

## Written Testimony in Support of HB 3339

Psychology Interjurisdictional Compact (PSYPACT)

House Committee on Behavioral Health and Health Care

I am writing in support of HB 3339 to enact PSYPACT in Oregon, my home state, to address the urgent and growing mental and behavioral health needs of our adolescents and young adults.<sup>1</sup>

Rates of substance use disorder diagnosis in Oregon outpace national averages for youth (5.8% v. 4.1%) and young adults (17.5% v. 14.6%).<sup>2</sup> Oregon faces disproportionately greater unmet need in access to mental health care compared to other states,<sup>3</sup> and adolescence is a critical developmental period for substance use prevention and intervention.<sup>4</sup> The recently established Oregon Youth Addiction Alliance has recognized that our state lacks the capacity “to provide comprehensive and holistic support for families of youth with co-occurring diagnoses.”<sup>5</sup>

There is a significant shortage of mental health professionals across the U.S., with projections estimating a 45% shortfall in psychologists to meet demand by 2037.<sup>6</sup> This shortage is more severe for psychologists trained to offer developmentally appropriate treatment for Oregon youth with mental health and substance use disorders.<sup>7</sup>

While Oregon continues to support the development of its behavioral health workforce and create responsive systems of care for young people,<sup>7,8</sup> enacting PSYPACT will **expand telehealth access** and **increase the availability of licensed psychologists** with expertise in co-occurring mental health and substance use disorders. Specifically:

- Access to continuing care following initial treatment is a crucial element of promoting successful substance use disorder recovery.<sup>9</sup>
- Telehealth is effective and can reduce barriers to healthcare access frequently faced by adolescents transitioning to young adulthood.<sup>10</sup>
- Improved access is crucial for youth and families living in under-resourced rural counties with a substantially lower concentration of licensed behavioral health providers, let alone psychologists with specialized training.<sup>11</sup>
- PSYPACT will allow for **continuity of care** with an Oregon-based or out-of-state psychologist if young adults or families cross state lines for postsecondary education, training and job opportunities, or military service.

I grew up in the community of Monmouth-Independence. Working to eliminate barriers for Oregonians to receive the high-quality care offered by clinical psychology trainees and licensed psychologists is deeply meaningful to me. I encourage Oregon legislators to recognize the importance of interstate license portability for psychologists and join the 42 other PSYPACT member jurisdictions to expand access to vital mental health services. Importantly,

psychologists who opt-in to practice through PSYPACT must adhere to all relevant state laws and regulations to ensure ethical practice and public safety.

Thank you for introducing this important piece of legislation. I urge you to support the passage of HB 3339.

Respectfully,  
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<sup>1</sup> Substance Abuse and Mental Health Services Administration (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>

<sup>2</sup> Oregon Health Authority (August, 2023). *Youth and Young Adult Substance Use Prevention, Treatment, and Recovery*. State of Oregon. Accessed February 18, 2025. <https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/Youth-Young-Adult-SUD-Treatment-Recovery-Report-EN.pdf>

<sup>3</sup> Hayden, N. (2023, October 8). *Oregon ranks miserably for addressing mental health. The reasons are complex*. The Oregonian. <https://www.oregonlive.com/news/2023/10/oregon-ranks-among-worst-states-nationwide-at-addressing-residents-mental-health-needs.html>

<sup>4</sup> Volkow, N. D., & Blanco, C. (2023). Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment and prevention. *World Psychiatry*, 22(2), 203–229. <https://doi.org/10.1002/wps.21073>

<sup>5</sup> Alcohol and Drug Policy Commission (n.d.) *Oregon Youth Addiction Alliance*. State of Oregon. Accessed February 17, 2025. <https://www.oregon.gov/adpc/pages/oyaa.aspx>

<sup>6</sup> National Center for Health Workforce Analysis (November, 2024). *State of the Behavioral Health Workforce, 2024*. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>

<sup>7</sup> Oregon Health Authority (n.d.) *Behavioral Health Workforce Initiatives*. Accessed February 17, 2025. <https://www.oregon.gov/oha/HSD/AMH/Pages/Workforce.aspx>

<sup>8</sup> OHSU Center for Health Systems Effectiveness (February 1, 2022). Behavioral Health Workforce Report to the Oregon Health Authority and State Legislature. Accessed February 17, 2025. <https://www.ohsu.edu/center-for-health-systems-effectiveness/policy-research>

<sup>9</sup> McKay J. R. (2021). Impact of continuing care on recovery from substance use disorder. *Alcohol Research: Current Reviews*, 41(1), 01. <https://doi.org/10.35946/arcr.v41.1.01>

<sup>10</sup> Khetarpal, S.K., Auster, L.S., Miller, E. et al. (2022). Transition age youth mental health: addressing the gap with telemedicine. *Child Adolescent Psychiatry and Mental Health*, 16, 8. <https://doi.org/10.1186/s13034-022-00444-3>

<sup>11</sup> Oregon Health Authority (November, 2024). *Oregon's Licensed Health Care Workforce Supply, 2024*. <https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx>