Chair Matt Klein, Vice Chair Judy Seeberger, and Members of the Committee,

Thank you for the opportunity to speak today. My name is Aly Webster and I am a licensed therapist who is in the process of transitioning from working in a group practice to running my own private practice.

I want to speak about the impact of Blue Cross Blue Shield and HealthPartners closing their insurance networks to therapists in private practice. On paper, this may sound like a routine administrative policy. In reality, it is reducing access to mental health care across our communities.

When therapists work in a group practice, we are often credentialed under that organization's contract with an insurance company. But when a therapist leaves that group to open an independent practice, we are required to apply again as an individual provider. Because these networks are now closed, we are denied—even if we were already seeing those same clients using that same insurance just weeks before.

The therapist has not changed. The training has not changed. The quality of care has not changed. The only thing that has changed is the business structure.

But the consequences are very real for clients and providers.

As I transition to private practice, clients with Blue Cross Blue Shield or HealthPartners insurance will be unable to continue using their benefits to see me unless I remain connected to a group practice. These are people I had built therapeutic relationships with over months or years. Many would be forced to either pay out of pocket, stop therapy, or start over with a new provider—during a time when we already know it can take months to find someone with availability.

Continuity of care matters deeply in mental health treatment. Interrupting that care because of insurance network policies is harmful to clients and discouraging to providers.

Minnesota faces a shortage of mental health providers. Yet experienced clinicians who are already providing care are being prevented from participating in insurance networks simply because they move from a group practice to an independent one. This does not expand access—it restricts it.

Private practice therapists are serving our communities, often with the goal of building sustainable careers that allow us to stay in this work long term. But when networks are closed to us, clients who rely on insurance coverage are left with fewer options.

I urge you to consider policies that allow therapists who were previously in-network through a group practice to maintain that status when transitioning to private practice. Doing so would protect continuity of care and help ensure that insurance networks actually reflect the providers who are available to serve Minnesota residents.

Thank you for your time and for your attention to this issue.