



Date: February 5, 2026

To: Senator Lisa Reynolds, Chair and Senator Dick Anderson, Vice-Chair
Senate Committee on Early Childhood and Behavioral Health

From: Deborah Rumsey, Executive Director, Children's Health Alliance
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Subject: SB 1547 – Licensed Behavioral Health and Wellness Practitioners

The Children's Health Alliance pediatricians care for approximately **190,000 children and their families** in the Portland metro area and Salem. Pediatric primary care is often the first, and sometimes only, place families bring concerns about their child's behavior, emotions, or mental health. We see these needs early, during well-child visits and routine care, long before a family is able to access specialty behavioral health services.

More than half of our pediatric practices now offer **integrated behavioral health services**, and the impact has been clear. When behavioral health providers are part of the pediatric care team, children get help sooner, families face fewer barriers, and concerns can be addressed before they become crises. This early, prevention-focused approach works, but only if the workforce is there to support it. The state has recognized the importance of intervention in early childhood through the development of the Social-Emotional health metric as a CCO incentive measure that prioritizes access to behavioral health services for young children and their families in support of kindergarten readiness.

Right now, it is increasingly difficult to find behavioral health professionals with the training and skill set needed to work effectively in pediatric primary care. Traditional workforce pathways are not producing enough providers, and many are not designed for early intervention, brief support, or team-based care. As a result, practices are often forced to respond reactively rather than proactively.

SB 1547 helps address this gap by creating a well-trained, bachelor's-level behavioral health workforce focused on prevention and early intervention. These roles are well suited for pediatric primary care settings, complement existing providers, and allow master's- and doctoral-level clinicians to focus on children with more complex needs.

From the perspective of pediatric primary care, SB 1547 is a practical and forward-looking solution that strengthens the workforce and helps children get support sooner, where they already receive care.

We urge your support for SB 1547.