

Submitter: Tamara Webb

On Behalf Of:

Committee: House Committee On Behavioral Health and Health Care

Measure, Appointment or Topic: HB2029

I am an LPC licensed in Oregon with 17 years of clinical experience. I have been through several audits. I keep good documentation, so have as yet (knock on wood!) to be forced to pay back any claims based on clinical record keeping or questions about services rendered. However, when working at a Medicaid clinic for post-graduate experience, I learned how onerous and costly this process can be. I have also seen how my colleagues have been treated by various commercial insurers with nefarious practices. So every time I get an audit request, I live with some fear, regardless of my good ethics and professionalism, that "this could be the time" one of the commercial plans I accept is going to completely screw me over. Because they do. They have all the power. They regularly change rules, rates, provisions, without any agreement by the provider, and it's hard to keep up with what they've done or might do next. Accepting commercial insurance is something I do to make my services affordable to regular people, not just serve the wealthy or those who must scrape and pinch their dollars to get care they need. Neither the provider nor the client should be as tormented by the capriciousness of health insurers as we are. There need to be legislative guidelines, rules and the rule of law to keep these profit-seeking entities in check, and to allow those paying premiums to get the care they need and deserve without tormenting the providers in needless fashion just because some company wants better returns in the stock market. There need to be MORE regulations than HB2029, but it's a great start! I support it, and I hope the committee and the legislature will do so, as well. Thank you! — Tamara Webb, LPC C3436