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OSTEOPATHIC  
PHYSICIANS & SURGEONS  
OF OREGON, INC.

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4380 SW Macadam Ave., Suite 125

Portland, OR 97239

p. 503.299.6776 f. 503.433.1958

House Health Care Committee

January 3, 2012

Dear Co-Chairs Greenlick, Thompson, and members of the House Health Care Committee:

On behalf of the Osteopathic Physicians and Surgeons of Oregon (OPSO) and the over 700 osteopathic physicians in Oregon, I am writing to express our concerns regarding House Bill 4010. We recognize the valuable service and contribution that nurse practitioners provide to Oregon's health care system and agree that they must be fairly compensated for their work. However, we are extremely concerned about the implications, should HB 4010 become law.

As you may know, osteopathic physicians have a proud history of serving in primary care fields. Approximately 60% of the osteopathic physicians in Oregon practice in primary care. We feel a strong network of primary care physicians is crucial to an effective health care system. Improving patient access to primary care physicians can reduce costly emergency room visits for issues that could have been prevented through adequate primary care.

We mention the importance of a strong primary care physician workforce as we are concerned that mandating payments to nurse practitioners to be equal to physician rates may hinder the efforts to strength Oregon's primary care workforce – both for physicians and non-physician clinicians alike. If mandated reimbursement to nurse practitioners causes commercial insurers to reduce rates to physicians, it would be detrimental to an already strained primary care physician workforce. This would negatively impact the number of both primary care physicians and nurse practitioners hired in the state.



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We feel this bill is contrary to the direction of Oregon's work in transforming and coordinating the way we deliver care. We need a comprehensive approach to addressing the health care system in Oregon and urge for new payment methodologies. Whether services are provided by a physician or a nurse practitioner, we should move away from payments that reward increased procedures, to a system that provides incentives for improved patient outcomes.

On a personal note, as an osteopathic family physician, I have worked closely with family nurse practitioners in a truly team-based approach to providing patient care. While our levels of training are different, the ability to coordinate care across the spectrum of providers allows our team to deliver care that best fits the patients' needs. I encourage a solution to this issue that does not tie nurse practitioner payments to physicians on a fee-for-service basis, but allows for a way for all practitioners to be compensated for optimizing their professional expertise to achieve improved patient outcomes.

Sincerely,

Robyn Dreibelbis, DO  
OPSO President