

Submitter: Jill Summers
On Behalf Of:
Committee: House Committee On Behavioral Health
Measure, Appointment or Topic: HB4083

I support the consolidation of administrative hurdles to credentialing for all behavioral health providers, but I am skeptical that all behavioral health boards (Board of Licensed Social Workers, Oregon Board of Psychology, and the Oregon Board of Licensed Professional Counselors and Therapists) all need to be housed under the same mental health regulatory agency for this to happen. Credentialing is different than licensure, in that credentialing is mandated by insurance, while licensing is a professional distinction one can hold whether one is credentialled or not. Each licensing process has been developed over years of refinement and is tailored to the unique specialties of Social Workers, Psychologists, and Counselors / Therapists who have different scope of practice, training, and histories. Lumping these together may be counter-productive, as not all people needing behavioral health services benefit from a "one size fits all" approach.

I support broadening access to supervisors, but with caveats. A social worker who practices primarily in direct mental health care requires different knowledge than a social worker who practices in (for instance) a hospice agency, child protective services, or in macro practice (ex: nonprofit management). This bill addresses the need for supervision of mental health care providers, but in doing so could inadvertently allow inappropriate supervision of social workers in many other settings which are equally important to supporting our community and preventing mental health crises in the first place. The supervisor's specialty should match the license candidate's practice area. I don't believe this necessarily needs to be legislated, but should be monitored by the relevant board, which may or may not happen with this legislation.

Do we need legislation to streamline processes? Or could a coalition of members from each of the above listed agencies / boards have the same effect by working together to streamline negotiations with CMS (Centers for Medicaid and Medicare)? I don't have enough legislative experience to know, but it seems like with support these boards could be more efficient and effective without requiring laws to make it so.

Thank you for your consideration of this input.