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Testimony Narrative

Senate Health Care Committee

HB 2303-3

Good afternoon Chair Monnes Anderson and members of the committee. For the record, my name is Royce Bowlin. I'm the Behavioral Health Policy Director for the Oregon Health Authority.

I'm here to testify in support of HB 2303's -3 amendment. This amendment would create a state registry within the Health Licensing Office of the Oregon Health Authority for unlicensed Behavioral Health Practitioners including Qualified Mental Health Professionals (QMHP); Qualified Mental Health Associates (QMHA); hypnotherapists, life coaches, parenting coaches, sexologists, and somatic therapists.

Community mental health programs and their contract providers employ staff that are Qualified Mental Health Professionals (QMHP) and Qualified Mental Health Associates (QMHA) to provide community mental health services. QMHPs are Masters level clinicians that may or may not be licensed. They conduct assessments, develop treatment plans and deliver services. Their treatment plans are approved and signed off by a licensed medical practitioner. A QMHA is usually a Bachelor's level staff that delivers skills building services under the direction of a QMHP. A QMHP or a QMHA may not practice independently. They can only provide services as a part of their employment.

Currently QMHP and QMHA are defined in licensing and certification OARs (Oregon Administrative Rules). The Oregon Health Authority (OHA) holds the providers accountable for assuring that the staff meet the credentialing requirements for QMHP and QMHA. The programs are responsible for providing proper supervision and holding the staff accountable to those credentialing standards. There is no statewide centralized oversight of these staff. If there is a complaint the program is responsible for addressing the complaint.

This amendment would establish a statewide registry for QMHPs and QMHAs. A centralized agency would review and approve individuals for one of these titles. The agency would establish a code of ethics that govern their practice. The central agency

would receive and investigate complaints. This registry would provide a layer of consumer protection that is currently not available.

This amendment was crafted to address consumer protection without jeopardizing the strained behavioral health workforce. The -3 does not expand or limit the current practice of QMHPs or QMHAs, but provides greater consumer protection.

Some licensed behavioral health professionals have expressed concern with this proposal that QMHPs are permitted to assess and diagnose mental health disorders. This amendment does not expand the practice of a QMHP. As written, it still requires QMHPs to practice only within the auspices of a behavioral health program which requires the oversight of a licensed professional. This is consistent with current practice. Others have expressed concern that QMHPs and QMHAs will need to have criminal background checks and may inadvertently prevent individuals from performing these services. Currently all QMHPs and QMHAs undergo a criminal background check as a part of their employment at an agency. Therefore, this bill should not unnecessarily limit staff from being registered.

We've also heard concerns that this bill will hinder the recruitment of behavioral health professionals in rural and frontier communities. We have and will continue to work very closely with stakeholders to assure this does not happen.

In addition, we heard from the Peer Support Specialist community that this would create a duplicative process for them, since to bill Medicaid, Peers must register with the Traditional Health Worker Commission (THWC). As such, we have exempted them from this registry. Instead, this amendment specifies they must register with the THWC. This way, all Peers will be registered in one place, with one code of ethics, one oversight entity.

The amendment also seeks to register Alternative Practitioners such as hypnotherapists, life coaches, and parenting coaches. Doing so will help OHA wrap its arms around the universe that exists and establish a complaint process, sanctions, and protect the public from irresponsible or ill-informed practitioners. Senator Steiner Hayward can/will tell you more about this aspect of the amendment.

This amendment aligns well with the Behavioral Health Collaborative's work that is focused on establishing core competencies for behavioral health staff. Those competencies should emphasize trauma-informed care, person-centered planning, culturally and linguistically appropriate services, focused on prevention and health promotion, the social determinants of health and other research-based, outcome driven interventions.

Thank you for the opportunity to testify in support of this bill. I am happy to answer any questions.