

Submitter: Susan Wendelborg
On Behalf Of: Mental Health care therapists and clients
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2029

Dear Chairman Nosse and Members of the House Committee on Behavioral Health and Health Care:

My name is Susan Wendelborg and I am a Licensed Clinical Social Worker in private practice in Springfield, OR. I urge you to vote in favor of HB2029. I have previously been subject to an audit by an insurer in April of 2023. It began with receiving a recoupment demand for \$10,000. It began that way. When I reached out for clarification I was told the demand was due to my failure to respond to the audit records request. I had never received the audit records request. I'm not sure why I didn't receive it because my mailing and practice addresses had been the same for the previous 4 years and my phone number the same for the previous 7 years. When I finally received the records request, it was for 68 dates of service all from the 2nd and 3rd quarters of 2021. The audit resulted in a determination that I had to pay back a little under \$10,000. I was never provided information about how to appeal the decision and when I requested a payment plan that was manageable for me, i.e., \$400 / month, I received the following response from the auditor: "The longest we can extend your payment plan out is 12 months. That would make your monthly payments approximately \$819." That's it. No option to negotiate or appeal. For a person like me, that plan was a significant burden on my finances.

At least once a week I reflect on when I should begin canceling my insurance contracts so I can avoid anything like that happening again. The only thing that stops me is knowing the impact on some of my clients who wouldn't be able to afford continuing in care with me.

Finally, all providers with Pacificsource received notice at the end of 2023 that they would initiate a mandatory audit of any behavioral health case that exceeded 26 visits within a 12 month period. This seems to be an attempted endrun around the Mental Health Parity and Addiction Equity Act (MHPAEA) signed into law in 2008. In addition, it feels like a threat. I have begun telling new clients with that plan, I can see them for a maximum of 26 sessions. It is less than ideal for the duration of mental health treatment to be determined by a random, objective number regardless of the diagnosis, acuity and complexity of the presentation.

I work my butt off as a therapist. I have invested many thousands of dollars in advanced training and certifications. I spend my free time in peer consultation meetings and supportive meetings with colleagues so I can better serve my clients.

Being treated with the disregard and rigidity of the auditing process by a company whose primary focus is profit over client care presents a challenge to me remaining a part of this system. This is what I think about every time I hear politicians talk about the need for better, more affordable, more easily accessible mental health care.

Thank you for your time and consideration-
Susan Wendelborg, LCSW