

Testimony in support of HB 2902 A
May 9, 2013
Senate Committee on Health Care and Human Services
Linda L. Morley, MN, Psychiatric/Mental Health Nurse Practitioner

Chair Monnes Anderson and Members of the Committee:

My name is Linda Morley. I live in Salem and am a Psychiatric/Mental Health Nurse Practitioner in private practice. I own my own business.

HB 2902 A requires insurers to reimburse physician assistants and nurse practitioners in independent practices at the same rate as physicians when we are providing the same services.

I received my first professional degree and license in 1974. Next month will mark my 20th anniversary of providing psychiatric treatment to patients in my private practice. Nearly 50 percent of my patients are employees or family members of employees of the State of Oregon.

Four years ago, the largest insurer in the state of Oregon reduced payment to all mental health providers other than physicians. Other commercial insurance companies quickly followed suit and within the past two years this practice has spread to all types of non-physician health care providers. To my knowledge, commensurate rate cuts were not incurred by my colleagues who are physicians.

Within a few months of these cuts in 2009, my small business and personal income level dropped to what I received in the mid to late 1990s. Perhaps not surprisingly, insurance premiums paid by the state of Oregon, other employers and individuals did not drop to the rates of 15 to 20 years ago.

My patients and their employers do not pay lower insurance premiums because they are being treated by a nurse practitioner or physician's assistant—patients and employers pay the same insurance premiums, regardless of the type of practitioner delivering their health care.

The money saved by the insurance companies is not being returned to the patient or their employer. Reductions and inequities in reimbursement rates do not benefit patients or the employers who offer health care coverage—it only benefits the profit margins of commercial insurance companies.

You have been told that physicians should receive higher reimbursement because of their years of education and training. While I have tremendous respect for my physician colleagues who have completed a difficult and lengthy regimen of advanced education, nurse practitioners and physician's assistants have also navigated lengthy, expensive and difficult roads on the way to qualifying for their professional credentials. Most of my nurse practitioner friends have ten or more years of prior experience in the field before they even enter a program for their terminal degree.

Many aspects of my own preparation are not unlike that of other nurse practitioners. I have more than nine years of post-secondary education. For six years I was the only health care provider for a population of about 5,000 to 10,000 individuals in a remote bush area of east Africa, working in the midst of famine and epidemics of cholera, polio, measles and other serious diseases. The nearest hospital was a four-hour drive away, assuming the rivers were not in flood. I am licensed to practice in two African countries.

When I returned to the States and decided to specialize in Mental Health, I completed seven years of supervision and oversight by psychiatrists and nurse practitioners before launching my own private practice. I say this to point out that

neither I nor probably most of my physician colleagues are practicing to the full extent of our training and experience. In our daily practices, we do not use all of the education and training we have received.

Insurance companies do not care that I am qualified to sit under a tree and suture a foot that has been chopped by an ax. They are not interested in my experience delivering babies in a mud hut. No insurance company has ever asked me about my skill in concocting oral rehydration fluid for a 14-month-old toddler who is dying of dehydration. In short, all health care providers probably have experience and training far beyond what they use in their day-to-day treatment of patients, yet you have been told that it is “unfair” to not take into consideration the extent and financial cost of “official” education for various health care providers.

I can tell you that in my experience, commercial insurance companies do not appear to be concerned about the breadth and depth of our years of education or experience, provided we meet the basic requirements for our licensure or certification. A nurse practitioner who began practicing last week receives the same payment I do for the same service provided, and I assume that is also true in the case of physicians.

Because of cuts in reimbursement and reimbursement inequity, primary care and mental health practitioners of all types are resigning from insurance panels or leaving practice altogether. Yet another local psychiatrist recently closed his practice to patients who are insured by the company that covers state employees, although those patients are welcome to continue under his care if they pay cash.

Yesterday I met for the first time with one of his former patients. When she called earlier this year to schedule an appointment, the soonest we could get her in was yesterday—a wait of nearly three months. She has multiple health problems as well as Major Depressive Disorder recurrent, Attention-Deficit Hyperactivity Disorder and Post-traumatic Stress Disorder from a horrific childhood of incest and gang rape. She is currently on medical leave because of Post-traumatic Stress Disorder and unrelated back injuries incurred during her work for the state. Two of her four children are developmentally disabled and one was recently diagnosed with schizophrenia. She takes 11 different medications.

I met with her for two hours yesterday. This morning I spent between two and three hours completing paperwork, writing and sending a report to her primary care provider and writing a report for the therapist to whom I am referring her. For four to five hours of my time (more than 50% of which was on my day off) her insurance company will pay my small business between \$170 and \$175--about half of what some other insurance companies pay for identical time and coordination of treatment. With that reimbursement check I will attempt to pay for rent, malpractice insurance, office supplies, billing services, and perhaps my salary. It is no wonder that many of my nurse practitioner colleagues have had to leave insurance panels or close their practices entirely.

At a time when Oregon and the nation are searching for ways to deliver quality primary and mental health services, HB 2902A is a common sense, effective response that does nothing to threaten or devalue the care of my physician colleagues. It does not affect Medicare or Medicaid. It does not affect the Oregon Health Plan. HB 2902A takes a big step forward in correcting a problem caused by reimbursement cuts, and ensuring patient access to care. It benefits small business and it benefits Oregonians.

Oregon Nurses Association and Nurse Practitioners of Oregon encourage you to support HB 2902 A.