

Submitter:

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On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

SB61

As a clinical social worker committed to increasing access to quality, consistent, trauma-informed therapy I decided to accept Medicaid (OHP/Care Oregon). I am often told by my clients how long they have been looking for and how hard it is to find a provider that they can entrust with their well-being. I know many providers are anxious to work with Medicaid and either won't do so or if we do, because we care about access, we live in a constant state of anxiety regarding unclear expectations and the looming threat of a recovery of reimbursement that makes our practices unviable. We are holding this at the SAME time we are holding space for our clients in need of services. None of us are trying to scam the system, we are interested in providing care to low-income Oregonians. How is it OK that we can't get clear direction on what the documentation expectations are? How is it that if we don't get those invisible expectations correct that we are at risk of paying back money that was hard earned? Does OHA/Medicaid/OHP want the people who they are intended to serve to maintain consistent access? If the interest is to support their service recipients everything imaginable should be done to EASE the way for providers to provide that care - NOT to create an atmosphere of confusion, fear, anxiety, and eventual giving up. The current system is not ethical or in line with what OHA claims to be the mission of quality access or it's value of integrity. We are working HARD out here with community members that are suffering and need support. To do our work we need support, clarity, ease, and the elimination of bureaucratic threats and gatekeeping of what the expectations are - that is a set up designed to disadvantage providers. STOP it now! This current bill is only a start, but it needs to happen to begin the conversation.