

May 7, 2013

Dear Senate Health Care and Human Services Committee,

I am asking that you vote NO on HB 2902-A that will be heard in your committee on Thursday.

This bill is the wrong fix to the nurse's legitimate concern about their reimbursement rates being cut by insurance in 2009. **Physicians across the state want to help the nurses rectify these wrongs but this bill is a radical overreach.**

This bill mandates that physicians in primary care and mental health including sub-specialized pediatricians, internist, child/adult psychiatrists or family doctors must not be reimbursed any more than a nurse practitioner (NP) or physician's assistant (PA) for their services. This type of **legislation is unprecedented nationally** and will cause serious untoward consequences even if unintended.

The bill is completely counter the goals of the health care transformation to reach the **Triple Aim**. The bill is likely to increase costs of care as it does not allow for different reimbursement levels for our varied training of our health care personnel. This bill will greatly reduce the ability of our state to retain and recruit primary care doctors and psychiatrists -- the two areas of health care that have the least access to physicians. Why would doctors come to Oregon or decide to train in Oregon if the NPs and PAs have the same scope of practice AND the same reimbursement? Physicians have 5-7 years of additional training beyond that of an NP and have much greater costs -- in time and money -- than these mid-level providers (see attached graph). Why continue to train at the medical school if the nursing school or PA school provides essentially the same license? Do we really think we don't need physicians to take on the leadership role in these fields and treat our most complex patients? This bill, though likely unintended, is very likely to have **adverse consequences on physician workforce development in primary care and mental health.**

Regarding **access concerns**, we can do better. I provide all of the child psychiatric services to Harney County and Burns via telemedicine from my home in Portland. I also visit my Burns patients twice a year. We can use technology to extend our most highly skilled medical providers to these areas. But if Oregon legislates that there is no greater value to a board certified child and adolescent psychiatrist versus a nurse practitioner, as this bill does, then we will begin to erode at the already limited supply of our most expert health care providers.

Regarding the **outcome data** comparing nurses and doctors that the ONA may provide, this is extremely limited and we have no data to show that nurses provide equivalent psychiatric services, especially to our most vulnerable children -- like those in foster care. For example, I frequently find myself trying to get our foster children off of powerful antipsychotic medications that some of the nurse practitioners have started without trying more benign options such as therapy and work with the family. Child psychiatrists are leading the state towards more rational use of these medications in our vulnerable pediatric populations.

Please take time to learn more about the unintended consequences of HB 2902-A and do not pass it out of committee. Physicians want to help NPs and PAs be reimbursed fairly and have proposed other amendments that do this. But to equate our most highly trained physicians with mid-level providers is simply wrong. We can do better.

Sincerely,

Mike Franz, MD

President-Elect, Oregon Council of Child & Adolescent Psychiatry