



June 12, 2026

Cissie Bollinger  
Licensing & Certification Behavioral Health Manager  
Oregon Health Authority  
Behavioral Health Division  
500 Summer St, NE Salem, OR 97301

**RE: ATA ACTION CONCERNS REGARDING PROPOSED AMENDMENTS TO 309-019-0135**

Dear Ms. Bollinger,

On behalf of ATA Action, I am writing to you to express our concerns regarding the proposed amendments to 309-019-0135 regarding behavioral health services.

ATA Action is the affiliated policy and legislative advocacy arm of the American Telemedicine Association. ATA Action is the leading advocacy organization dedicated to advancing policy and accelerating the adoption of technology-enabled healthcare. Working collaboratively with federal and state legislators and policymakers, our organization drives industry momentum by influencing legislative and regulatory developments in telehealth, virtual care, remote patient monitoring, artificial intelligence in health, health data privacy, private sector healthcare investment, and more. We represent a diverse membership – including hospital systems, technology companies, professional associations, direct-to-consumer digital health providers, payers, pharmaceutical manufacturers, digital therapeutics developers, and remote monitoring organizations.

Our organization is concerned by proposed amendments to Oregon Behavioral Health Divisions rules which would require certain staff to be present in Oregon, despite being registered or certified by Oregon boards and recognized credentialing bodies. This proposed rule would require several professionals including program staff, clinical supervisors, peer delivered services supervisors and qualified mental health associates working in mental health treatment programs, substance use disorders, treatment programs or problem gambling programs to be physically located in Oregon without any clinical justification.

Putting this in-state location requirement in place for professionals who have obtained registration from a division recognized Oregon board or certified by a division recognized credentialing body will come at the detriment of Oregon patients and exacerbate mental health provider shortages. This is especially concerning as, as of April 2026, 19 Oregon counties are deemed as mental health professional shortage areas.<sup>1</sup> This negative impact is supported by the

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<sup>1</sup> Health Professional Shortage Areas: Mental Health, Geographic, by County, April 2026 – Oregon, Rural Health Information Hub. <https://www.ruralhealthinfo.org/charts/?state=OR>



Preliminary Health Equity Impact Assessment from the Health Equity Committee of the Oregon Health Policy Board which found that the proposed rule has a high likelihood of increasing health inequalities and called on the Oregon Health Authority to suspend this rulemaking process amid their strong opposition to the proposed changes.

Implementing this proposed rule would also see Oregon move the opposite direction of other states and undermine Oregon's overall healthcare goals. For example, last year, Massachusetts provided guidance that Intensive Outpatient Therapy can be provided fully virtually, so long as the provider meets the same requirements as in-person providers. Similarly, Pennsylvania recently abrogated its "4 walls" requirement for Medicaid behavioral health, allowing telehealth services outside clinic walls in order to boost access to care, especially in rural areas. Oregon has long served as a leader in the telehealth space and implementing in-state requirements would restrict the ability of certified and credentialed out-of-state providers to serve Oregon patients in need, in direct opposition to the goals of the 2021 telehealth parity act passed in Oregon.

Our organization is also concerned by the recently published memo which would see the implementation date for this proposed rule pushed up to July 1, 2026. This would leave very little compliance runway for impacted entities and undermine the public comment process by leaving little time for the OHA to review submitted comments and make potential revisions to the rule.

Thank you for your support for telehealth. Please let us know if there is anything that we can do to assist you in your efforts to adopt practical telehealth policy in Oregon. If you have any questions or would like to engage in additional discussion regarding the telemedicine industry's perspective, please contact me at [hyoung@ataaction.org](mailto:hyoung@ataaction.org).

Kind regards,

A handwritten signature in black ink that reads "Hunter Young". The signature is written in a cursive, flowing style.

Hunter Young  
Head of State Government Relations  
ATA Action