



**Testimony before the Senate Committee on Health Care and Human Services
Edwin Weih, PA-C
Support for House Bill 2902
May 9, 2013**

Chair Monnes Anderson, Vice-Chairs Knopp, members of the committee, thank you very much for your time today. I am here to encourage you to support HB 2902.

I am Edwin Weih, a Physician Assistant. I own Five Rivers Family Practice in Oakridge, the only medical clinic for a community of more than 3,000 in the foothills of the Cascades just east of Eugene. I am a member of the Oregon Society of Physician Assistants, and I am here to speak on behalf of their members and tell you my story.

Like Nurse Practitioners, Physician Assistants are mid-level providers who often serve as physician extenders. In primary care, however, PAs and NPs can and do provide the same level and type of care as a physician, and often their costs are the same. PAs have a high degree of autonomy in the diagnosis, treatment and development of plans of care for patients. The Patient Protection and Affordable Care Act (affectionately known as Obamacare) specifically includes PAs in the definition of ACO professional. Only two other healthcare professional groups have the same designation – physicians and advanced practice nurses.

I am the only primary care provider for the Oakridge community, which means I see patients for everything from annual exams to emergency care. Many of my patients have Oregon Health Plan or Medicare coverage, and as this committee knows, neither plan reimburses providers at 100 percent of cost.

Therefore, like many primary care providers, I rely on commercial insurance reimbursements to help me afford to keep seeing those patients on government-funded health plans. It's an unfortunate reality in this health care system.

I am grateful to Oregon's legislature and governor for recognizing the problems associated with the current system for paying for health care, and I look forward to seeing the transformation we expect from the steps you've already taken, including the formation of Coordinated Care Organizations and the creation of the Health Insurance Exchange.

However, until this transformation of Oregon's health care is complete, we must address problems in our current system of health care, including inadequate or inequitable reimbursement for primary care services. In the last 6 to 9 months, 5 commercial insurance companies have notified me that they would cut my reimbursement rates by 15% -- not because I was providing inferior care to their customers, but because I was a

PA. They had never had a problem with my particular kind of license before.

Importantly, my patients are not paying a smaller insurance premium now that I am being reimbursed at a lower rate. The cost of seeing those patients has not gone down. My office costs are not less, and neither is my malpractice insurance. Therefore, I am worse off now for seeing these patients. But I do not want to turn them away from their only option for local health care just because their insurance company decided to try to save some money. If I have reductions of 15 percent across all health plans, I will not be able to cover my costs and I will go out of business, and Oakridge will lose its only primary care option in the community.

As this committee knows, Oregon faces a shortage of primary care providers in the coming years, at the same time that the patient population will rise significantly. In addition, MDs are leaving rural practices in droves. PAs and NPs are three times as likely to go to a rural community to provide care.

HB 2902 isn't a bill about salary. HB 2902 requires equal reimbursement rates, which are paid to a facility – a clinic in most cases – to cover the costs of providing primary health care services. These costs, including rent, supplies and staff, are similar across all three recognized primary care provider licenses.

State policy should encourage as many providers as possible to provide primary care services, especially in rural and underserved communities. I encourage you to consider HB 2902, which seeks to stem the practice of cutting reimbursement rates for PAs and NPs – a practice that will only serve to discourage the providers who at the moment are the most likely to provide medical care in rural and underserved communities in Oregon.

Thank you for your time.