burden for counselors, and support military personnel in retaining their credentials during relocations.

One of the most frequently raised concerns about the compact is the potential impact on Oregon's ability to regulate out-of-state providers. Some worry that by allowing practitioners from other states to serve Oregonians, the state may lose control over professional standards and inadvertently expose residents to unethical or substandard care. However, this concern has been directly addressed in the current iteration of the compact.

The compact establishes a coordinated database and reporting system that tracks adverse actions and encumbrances placed on licensed individuals across all member states. While home states retain exclusive authority to impose disciplinary measures such as license revocation, remote states have the power to suspend a provider's privilege to practice within their jurisdiction. This means that if a provider is sanctioned in one state, that information is shared across all compact member states, and their privilege to practice is automatically revoked in all participating states unless certain conditions for reinstatement are met.

This comprehensive system ensures that Oregon retains the ability to regulate providers practicing within its jurisdiction while also benefiting from enhanced transparency and accountability mechanisms. The compact does not diminish Oregon's regulatory authority; rather, it strengthens oversight by creating a shared system for tracking provider conduct and ensuring that unethical practitioners cannot evade disciplinary actions by simply moving to another member state within the compact.

In conclusion, the passage of HB 3351 would provide much-needed improvements in access to mental health care across Oregon, particularly in underserved rural areas. By allowing counselors to practice across state lines without unnecessary delays or barriers, this compact will significantly benefit both providers and clients, ensuring better care, better outcomes, and a more efficient healthcare system. My stance is further bolstered by support from both the American Counseling Association and the Oregon Counseling Association who both, unilaterally, support the notion of an Interstate Counseling compact for the nation and Oregon respectively. Thank you for your time and consideration.

Sincerely,  
Demetrius Baldwin  
Associate Counselor  
Oregon

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### References:

Council of State Governments National Center for Interstate Compacts. (2020, December 4). *Counseling Compact Model Legislation*. <https://counselingcompact.org>

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